



CABARRUS COUNTY BOARD OF COMMISSIONERS

WORK SESSION
JUNE 6, 2016
4:00 P.M.

1. CALL TO ORDER - CHAIRMAN

2. APPROVAL OF WORK SESSION AGENDA – CHAIRMAN

2.1 Including the Changes to the Agenda Pg. 286

3. DISCUSSION ITEMS – NO ACTION

3.1 Human Resources – Fair Labor Standards Act (FSLA) Overtime Rule Pg. 2

3.2 BOC – NCACC Video Update Pg. 287 **ADDITION**

4. DISCUSSION ITEMS FOR ACTION AT JUNE 20, 2016 MEETING

4.1 Active Living and Parks – Addendum to Fees and Charges Policy for the School Park Reservation Policy Pg. 3

4.2 BOC – NACo Voting Credentials – 2016 Annual Conference Pg. 7

4.3 BOC – Resolution Amending the Cabarrus County Board of Commissioners’ Meeting Schedule for Calendar Year 2016 Pg. 15

4.4 County Manager – Memorandum of Understanding for the Early College Pg. 18

4.5 County Manager – Proposed Lease of Property at the Concord Senior Center Pg. 22

4.6 County Manager – Right of First Refusal for School Property Pg. 27

4.7 DHS – FY17 HCCBG Funding Plan Pg. 40

4.8 DHS – Transportation System Safety Plan Pg. 111

4.9 Finance – FY17 Economic Development Allocation Pg. 255

4.10 Finance – Health Insurance Fund Budget Amendment Pg. 261

4.11 Finance – Update School Construction Fund Project Ordinance and Budget Amendment for Odell 3-5 Elementary School Sewer Extension Work Pg. 265

4.12 IAM – Rob Wallace Park Phase I Construction Bid Award Pg. 270

4.13 IAM – Transfer of Surplus Vehicle to Georgeville Volunteer Fire and Rescue Department Pg. 272

4.14 IAM – Transfer of Surplus Vehicle to Odell Volunteer Fire and Rescue Department Pg. 275

4.15 Planning and Development (Soil and Water) – Urban Agriculture Conservation Initiative Grant Proposal Pg. 278

4.16 BOC – General Budget Discussion Pg. 280

5. APPROVAL OF REGULAR MEETING AGENDA Pg. 281

6. CLOSED SESSION

6.1 Closed Session – Pending Litigation and Economic Development Pg. 285

7. ADJOURN



CABARRUS COUNTY
BOARD OF COMMISSIONERS
WORK SESSION

JUNE 6, 2016
4:00 P.M.

AGENDA CATEGORY:

Discussion Items - No Action

SUBJECT:

Human Resources - Fair Labor Standards Act (FLSA) Overtime Rule

BRIEF SUMMARY:

Long awaited final regulations were released May 18, 2016. Implementation date is December 1, 2016. Staff will briefly review the expected impact on Cabarrus County and discuss options at the work session.

REQUESTED ACTION:

Provide feedback on options presented to allow staff to move forward with a formal recommendation at a future meeting.

EXPECTED LENGTH OF PRESENTATION:

10 Minutes

SUBMITTED BY:

Lundee Covington, Human Resources Director

BUDGET AMENDMENT REQUIRED:

No

COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:



CABARRUS COUNTY

BOARD OF COMMISSIONERS WORK SESSION

**JUNE 6, 2016
4:00 P.M.**

AGENDA CATEGORY:

Discussion Items for Action at June 20, 2016 Meeting

SUBJECT:

Active Living and Parks - Addendum to Fees and Charges Policy for the School Park Reservation Policy

BRIEF SUMMARY:

Active Living and Parks (ALP) has been working with Cabarrus County Schools on outdoor facility use by the community, reservation policies and systems over the last two years. School Administration and County Management met May 17, 2016 to discuss the ALP Department taking this process over and agreed to have the ALP Department in charge of outdoor facility reservations and fees for Bethel Elementary, Cox Mill Elementary, Harrisburg Elementary, Pitts School Road Elementary, Rocky River Elementary, and Winecoff Elementary Schools.

Cox Mill Elementary School was used as a "Pilot" school last year for reservations. There were few issues with the operation of the reservation system. The community user can go online or call the ALP Department to see if the facility is available. The reservation and payment can be made online. This keeps the school principal or their staff out of the process. If someone calls the school, they will be referred to the ALP Department and/or the website.

ALP has a Maintenance Agreement with Cabarrus County Schools for the maintenance and upkeep of the school park sites. The agreement will remain in effect with the Schools maintaining the fields. School Maintenance will not be responsible for individual reservation requests for field lining or dragging.

The Volunteer Athletic Associations currently pay all the power and water

bills as well as provide their own bathroom items and for trash disposal. The associations will have the opportunity to operate concessions at each respective school park site when reserved by an outside agency. The Volunteer Athletic Association will also be responsible for unlocking gates, bathrooms, doors, picking up trash, and other elements that go along with field reservations. The Volunteer Coordinators met May 24, 2016 and did not have an issue with this. There is a \$25.00 per hour fee as well as a light fee in the attached Addendum to the Fees and Charges Policy recommendation.

Each respective School Park site will have signs with information on who needs to reserve the fields before using them, contact information and notice of penalty for violating the policy. The signs will go to the County Attorney for review prior to installation. Fees collected will go to general department revenues. The ALP Commission discussed this at their May 19, 2016 meeting and unanimously approved the recommendation.

REQUESTED ACTION:

Motion to approve the Addendum to the current Fees and Charges Policy as it relates to School Park Reservations.

EXPECTED LENGTH OF PRESENTATION:

5 Minutes

SUBMITTED BY:

Londa Strong, Active Living and Parks Director

BUDGET AMENDMENT REQUIRED:

No

COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:

ATTACHMENTS

- [Addendum to FEES and CHARGES Policy](#)

Addendum to 2016 Active Living and Parks FEES and CHARGES Policy

School Park Reservation Recommendations

School Park reservations will be maintained by the Department through the on-line reservation system used by the Department.

School Park Reservation Fees and Policies are for the outdoor athletic facilities for the following school parks only:

1. Bethel Elementary School Park
2. Cox Mill Elementary School Park
3. Harrisburg Elementary School Park
4. Pitts School Road Elementary School Park
5. Rocky River Elementary School Park
6. Winecoff Elementary School Park

All athletic fields must be reserved for any organized practice, game, or tournament.

Co-Sponsored Volunteer Youth Athletic Organizations do not have to pay for use of athletic facilities for any co-sponsored activity. Currently sponsored:

1. Fall Soccer
2. Winter Basketball
3. Spring Baseball/Softball

There will be a \$100.00 Fine for anyone using the facilities without prior reservation and payment for use. Facilities will be posted with notice.

Volunteer Athletic Associations pay for lights and will be reimbursed for use. Volunteer Athletic Associations will provide a worker to operate concessions, open bathrooms, provide toilet paper and paper towels, empty trash, and monitor facilities. A fee will be associated with this.

Softball/Baseball Fields

Weekdays Monday – Friday 5:30pm – 10:00pm
Weekends Saturday & Sunday 8:00am – 10:00pm

Practice/Games \$10.00 per hour per field + \$5.00 per hour per field for lights
Tournaments \$15.00 per hour per field + \$5.00 per hour per field for lights

Multi-Purpose Fields

Weekdays Monday – Friday 5:30pm – 10:00pm
Weekends Saturday & Sunday 8:00am – 10:00pm

Practice/Games \$25.00 per hour per field + \$10.00 per hour per field for lights
Tournaments \$30.00 per hour per field + \$10.00 per hour per field for lights

Maintenance/Supervision Fee

\$25.00 per hour of use
Covers person, trash pick-up, toilet paper and towels, operation of concessions. Volunteer Athletic Association would be responsible to provide the person. Concessions could be operated by the Volunteer Athletic Association.



CABARRUS COUNTY
BOARD OF COMMISSIONERS
WORK SESSION

JUNE 6, 2016
4:00 P.M.

AGENDA CATEGORY:

Discussion Items for Action at June 20, 2016 Meeting

SUBJECT:

BOC - NACo Voting Credentials - 2016 Annual Conference

BRIEF SUMMARY:

The National Association of Counties, NACo, will hold their 81st Annual Conference in Los Angeles County, California on July 22-25, 2016. In order to participate in the Association's annual election of officers, the attached form must be completed and returned, authorizing a voting delegate. The form must be returned to the Association no later than July 1st.

REQUESTED ACTION:

Motion to elect a voting delegate for the NACo Annual Conference in July.

EXPECTED LENGTH OF PRESENTATION:

5 Minutes

SUBMITTED BY:

Mike Downs, County Manager

BUDGET AMENDMENT REQUIRED:

No

COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:

ATTACHMENTS

- [NACo Voting Packet](#)
-



MEMORANDUM

ELECTION OF NACo OFFICERS AND VOTING ON POLICY

To: County Board Chairpersons, Parish Presidents, Borough Mayors,
County Judges, Elected County Executives and County Clerks
From: Sallie Clark, NACo President
Date: May 20, 2016
Subject: Voting Credentials – 2016 Annual Conference

NACo is preparing for the 81st Annual Conference to be held July 22-25, 2016, in Los Angeles County, Calif. It is important that your county participates in the association's annual election of officers and policy adoption. **In order to participate, a county must have paid its membership dues and have one paid registrant for the conference, according to NACo bylaws.**

Please read the enclosed information carefully. Indicate on the credentials form the name of the county voting delegate and alternate authorized to pick up your county's voting materials.

A checklist is enclosed to assist you in filling out the voting credentials form. Additionally, **the chief elected official of your county must sign the form.** A chief elected official may include the following:

- board chair/president
- mayor
- county judge
- **elected** county executive

*Please fill out this form in advance and mail, fax or scan and e-mail the enclosed form by **FRIDAY, JULY 1.***

If no one from your county is planning to register for the conference, you do not have to turn in the credentials form.

Alex Koroknay-Palicz - Fax (866) 370-9421

Credentials Committee
Attn: Alex Koroknay-Palicz
National Association of Counties
25 Massachusetts Ave, NW, Suite 500
Washington, DC 20001

AKPalicz@naco.org

Membership Coordinator, Alex Koroknay-Palicz, can be reached at 888.407.NACo (6226) x291, his direct line at 202.942.4291 or akpalicz@naco.org. We look forward to seeing you in Los Angeles County!

2016 General Voting Frequently Asked Questions

On what issues or for which candidates do counties/parishes/boroughs vote?

Counties vote on resolutions that set NACo legislative and association policy for the coming year. Delegates also elect NACo officers for the coming year. The position of second vice president is usually the one position that is contested.

How can my county vote?

A county must be a NACo member “in good standing” in order to vote. This means your county’s dues for 2016 must be paid before the voting occurs. **Also, the county must have at least one paid registration for the annual conference and have proper credentials.**

What are credentials?

Credentials attest to a county’s eligibility to vote. Credentials contain information on the number of votes a county is eligible to cast, as well as the identity of the delegate that is authorized to cast the county’s vote.

How is the credentials form distributed?

The form is mailed to the clerk and chief elected official of member counties so that the county can provide the name of the voting delegate to NACo. Conference registrants will receive an e-mail with a link to the credentials form as well. Only counties that have paid their 2016 NACo dues will receive a credentials form. This form is mailed in May. Please return this form by Friday, July 1, 2016.

Why did I receive a credentials form?

You are receiving this form because you are the chief elected official at your county, your county’s clerk, or you registered for the 2016 NACo Annual Conference. If you wish to vote, please bring the credentials form to your chief elected official to fill out and return to us. Please see this packet for more instructions on the form.

My county has misplaced the credentials form. What should I do?

The credentials form will be available in the Elections and Voting Credentials section of the NACo website (www.naco.org/credentials) shortly after it is mailed. After you download, print, and fill out the form correctly, you can return it to NACo. Please call Alex Koroknay-Palicz at 888.407.NACo (6226) x291 if you need assistance.

If my county is not registering for the Annual Conference, does my county have to send in the credentials form?

No. Only counties who register are able to vote. Please do not return the credentials form to the NACo office if your county does not plan to register for the Annual Conference.

What is a voting delegate?

A voting delegate is someone authorized by your county/parish/borough board to pick up a ballot and cast your county’s votes at the annual conference. The delegate must have a paid registration to the conference.

Who may be a voting delegate?

Any elected or appointed official or staff member from your county/parish/borough may be a voting delegate. That decision is up to your county board.

What is an alternate?

An alternate is another elected or appointed official or staff member from the county delegated by the county to pick up and cast its ballot. The alternate must have a paid registration to the conference.

- The delegate OR alternate listed on the credentials form may pick up your county’s ballot.

My county has only one person attending the conference. Does my county have to designate an alternate?
No. It is not necessary to list an alternate if a delegate is named.

Whose ballots may the state associations of counties/parishes/boroughs receive?

Your state association of counties/parishes/boroughs is allowed to pick up any unclaimed ballots from counties/parishes/boroughs that have registered delegates. The pick-up for state associations is Sunday afternoon (2 to 5 pm) during the conference. The state association may then cast those ballots in the election.

My county does not want our state association to pick up our votes. How does my county go about indicating this decision?

You must check the box that says *“If my ballot is not picked up, I DO NOT AUTHORIZE my state association to pick up or cast my county’s vote. I understand that my county’s votes will NOT be cast if I select this option.”*

- Remember that your county’s votes will not be cast at all with this option if your delegate does not pick up the ballot.

If I do not get my credentials form into the NACo office by July 1, may I become credentialed on site at the conference?

Yes. You may bring the original credentials form signed by your chief elected official or fill out the on-site ballot form. By signing the on-site ballot form you declare that you and the other conference attendees from your county have agreed that you are the voting delegate for your county. You must be registered for the conference to be able to vote.

What would happen if more than one registered attendee from my county fills out the on-site ballot form?

If there is confusion as to who the authorized delegate is, and more than one person claims to be your county’s authorized delegate, officials from your county will need to resolve the dispute by 1 p.m. PDT on Sunday July 24, 2016. Unless the dispute is resolved, your county’s votes will not be counted. To resolve the dispute, all registrants who filled out the on-site ballot form need to agree as to who is authorized to cast their county’s votes and communicate that to Alex Koroknay-Palicz at the credentials desk by 1 p.m. PDT on July 24.

How do I get my ballot?

When you submit your credentials form NACo staff prints out a paper ballot to bring to the NACo Annual Business Meeting. In order to vote you will need to pick up this paper ballot at the NACo Credentials Desk. Your county has until 1 p.m. on Sunday July 24 to come to the Credentials Desk and pick up your ballot. If you do not pick it up by 1 p.m. your state association can then pick up your vote until 5 p.m. unless you check the box on the form to not permit them. If you check that box and do not pick up your own ballot your county WILL NOT be permitted to vote.

What would happen if I’ve picked up my ballot, but I need to leave before the election on Monday?

If you have picked up the ballot for your county but won’t be present to cast it at the NACo Annual Business Meeting on Monday morning, you can give that ballot to a delegate from your same county, from another active member in your state, the head of your state delegation, or your state association president or president’s designee. To do this, you (transferer) and the person you are handing the ballot to (transferee) must sign the Record of Ballot Transfer form on the back of your ballot.

My county won’t be attending this year’s Annual Conference, can we still vote?

Yes. Your county can still have its votes counted without attending the conference, but one person from your county still needs to register. You must have at least one person registered by 12 PM PDT on July 19. If you register, do not plan to attend and wish to vote, you MUST designate your state association president as your delegate on the Credentials Form. Your state association president or his/her designee will pick up and cast your ballot.

How does NACo determine the number of votes each county receives?

The number of votes is determined by the amount of dues a county pays. Dues are based on population. All counties are entitled to at least one vote. Members with more than \$499 in dues are entitled to one additional vote for each additional \$500 in dues or fraction thereof paid in the year the meeting is held.

- Counties with dues of \$400 to \$499 receive one vote.
- Counties with dues of \$500 to \$999 receive two votes, and so on.
- The maximum number of votes a county can receive is 121.

My county has 10 votes. How can our 25 commissioners divide or share the votes?

That is up to your county. NACo has no rule as to how counties decide to allocate their votes. Counties may split their vote amongst the candidates running for second vice president if it is desired.

I've heard the term "unit vote" used. What is that?

Some states, by custom or policy, cast all of their votes as a block or "unit." State associations typically have a meeting before the election to determine how they will handle the voting process.

- Check with your state association regarding the time, date and location of this meeting.
- NACo bylaws permit each county to cast its vote as it chooses. Your county does not have to vote with your state association should you so choose.

When does the voting take place?

This year's election will be held on Monday, July 25, 2016 at 10:30 a.m. at the NACo Annual Business Meeting.

How does the voting occur?

Votes are cast by state, not by state association. Counties from a state sit together as a delegation. The reading clerk will call out states at random. A state appointed representative will approach the microphone and call out that state's vote. This will continue until one of the candidates has a majority of the total number of votes being cast. Voting may still continue after a majority has been reached.

What is a roll call?

Roll call is a way of voting for NACo resolutions to be passed. If a roll call is necessary, the names of the states will be read out in alphabetical order by the reading clerk. A state appointed representative will approach the microphone and call out that state's vote as "yes" or "no." This will continue until all votes have been cast.

What happens if there is a dispute over the election process?

It is rare, but sometimes irregularities occur with how votes are cast or counted, or how the credentialing process is conducted. As a safeguard elections may be challenged during the voting process at the NACo Annual Business Meeting. Challenges are allowed under two circumstances. A voting delegate may challenge the vote for his/her state, and his/her state only. A candidate running to become a NACo officer may challenge the vote of any state. If a challenge is made, the NACo Credentials Committee may audit the ballots of a state delegation to ensure that the number of votes the state is casting matches the number of ballots the state has. The committee may also audit the ballot transfer records on the back of each ballot and the State Voting Totals Form, which is a form states fill out showing the number of votes cast for each candidate.

Credentials Checklist

Please use the following checklist before returning the credentials form.

YES **NO** Has my county/parish/borough paid its 2016 NACo dues?

*If no, please contact NACo's Membership department at 888.407.NACo (6226).
2016 dues must be paid before votes may be cast.*

YES **NO** Has my county/parish/borough registered or at least one person from my county/parish/borough paid the registration fee to attend the conference?

If no, STOP. The county must have at least one paid conference registrant to cast a ballot, according to NACo's bylaws. If no one from your county is registered for the conference, your county may not vote in the election. If your county does not plan on registering for the conference, you do not need to turn this credentials form back in to the NACo office.

If you have answered "YES" to both of the above questions, please continue.

YES **NO** Has my county designated a voting delegate and alternate, if applicable?

Only ONE alternate may be designated per county. If more than one alternate is designated per form, only the first will be counted as the credentialed voting alternate.

YES **NO** Has the chief elected official of my county/parish/borough (board chair, mayor, parish president, elected county executive) signed the credentials form?

If you have answered yes to all questions, please either fax, mail or scan and e-mail the credentials form by Friday, July 1, 2016 to:

Alex Koroknay-Palicz
Fax # (866) 370-9421

Or:

Credentials Committee
Attn: Alex Koroknay-Palicz
National Association of Counties
25 Massachusetts Ave., NW, Suite 500
Washington, DC 20001

Or:

AKPalicz@naco.org

If you have questions call or e-mail Alex Koroknay-Palicz at 888.407.NACo (6226) or his direct line: (202) 942-4291. E-mail: akpalicz@naco.org



CABARRUS COUNTY
BOARD OF COMMISSIONERS
WORK SESSION

JUNE 6, 2016
4:00 P.M.

AGENDA CATEGORY:

Discussion Items for Action

SUBJECT:

BOC - Resolution Amending the Cabarrus County Board of Commissioners' Meeting Schedule for Calendar Year 2016

BRIEF SUMMARY:

The Board adopted the 2016 meeting schedule on December 14, 2015. It was determined the Board would hold quarterly Summit meetings.

Members of the Board have consulted their schedules and Tuesday, June 21, 2016 has been selected for the Cabarrus Summit - 2nd Quarterly Meeting and Thursday, September 22, 2016 has been selected for the Cabarrus Summit - 3rd Quarterly Meeting.

Due to time constraints regarding the Cabarrus Summit 2nd Quarterly Meeting, the Board is requested to Suspend the Rules of Procedure.

REQUESTED ACTION:

Motion to Suspend the Rules of Procedure.

Motion to adopt the resolution.

EXPECTED LENGTH OF PRESENTATION:

1 Minute

SUBMITTED BY:

Megan Smit, Clerk to the Board

BUDGET AMENDMENT REQUIRED:

No

COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:

ATTACHMENTS

[Resolution](#)



**Resolution Amending the
Cabarrus County Board of Commissioners'
2016 Meeting Schedule**

Whereas, on December 14, 2015, the Cabarrus County Board of Commissioners adopted a meeting schedule for calendar year 2016, which sets forth the dates, times and locations of various official county meetings;

Whereas, the Board desires to hold a summit, at 6:00 p.m. on Tuesday, June 21, 2016 at the Cabarrus Arena and Events Center in Concord, North Carolina; and

Whereas, the Board of Commissioners' meeting room will be undergoing renovations during the month of August and will require a change of venue;

Whereas, the Board desires to hold a summit, at 6:00 p.m. on Thursday, September 22, 2016 at the Kannapolis City Hall in Kannapolis, North Carolina; and

Now, therefore be it resolved, the Cabarrus County Board of Commissioners hereby amends its 2016 Meeting Schedule as follows:

1. The Board of Commissioners will hold the Cabarrus Summit 2016 2nd Quarterly Meeting at 6:00 p.m. on June 21, 2016 at the Arena and Events Center in Concord, North Carolina.
2. The Board of Commissioners will hold the August 15, 2016 regular meeting at 6:30 p.m. in the Multipurpose Room in the Governmental Center.
3. The Board of Commissioners will hold the Cabarrus Summit 2016 3rd Quarterly Meeting at 6:00 p.m. on September 22, 2016 at the Kannapolis City Hall in Kannapolis, North Carolina.

Adopted this the 6th day of June, 2016.

Stephen M. Morris, Chairman
Cabarrus County Board of Commissioners

Attest:

Megan Smit, Clerk to the Board



CABARRUS COUNTY
BOARD OF COMMISSIONERS
WORK SESSION

JUNE 6, 2016
4:00 P.M.

AGENDA CATEGORY:

Discussion Items for Action at June 20, 2016 Meeting

SUBJECT:

County Manager - Memorandum of Understanding for the Early College

BRIEF SUMMARY:

The new Cabarrus County Early College location is under construction at the RCCC Business and Technology Center (CBTC). Since Cabarrus County owns the underlying property, a Memorandum of Understanding (MOU) outlining each party's role in the project has been prepared.

There is a simple lease agreement between RCCC and Cabarrus County for the CBTC. This is an opportunity for the Board of Commissioners to provide direction on long-term ownership of that property.

REQUESTED ACTION:

Motion to approve Memorandum of Understanding and to authorize the County Manager to execute the document after review and/or revisions by the County Attorney.

EXPECTED LENGTH OF PRESENTATION:

5 Minutes

SUBMITTED BY:

Jonathan B. Marshall, Deputy County Manager

BUDGET AMENDMENT REQUIRED:

No

COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:

ATTACHMENTS

- [Memorandum of Understanding](#)
-

This MEMORANDUM OF UNDERSTANDING (“MOU”) is made and entered into by and among CABARRUS COUNTY (“County”), CABARRUS COUNTY SCHOOL SYSTEM (“County Schools”) and ROWAN CABARRUS COMMUNITY COLLEGE (“Community College”).

RECITALS

1. The County is the owner of a parcel of land located off U.S. Highway 29/Concord Parkway North at Parkway Avenue NW. That parcel is identified by County Parcel Identification Number 5611-91-6521.
2. The Community College operates the Rowan Cabarrus Business & Technology Center at that site.
3. The County Schools wish to operate a campus of their Early College on the same site.
4. The County Schools plan to locate two modular buildings on the parcel for the purpose of operating the Early College campus.
5. The parties understand and acknowledge that separate legal documents are in place for the purpose of providing the specific terms and agreements related to the operation of the early College between the County Schools and Community College.
6. The purpose of this MOU is to memorialize the discussions and agreements of these parties relative to the location and operation of the new Early College campus at this site.

Based on the foregoing Recitals and the Provisions contained below, the parties agree as follows:

PREMISES

1. By separate approval and agreements the County has provided funding for the modular buildings and site construction to locate the Early College on this campus.
2. The County Schools have employed an architect and engineer for the purpose of planning the location and construction of the Early College campus including compliance with all zoning and building requirements.
3. The architect and engineer have prepared a site plan, a copy of which is attached for reference, that has been reviewed by representatives of the County, County Schools and Community College.
4. The County Schools will be responsible for all direct oversight of site preparation, building placement, related utility infrastructure and all other improvements that are part of the Early College campus. County Schools shall coordinate all of this activity with the Community College.
5. Utilities for the Early College such as water, sewer, storm water and electricity shall be the responsibility of the County Schools.
6. Parking and other common areas shall be the responsibility of the Community College.

7. The parties understand and acknowledge that the County Schools' needs for the new Early College campus are such that the project must be completed in time for the beginning of the 2016/2017 school term.
8. This MOU shall be governed by North Carolina law.

IN WITNESS, the parties have executed this MOU as indicated below.

CABARRUS COUNTY

By: _____ Date: _____
County Manager

CABARRUS COUNTY SCHOOLS

By: _____ Date: _____
(Authorized Party)

ROWAN CABARRUS COMMUNITY COLLEGE

By: _____ Date: _____
(Authorized Party)



CABARRUS COUNTY
BOARD OF COMMISSIONERS
WORK SESSION

JUNE 6, 2016
4:00 P.M.

AGENDA CATEGORY:

Discussion Items for Action at June 20, 2016 Meeting

SUBJECT:

County Manager - Proposed Lease of Property at the Concord Senior Center

BRIEF SUMMARY:

Cabarrus County has been leasing a small parcel for overflow parking at the Concord Senior Center. The owner has provided that property for \$1 per year but would now like to enter into a market rate lease. Purchase of the property has been discussed but the owner does not wish to sell at this time. Two lease options were presented, month-to-month and a 9-year lease for the same amount, and the 9-year lease letter of intent is being presented for the Board's consideration.

REQUESTED ACTION:

Motion to approve the letter of intent to lease of property at the Concord Senior Center with authorization for the County Manager to sign the lease after review and approval by the County Attorney.

EXPECTED LENGTH OF PRESENTATION:

5 Minutes

SUBMITTED BY:

Jonathan B. Marshall, Deputy County Manager

BUDGET AMENDMENT REQUIRED:

No

COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:

ATTACHMENTS

- [Propose lease](#)
 - [Map of property](#)
-

BARROW HENLEY INVESTMENTS, LLC

April 11, 2016

Dear Sir:

SUBJECT: LETTER OF INTENT / 326 CORBAN AVENUE SE, CONCORD, NC

Barrow Henley Investments, LLC, would enter into a Land Lease for the above-referenced Property subject to the following terms and conditions:

LESSEE: Cabarrus County Senior Center

LESSOR: Barrow Henley Investments, LLC

PROPERTY: 0.759 acre +/- lot, located at 326 Corban Avenue SE, Concord, NC.

LEASE TERM: initial term to be Three (3) Years, with 60 day cancellation by either party.

Two (2) additional Three (3) Year terms available at Lessee's option, with 90 day notice.

LEASE RATE: Three Thousand Dollars (\$3,000.00) per year for the first three years of the lease, Three Thousand One Hundred Fifty Dollars (\$3,150.00) for the next three years, and Three Thousand Three Hundred Dollars (\$3,300.00) for the next three years.

**TAXES AND
INSURANCE:**

Lessor shall pay property taxes, and upon presentation of paid receipts or other evidence of payment, Lessee shall reimburse Lessor.

Lessee shall maintain liability insurance on the subject property and name Lessor as an Additional Insured.

**ADDITIONAL
CONSIDERATION:**

Lessee agrees to provide Lessor a cross easement to the Senior Center driveways in a mutually agreeable location in the event this lease is cancelled or at the end of the lease.

EXPENSES:

Lawrence Moseley, a NC licensed real estate broker, represents Lessor in this transaction, and subject to separate agreement Lessor shall pay any fees to Moseley.

CONTINUED ON NEXT PAGE

April 11, 2016

It is understood that this instrument constitutes only a Letter of Intent and that neither the Seller nor Purchaser shall have any liability in connection with the transaction described herein until such time as a Contract relating to such transaction has been prepared and executed by both parties.

This Letter of Intent shall expire at 5:00 PM March 31, 2016.

If you are in agreement with the terms and conditions described herein please execute and return a copy of this letter to the undersigned.

Sincerely,



Dan Moseley, as Agent for Barrow Henley Investments, LLC

Agreed and accepted this _____ day of April, 2016.

LESSEE:

by: _____



LENMORE DR SE

CORBAN AVE SE

Attachment number 2 \n

4-5

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CABARRUS COUNTY
BOARD OF COMMISSIONERS
WORK SESSION

JUNE 6, 2016
4:00 P.M.

AGENDA CATEGORY:

Discussion Items for Action at June 20, 2016 Meeting

SUBJECT:

County Manager - Right of First Refusal for School Property

BRIEF SUMMARY:

Cabarrus County Schools discovered that they own a small parcel on Old Concord-Salisbury Road. There is interest in the parcel from two adjoining owners. School staff has been working on a solution for disposition of the property but are required to offer the County the right of first refusal before they can finalize any transaction. The County does not have need or use for the property.

REQUESTED ACTION:

Motion to notify Cabarrus County Schools that the County does not choose to obtain the property in question.

EXPECTED LENGTH OF PRESENTATION:

1 Minute

SUBMITTED BY:

Jonathan B. Marshall, Deputy County Manager

BUDGET AMENDMENT REQUIRED:

No

COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:

ATTACHMENTS

- [GS 115C-518](#)
 - [Tax Map of parcel](#)
 - [Background material from Cabarrus County Schools](#)
-

§ 115C-518. Disposition of school property; easements and rights-of-way.

(a) When in the opinion of any local board of education the use of any building site or other real property or personal property owned or held by the board is unnecessary or undesirable for public school purposes, the local board of education may dispose of such according to the procedures prescribed in General Statutes, Chapter 160A, Article 12, or any successor provisions thereto. Provided, when any real property to which the board holds title is no longer suitable or necessary for public school purposes, the board of county commissioners for the county in which the property is located shall be afforded the first opportunity to obtain the property. The board of education shall offer the property to the board of commissioners at a fair market price or at a price negotiated between the two boards. If the board of commissioners does not choose to obtain the property as offered, the board of education may dispose of such property according to the procedure as herein provided. Provided that no State or federal regulations would prohibit such action. For the purposes of this section references in Chapter 160A, Article 12, to the "city," the "council," or a specific city official are deemed to refer, respectively, to the school administrative unit, the board of education, and the school administrative official who most nearly performs the same duties performed by the specified city official. A local board of education may also sell any property other than real property through the facilities of the North Carolina Department of Administration. The proceeds of any sale of real property or from any lease for a term of over one year shall be applied to reduce the county's bonded indebtedness for the school administrative unit disposing of such real property or for capital outlay purposes.

(b) In addition to the foregoing, local boards of education are hereby authorized and empowered, in their sound discretion, to grant easements to any public utility, municipality or quasi-municipal corporations to furnish utility services, with or without compensation except the benefits accruing by virtue of the location of the said public utility, and to dedicate portions of any lands owned by such boards as rights-of-way for public streets, roads or sidewalks, with or without compensation except the benefits accruing by virtue of the location or improvement of such public streets, roads or sidewalks.

(c) Any sale, exchange or lease of real or personal property by any local board of education prior to June 18, 1982, and pursuant to the authority of G.S. 115-126 is hereby validated, ratified and confirmed. (1955, c. 1372, art. 15, s. 2; 1959, c. 324; c. 573, s. 11; 1961, c. 395; 1975, c. 264; c. 879, s. 46; 1977, c. 803; 1981, c. 423, s. 1; 1981 (Reg. Sess., 1982), c. 1216; 1983, c. 731; 1985 (Reg. Sess., 1986), c. 975, s. 22.)



OLD SALISBURY CONCORD RD

Attachment number 2 in

MEDLIN & MEDLIN, P.A.
ATTORNEYS AT LAW
43 Union Street, South
Concord, North Carolina 28025

Webster S. Medlin
1926-2003
Steve L. Medlin

Tel. (704) 786-8173
Fax (704) 786-8174

March 24, 2016

Mr. Tim Lowder
Executive Director of Operations
Cabarrus County Schools
4401 Old Airport Road
Concord, NC 28025

RE: Surplus property – Mt. Carmel United Methodist Church parking lot

Dear Tim:

Thank you very much for with speaking with on numerous occasions concerning the Mt. Carmel United Methodist Church parking lot. Enclosed are the following papers:

1. Tax map showing the pie shaped subject property and surrounding area. Please note that the tax map shows New Gilead Reformed Church as the owner of its main property, the cemetery across the street and the pie shaped parking lot tract.
2. Recent survey map showing division of the school board property with Mt. Carmel retaining its parking lot area and the remainder of the property for conveyance to an adjoining land owner.
3. Letter from New Gilead Reformed Church which is located to the north of the school board property. New Gilead was of the understanding that it was the owner of the parking lot tract.
4. Memorandum of law prepared by James Scarbrough, Attorney at Law.

The New Gilead Reformed Church sits to the north of Mt. Carmel United Methodist Church. The two churches were always of the understanding that their properties adjoined. New Gilead consented to Mt. Carmel paving the parking lot, which was assumed to be on New Gilead property. The Memorandum of law shows why New Gilead and Mt. Carmel have a very legitimate claim to ownership of the property by reason of adverse possession.

Mr. Tim Lowder
March 24, 2016
Page 2

When you and I spoke first back in September, 2015, you made a common sense proposal for compromise. Your proposal has now been embraced by all the parties involved. Mt. Carmel will keep its paved parking lot area. The adjoining property owner will take title to the remainder of the tract for use as an access way to the Old Salisbury-Concord Road.

Please let me know if County or School Board officials need any further information. I am very hopeful that this matter can be handled in executive committee so as to avoid a public auction of the property. I also want to stress that Mt. Carmel and the adjoining land owner will be paying all survey, deed preparation, recording fees, etc.

Thank you very much for your ongoing assistance in the matter. I look forward to hearing from you. With best regards, I remain

Sincerely,

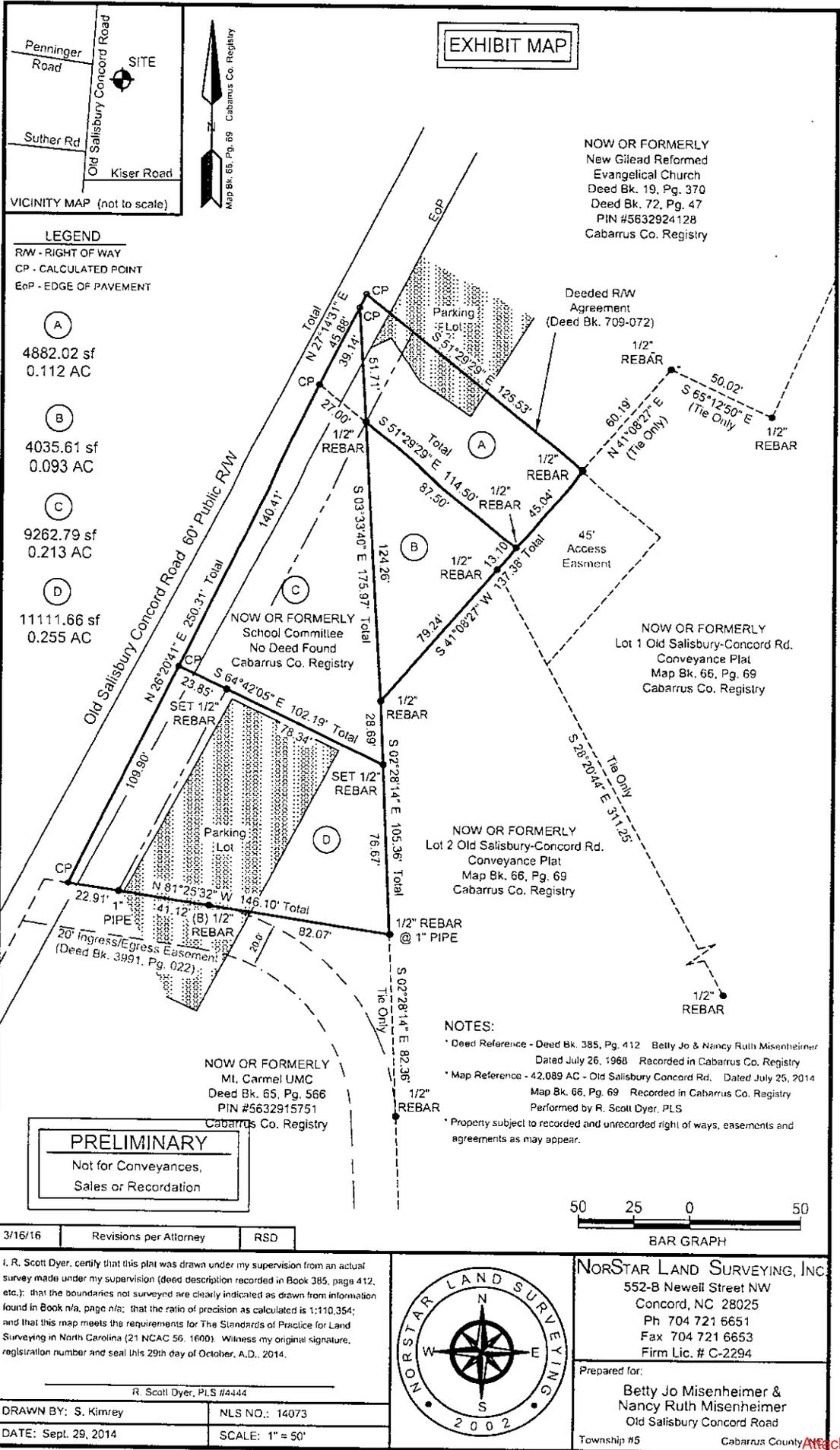
MEDLIN & MEDLIN, P.A



Steve L. Medlin

SLM/rbm

cc: Thad Brown
Sally Langford



New Gilead Reformed Church

2400 Old Salisbury Road
Concord, North Carolina 28025

Church Telephone: (704) 788-1202

February 10, 2016

New Gilead Reformed Church

RE: Mt. Carmel United Methodist Church Parking Lot Property

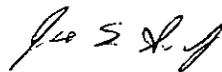
My name is Joe E. Shue, Jr. I am the President of the Consistory at New Gilead Reformed Church. The Consistory is the decision making body for the Church.

I am familiar with the parking lot tract of property currently being used by Mt. Carmel United Methodist Church. The parking lot area has been used by Mt. Carmel since at least the early 1970's. The property was paved by Mt. Carmel approximately 2005. New Gilead Reformed Church was of the understanding that it was the owner of the property and gave permission to Mt. Carmel to pave their parking they have been using for so long. Mt. Carmel has freely used parking at New Gilead when needed for overflow parking spaces. New Gilead has freely used the parking lot at Mt. Carmel when needed for overflow parking spaces. These practices have gone on between the two Churches for as long as anyone living can remember.

New Gilead is aware of the potential civil action in order for Mt. Carmel to obtain ownership of its parking lot property. New Gilead actively consents and will be a willing participant in the civil action assisting Mt. Carmel to obtain ownership of this parking lot property.

Please let me know if you need further information.

Sincerely,



Joe E. Shue, Jr.
President
New Gilead Reformed Church Consistory

MEDLIN & MEDLIN, P.A.
ATTORNEYS AT LAW
43 Union Street, South
Concord, North Carolina 28025

Webster S. Medlin
1926-2003
Steve L. Medlin

Tel. (704) 786-8173
Fax (704) 786-8174

April 13, 2016

Mr. Tim Lowder
Executive Director of Operations
Cabarrus County Schools
4401 Old Airport Road
Concord, NC 28025

RE: Surplus property – Mt. Carmel United Methodist Church parking lot

Dear Tim:

Thank you for speaking with me some days ago concerning my correspondence which I sent on March 24, 2016. Enclosed is the letter you needed from Attorney Robert Critz. I believe the letter addresses all your concerns. It clearly assures that none of the parties with property lying to the east of the Old Salisbury Road will lose road access when Cabarrus County Schools conveys its property to the church and the adjoining property owner.

I am also enclosing the most recent survey map as finalized by the surveyor, Scott Dyer. Please let me know if you need anything else. I do look forward to hearing from you. Let me know of any way we could assist you with this property transfer.

Thank you once again for all of your assistance and with kindest personal regards, I remain

Sincerely,

MEDLIN & MEDLIN, P.A.


Steve L. Medlin

SLM/rbm
Enclosure

cc: Thad Brown
Sally Langford

LAW OFFICES OF ROBERT M. CRITZ, P.A.

ROBERT M. CRITZ
SUZANNE HORNADAY BIRMINGHAM
MARY ELIZABETH STEWART

33 CHURCH STREET, SE
P.O. BOX 745
CONCORD, NC 28026-0745
704-788-2906
TELECOPIER 704-788-2865

April 11, 2016

Mr. G. Tim Lowder, PE
Executive Director of Operations
Cabarrus County Schools

Re: CCS Property on Old Salisbury-Concord Road (the "Road")

Dear Mr. Lowder:

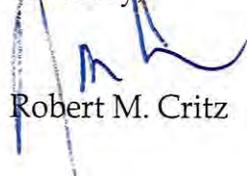
I believe you are in receipt of a copy of an "Exhibit Map" by R. Scott Dyer, PLS, of NorStar Land Surveying, Inc., dated September 29, 2014, and revised on March 23, 2016, depicting, among other things, Parcels A, B, C, and D.

Mount Carmel United Methodist Church (the "**Church**"), represented by Mr. Steve L. Medlin, together with my client, Mr. Tyler W. Airheart ("**Airheart**"), propose that Parcel D be conveyed by CCS to the Church, and Parcel C to Airheart. Airheart currently owns property lying to the rear of Parcels B, C, and D. He would obtain additional frontage along the Road as a result of the proposed conveyance. Betty Jo Misenheimer (Single), and Nancy Ruth Misenheimer (Single), currently own property lying to the rear of Parcels A and B. They will suffer no diminution of frontage along the Road. Of course, the Church will also obtain additional frontage.

I realize that the county has the right of first refusal in regard to the sale of the CCS Property, but my understanding is that it is unlikely that the county would exercise such right. Otherwise, we appreciate your time in considering our request to purchase the subject property.

Should you have any questions, please advise.

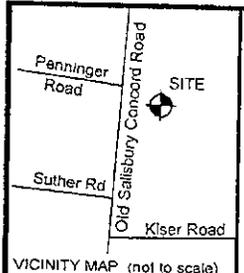
Sincerely,



Robert M. Critz

RMC/ert
cc: Steve L. Medlin

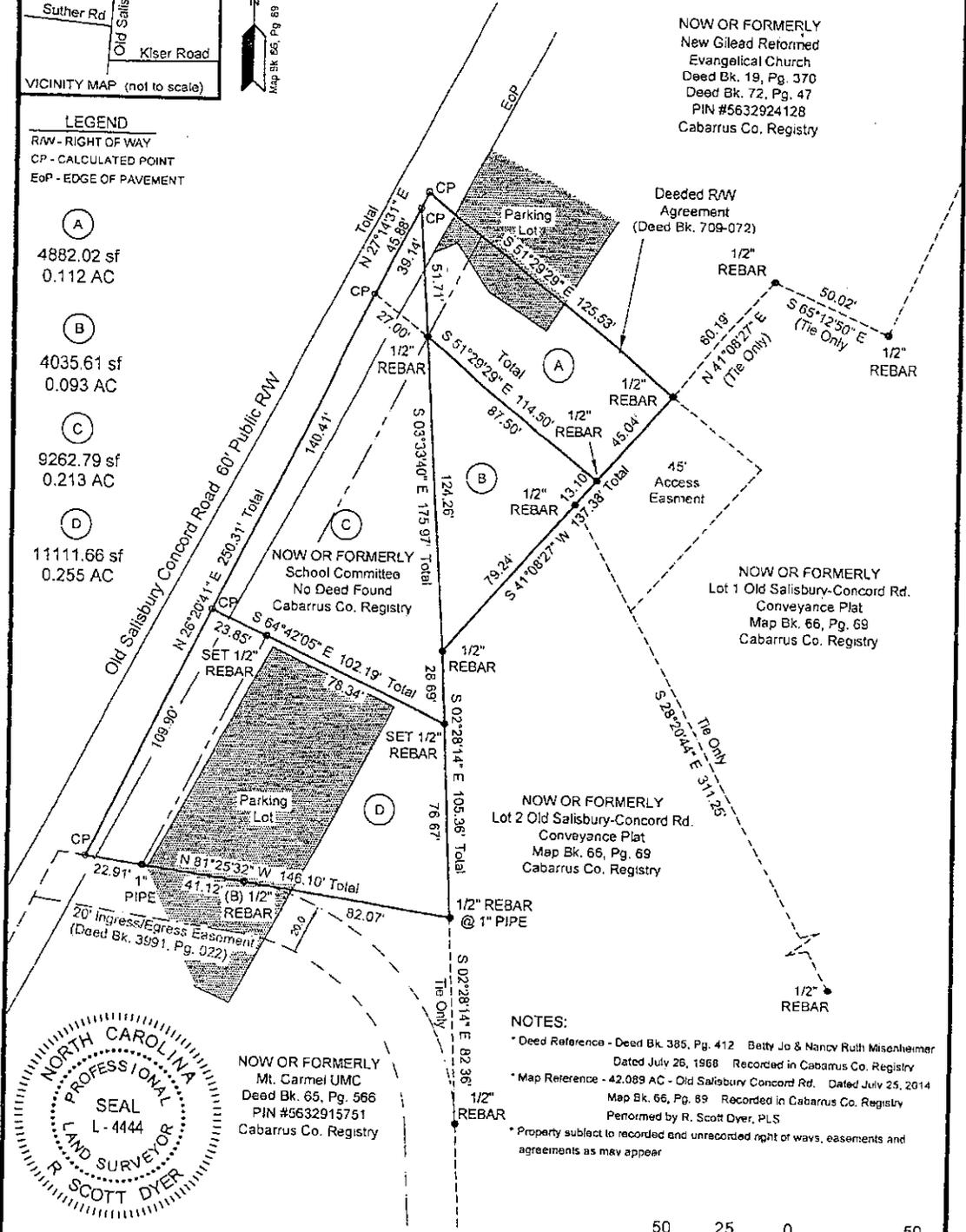
EXHIBIT MAP



NOW OR FORMERLY
New Gilead Reformed
Evangelical Church
Deed Bk. 19, Pg. 370
Deed Bk. 72, Pg. 47
PIN #5632924128
Cabarrus Co. Registry

LEGEND
RAW - RIGHT OF WAY
CP - CALCULATED POINT
EoP - EDGE OF PAVEMENT

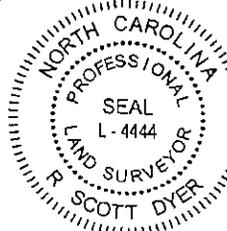
- (A)
4882.02 sf
0.112 AC
- (B)
4035.61 sf
0.093 AC
- (C)
9262.79 sf
0.213 AC
- (D)
11111.66 sf
0.255 AC



NOW OR FORMERLY
Lot 1 Old Salisbury-Concord Rd.
Conveyance Plat
Map Bk. 66, Pg. 69
Cabarrus Co. Registry

NOW OR FORMERLY
Lot 2 Old Salisbury-Concord Rd.
Conveyance Plat
Map Bk. 66, Pg. 69
Cabarrus Co. Registry

NOW OR FORMERLY
Mt. Carmel UMC
Deed Bk. 65, Pg. 566
PIN #5632915751
Cabarrus Co. Registry



- NOTES:**
- * Deed Reference - Deed Bk. 385, Pg. 412 Betty Jo & Nancy Ruth Misenheimer Dated July 26, 1968 Recorded in Cabarrus Co. Registry
 - * Map Reference - 42.089 AC - Old Salisbury Concord Rd. Dated July 25, 2014 Map Bk. 66, Pg. 69 Recorded in Cabarrus Co. Registry Performed by R. Scott Dyer, PLS
 - * Property subject to recorded and unrecorded right of ways, easements and agreements as may appear



3/23/18	Revisions per Attorney	RSD
---------	------------------------	-----

I, R. Scott Dyer, certify that this plot was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 385, page 412, etc.); that the boundaries not surveyed are clearly indicated as drawn from information found in Book n/a, page n/a; that the ratio of precision as calculated is 1:110,354; and that this map meets the requirements for The Standards of Practice for Land Surveying in North Carolina (21 NCAC 58, 1800). Witness my original signature, registration number and seal this 29th day of October, A.D., 2014.

R. Scott Dyer
R. Scott Dyer, PLS #4444

DRAWN BY: S. Kimrey	NLS NO.: 14073
DATE: Sept. 28, 2014	SCALE: 1" = 50'



NORSTAR LAND SURVEYING, INC.
552-B Newell Street NW
Concord, NC 28025
Ph 704 721 6651
Fax 704 721 6653
Firm Lic. # C-2294

Prepared for:
Betty Jo Misenheimer &
Nancy Ruth Misenheimer
Old Salisbury Concord Road
Township #5
Cabarrus County, NC

Attachment number 3 in

MEDLIN & MEDLIN, P.A.
ATTORNEYS AT LAW
43 Union Street, South
Concord, North Carolina 28025

Webster S. Medlin
1926-2003
Steve L. Medlin

Tel. (704) 786-8173
Fax (704) 786-8174

December 8, 2015
Via Email and USPS

Tim Lowder
Executive Director of Operations
Cabarrus County Schools
4401 Old Airport Road
Concord, NC 28025

RE: Mt. Carmel United Methodist Church Parking Lot

Dear Tim:

Thank you very much for with speaking with me by phone on Monday, December 7. I will proceed immediately to prepare a legal brief, with a qualified trial attorney, showing reasons that Mt. Carmel United Methodist Church would prevail in lawsuit claiming ownership of this parking lot property. I understand that the County will have to turn down any right to take title to the property. Afterward, we will be going before the School Board in executive session to get approval for a quitclaim deed to Mt. Carmel.

Please call if we need to speak for any reason. Thank you very much for assisting with this matter. It is most important to Mt. Carmel United Methodist Church. I really appreciate your extra efforts.

Thanks once again and with kindest personal regards, I remain

Sincerely,

MEDLIN & MEDLIN, P.A



Steve L. Medlin

SLM/cth



CABARRUS COUNTY
BOARD OF COMMISSIONERS
WORK SESSION

JUNE 6, 2016
4:00 P.M.

AGENDA CATEGORY:

Discussion Items for Action at June 20, 2016 Meeting

SUBJECT:

DHS - FY17 HCCBG Funding Plan

BRIEF SUMMARY:

The FY17 Home and Community Care Block Grant (HCCBG) funding plan is attached for review and approval by the Board of Commissioners. The plan has been prepared, reviewed and approved by the HCCBG advisory committee. The Department of Human Services serves as the lead agency for the Home and Community Care Block Grant. The lead agency's primary role is to organize the committee, develop the funding plan for the grant and seek approval from the Board of Commissioners for the funding plan.

The Home and Community Care Block Grant serves citizens ages 60 and older and promotes health and well-being services for qualified recipients. The grant is administered by the N. C. Division of Aging and Adult Services (DAAS). The grant provides local flexibility in that the advisory committee and the Board of Commissioners can set priorities for the services the grant will fund.

REQUESTED ACTION:

Motion to approve the FY17 HCCBG funding plan as submitted by the HCCBG advisory committee.

EXPECTED LENGTH OF PRESENTATION:

5 Minutes

SUBMITTED BY:

Kathy Mowrer, Adult and Aging Program Administrator

BUDGET AMENDMENT REQUIRED:

No

COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:

ATTACHMENTS

- [FY17 HCCBG Funding Plan](#)
-

Home and Community Care Block Grant for Older Adults

County Funding Plan

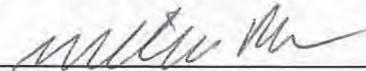
Identification of Agency or Office with Lead Responsibility for County Funding Plan

County: Cabarrus

July 1, 2016 through June 30, 2017

The agency or office with lead responsibility for planning and coordinating the County Funding Plan recommends this funding plan to the Board of Commissioners as a coordinated means to utilize community-based resources in the delivery of comprehensive aging services to older adults and their families

Cabarrus County Department of Human Services
(Name of Agency/Office with lead responsibility)


Authorized Signature

4-25-16
Date

William Ben Rose
(Type name and title of signatory agent)

Home and Community Care Block Grant for Older Adults

County Cabarrus

County Funding Plan

July 1, 2016 through June 30, 2017

County Services Summary

Services	A				B	C	D	E	F	G	H	I
	Block Grant Funding				Required Local Match	Net Service Cost	USDA Subsidy	Total Funding	Projected HCCBG Units	Projected Reimbursement Rate	Projected HCCBG Clients	Projected Total Units
	Access	In-Home	Other	Total								
Trans 250	79207			\\\\\\\\\\\\\\\\\\\\	8801	88008	0	88008	4246	20.7273	41	49697
Medical Transp 033	64805			\\\\\\\\\\\\\\\\\\\\	7201	7201	0	7201	3474	20.7271	48	40662
In-Home II - Personal Care 042		141102		\\\\\\\\\\\\\\\\\\\\	15678	156780	0	156780	8610	18.2087	24	9384
In-Home III Personal Care 045		46376		\\\\\\\\\\\\\\\\\\\\	5153	51529	0	51529	2533	20.3431	6	2880
Congregate 180			104510	\\\\\\\\\\\\\\\\\\\\	11612	116122	28629	144751	11406	10.1804	250	40999
Home Delivered 020		70630		\\\\\\\\\\\\\\\\\\\\	7848	78478	36000	114478	15872	4.9443	80	116999
Housing/ Home Repair 140			46824	\\\\\\\\\\\\\\\\\\\\	5203	52027	0	52027	#DIV/0!	#DIV/0!	70	#DIV/0!
Adult Day Care 030			20102		2234	22336	0	22336	676	33.0177	6	678
Adult Day Health 155			115818		12869	128687	0	128687	3217	40.0022	20	3218
Senior Center Operation 170			87301	\\\\\\\\\\\\\\\\\\\\	9700	97001	0	97001	#DIV/0!	#DIV/0!		#DIV/0!
				\\\\\\\\\\\\\\\\\\\\								
				\\\\\\\\\\\\\\\\\\\\	0	0	0	0	0	0	0	0
				\\\\\\\\\\\\\\\\\\\\	0	0	0	0	0	0	0	0
				\\\\\\\\\\\\\\\\\\\\	0	0	0	0	0	0	0	0
				\\\\\\\\\\\\\\\\\\\\	0	0	0	0	0	0	0	0
Total	144012	258108	374555	776675	86299	798169	64629	862798	#DIV/0!	\\\\\\\\\\\\\\\\\\\\	545	#DIV/0!

Signature, Chairman, Board of Commissioners

Date

Attachment number 1 \n

July 1, 2016 through June 30, 2017
Home and Community Care Block Grant for Older Adults
Community Service Provider
Standard Assurances

Cabarrus County Active Living and Parks agrees to provide services through the Home and
(Name of Provider)

Community Care Block Grant, as specified on the Provider Services Summary (DOA-732) in accordance with the following:

1. Services shall be provided in accordance with requirements set forth in:
 - a) The County Funding Plan
 - b) The Division of Aging Home and Community Care Block Grant Procedures Manual for Community Services providers; and
 - c) The Division of Aging Services Standards manual, Volumes I through IV.

<http://www.ncdhhs.gov/aging/monitor/mpolicy.htm>

Community service providers shall monitor any contracts with providers of Block Grant services and take appropriate measures to ensure that services are provided in accordance with the aforementioned documents.

2. Priority shall be given to providing services to those older persons with the greatest economic or social needs. The service needs of low-income minority elderly will be addressed in the manner on the Methodology to Address Service Needs of Low-Income(Including Low Income Minority Elderly), Rural Elderly and Elderly with Limited English Proficiency format, (DOA-733)

3. The following service authorization activities will be carried out in conjunction with all services provided through the Block Grant:

- a) Eligibility determination;
- b) client intake/registration;
- c) client assessment/reassessments and quarterly visits, as appropriate;
- d) Determining the amount of services to be received by the client; and
- e) Reviewing cost sharing/voluntary contributions policies with eligible clients

4. All licenses, permits, bonds, and insurance necessary for carrying out Block Grant Services will be maintained by the community service provider and any contracted providers.

5. As specified in 45 CFR 92.36(b)(11), community service providers shall have procedures for settling contractual and administrative issues arising out of procurement of services through the Block Grant. Community service providers shall have procedures governing the evaluation of bids for services and procedures through which bidders and contracted providers may appeal or dispute a decision made by the community service provider.

6. Applicant/Client appeals shall be addressed as specified in Section 7 of the Division of Aging Home and Community Care Block Grant Manual for Community Service Providers, dated February 17, 1997.

7. Community service providers are responsible for providing or arranging for the provision of required local match, as specified on the Provider Services Summary, (DOA-732). Local match shall be expended simultaneously with Block Grant funding.

8. Community service providers agree to comply with audit and fiscal reporting requirements as specified in the Agreement for the Provision of County-Based Aging Services (DOA-735).

9. Compliance with Equal Employment Opportunity and Americans With Disabilities Act requirements, as specified in paragraph fourteen (14) of the Agreement for the Provision of County Aging-Based Services (DOA-735) shall be maintained.

10. Providers of In-Home Aide, Home Health, Housing and Home Improvement, and Adult Day Care or Adult Day health Care shall sign and return the assurance to the Area Agency on Aging indicating the recipients of these services have been informed of their client rights, as required in Section 314 of the 2006 Amendments to the Older Americans Act.

11. Subcontracting – All HCCBG community service providers must assure that subcontractors (for-profit and non-profit entities only) meet the following requirements:

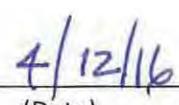
- a. The subcontractor has not been suspended or debarred. (N.C.G.S. §143C-6-23, 09 NCAC 03M)
- b. The subcontractor has not been barred from doing business at the federal level.
- c. The subcontractor is able to produce a notarized "State Grant Certification of No Overdue Tax Debts."
- d. All licenses, permits, bonds and insurance necessary for carrying out Home and Community Care Block Grant services will be maintained by both the community service provider and any subcontractors.
- e. The subcontractor has provided a copy of their business license (for-profit subcontractors only)
- f. The subcontractor is registered as a charitable, tax-exempt (501c3) organization with the Internal Revenue Service (non-profit subcontractors only).

12. Confidentiality and Security. Per the requirements in 10A NCAC 05J and Section 6 of the Home and Community Care Block Grant Procedures Manual, client information in any format and whether recorded or not shall be kept confidential and not disclosed in a form that identifies the person without the informed consent of the person or legal representative. Information must be maintained in a secure environment with restricted access, and community service providers must establish procedures to prevent accidental disclosures from data processing systems. Community service providers, including subcontractors and vendors, must adhere to requirements for protecting the security and confidentiality of client information.

13. Record Retention and Disposition. All community service providers are responsible for maintaining custody of records and documentation to support the allowable expenditure of funds, service provision and the reimbursement of services. Service providers must adhere to the approved record retention and disposition schedule posted semiannually on the website of the NC Department of Health and Human Services Controller at <http://www.ncdhhs.gov/control/retention/retention.htm>.

Service providers are not authorized to destroy records related to the provision of services under this Agreement except in compliance with the approved DHHS retention and disposition schedule, which the agency agrees to comply with 07 NCAC 4M.0510 when deciding on a method of record destruction. Confidential records will be destroyed in such a manner that the records cannot be practically read or reconstructed.


(Authorized Signature)


(Date)

**INSTRUCTIONS: Under each service,
provide the number of hours to be**

AGENCY
NAME: Cabarrus Active Living and Parks

STAFF NAME	POSITION	FULL TIME PART TIME	TOTAL HOURS	ADMIN. HOURS	Senior Center Operation 170
Donaldson, S	Prgm Manager	FULL TIME	166		166
Hatley, S	Admin Specialist	FULL TIME	146		146
Honeycutt, J	Prgm Specialist	FULL TIME	83		83
Kiser, T	Prgm Coordinato	FULL TIME	250		250
McWaters, P	Prgm Specialist	FULL TIME	83		83
Mucci, J	Prgm Associate	PART Time	936		936
Mullinax, M	Wellness Coord	FULL TIME	250		250
Vacant	Prgm Coordinato	FULL TIME	250		250
0	0	0	0		
0	0	0	0		
0	0	0	0		
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0	0	0	0		
0	0	0	0		
		SUBTOTAL FT	1,228	0	1228
		SUBTOTAL PT	936	0	936
		TOTAL	2,164	0	2164
		PERCENT FT:	56.75%	#DIV/0!	0.57
		PERCENT PT:	43.25%	#DIV/0!	0.43

Attachment number 1 \n

HCCBG Budget
 North Carolina Division of Aging
 Service Cost Computation Worksheet c:732A.xls
 Provider: Cabarrus Active Living & Parks
 County: Cabarrus
 Budget Period: July 1, 2016 through June 30, 2017
 Revision __yes, __no, revision date _____
 USDA(NSIP) reimbursement is \$.75/meal

	Grand Total		Senior Center Operation 170
I. Projected Revenues			
A. Fed/State Funding From the Division of A	87,301	//////////	87301
Required Minimum Match - Cash	//////////	//////////	//////////
1) County General Fund	9,700	//////////	9,700
2)	0	//////////	
3)	0	//////////	
Total Required Minimum Match - Cash	9,700	//////////	9,700
Required Minimum Match - In-Kind	//////////	//////////	//////////
1)	0	//////////	
2)	0	//////////	
3)	0	//////////	
Total Required Minimum Match - In-Kind	0	//////////	0
B. Total Required Minimum Match (cash + i	9,700	//////////	9,700
C. Subtotal, Fed/State/Required Match Rev	97,001	//////////	97,001
D. USDA Cash Subsidy/Commodity Valuat	0	//////////	
E. OAA Title V Worker Wages, Fringe Benef	0	//////////	
Local Cash, Non-Match	//////////	//////////	//////////
1) County General Fund	0	//////////	
2)	0	//////////	
3)	0	//////////	
4)	0	//////////	
F. Subtotal, Local Cash, Non-Match	0	//////////	0
Other Revenues, Non-Match	//////////	//////////	//////////
1) Donations	0	//////////	
2) State In-Home	0	//////////	
3)	0	//////////	
G. Subtotal, Other Revenues, Non-Match	0	//////////	0
Local In-Kind Resources (Includes Volunteer	//////////	//////////	//////////
1)	0	//////////	
2)	0	//////////	
3)	0	//////////	
H. Subtotal, Local In-kind Resources, Non-M	0	//////////	0
I. Client Program Income	0	//////////	0
J. Total Projected Revenues (Sum I C,D,E,F,	97,001	//////////	97,001
Percent of Grand Total	100%		100.00%

HCCBG Budget
 Division of Aging
 Service Cost Computation Worksheet

	Grand Total	Admin Cost	Senior Center Operation 170
II. Line Item Expense			
Staff Salary From Labor Distribution Schedule			
1) Full-time Staff	26,261	0	26,261
2) Part-time staff (do not include Title V wages)	12,823	0	12,823
A. Subtotal, Staff Salary	39,084	0	39,084
Fringe Benefits			
1) FICA	2,990	0	2,990
2) Health Ins.	1,628	0	1,628
3) Retirement	4,727	0	4,727
4) Unemployment Insurance	1,919	0	1,919
5) Worker's Compensation	1,919	0	1,919
6) Other (Longevity)	0	0	0
B. Subtotal, Fringe Benefits	13,183	0	13,183
Local In-Kind Resources, Non-Match			
1)	0	0	0
2)	0	0	0
3)	0	0	0
C. Subtotal, Local In-Kind Resources Non-Match	0	0	0
D. OAA Title V Worker Wages, Fringe Benefits	0	0	0
Travel			
1) Per Diem	0	0	0
2) Mileage Reimbursement	0	0	0
3) Other Travel Cost	0	0	0
E. Subtotal, Travel	0	0	0
General Operating Expenses			
1) Service Contracts	0	0	0
2) Rent, Utilities, Supplies	0	0	0
3) ARMS COST	0	0	0
4) Postage, Dues, Subscriptions	0	0	0
5) Advertising	0	0	0
6) In Home Aide Level II and III RN assessments	0	0	0
7) Program Supplies	44,734	0	44,734
8) Caterer	0	0	0
	0	0	0
	0	0	0
	0	0	0
F. Subtotal, General Operating Expenses	44,734	0	44,734
G. Subtotal, Other Admin. Cost Not Allocated in Lines II.A through F	0	0	0

H. Total Proj. Expenses Prior to Admin. Dist	97,001	0	97,001
I. Distribution of Administrative Cost	//////////	0	0
J. Total Proj. Expenses After Admin. Distrib	97,001	//////////	97,001
HCCBG Budget			
Service Cost Computation Worksheet			
Division of Aging			
	Grand Total		Senior Center Operation 170
III. Computation of Rates			
A. Computation of Unit Cost Rate:			
1. Total Expenses (equals line II.J)	97,001	//////////	97,001
2. Total Projected Units	//////////	//////////	0
3. Total Unit Cost Rate	//////////	//////////	#DIV/0!
B. Computation of Reimbursement Rate:			
1. Total Revenues (equals line I.J)	97,001	//////////	97,001
2. Less: USDA (equals line I.D)	0	//////////	0
Title V (equals line I.E and II.D)	0	//////////	0
Non Match In-Kind (equals line	0	//////////	0
3. Revenues Subject to Unit Reimburse	97,001	//////////	97,001
4. Total Projected Units (equals line II.A)	//////////	//////////	0
5. Total Reimbursement Rate	//////////	//////////	#DIV/0!
C. Units Reimbursed Through HCCBG	#DIV/0!	//////////	#DIV/0!
D. Units Reimbursed Through Program In	#DIV/0!	//////////	#DIV/0!
E. Units Reimbursed Through Remaining	#DIV/0!	//////////	#DIV/0!
F. Total Units Reimbursed/Total Projecte	#DIV/0!	//////////	#DIV/0!

97001
0

#DIV/0!

97001
#DIV/0!

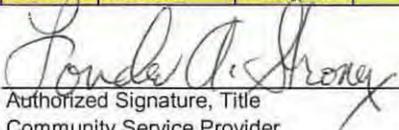
#DIV/0!

* The Division of Aging ARMS deducts reported program income from reimbursement paid to providers. Line III.D indicates the number of units that will have to be produced in addition to those stated on line III.C in order to earn the net revenues stated on line I.C.

NAME AND ADDRESS		Home and Community Care Block Grant for Older Adults									
COMMUNITY SERVICE PROVIDER		DAAS-732 (Rev. 2/16)									
Cabarrus Active Living and Parks		County Funding Plan					County Cabarrus				
P O Box 707		July 1, 2016 through June 30, 2017									
Concord NC 28026-0707		Provider Services Summary					REVISION # _____, DATE: _____				

Services	Ser. Delivery		A				B	C	D	E	F	G	H	I
	(Check One)		Block Grant Funding				Required	Net*	USDA	Total	Projected	Projected	Projected	Projected
	Direct	Purch.	Access	In-Home	Other	Total	Local Match	Serv Cost	Subsidy	Funding	HCCBG Units	Reimburse. Rate	HCCBG Clients	Total Units
Senior Center Operation 17	x				87301	//////////	9700	97001	0	97001	#REF!	#REF!	4500	#REF!
						//////////	0	0	0	0	0	0		0
						//////////	0	0	0	0	0	0		0
						//////////	0	0	0	0	0	0		0
						//////////	0	0	0	0	0	0		0
Total	////////	////////	0	0	87,301	////////	9700	97001	0	97001	////////	////////	4500	#DIV/0!

*Adult Day Care & Adult Day Health Care Net Service Cost

	ADC	ADHC			
Daily Care	_____	_____	Certification of required minimum local match availability. Required local match will be expended simultaneously with Block Grant Funding.		5/5/16
Transportation	_____	_____		Authorized Signature, Title	Date
Administrative	_____	_____		Community Service Provider	
Net Ser. Cost Total	_____	_____			

_____ Signature, County Finance Officer Date	_____ Signature, Chairman, Board of Commissioners Date
--	--

Exhibit 14A: List of Subcontractors

Region F FY 17

Provider: Cabarrus County Active Living and Parks Provider Code: 021 County Cabarrus

List each subcontractor in the chart below. A subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider's grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services. Do not list vendors who provide services through a 'purchase of service'. These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Subcontractor Name	Type Agency <i>Non-Profit</i> <i>For-Profit</i> <i>Government</i>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
N/A				

Attest Statement: Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. §143C-6-23; 09NCAC03M), B) has not been barred from doing business at the federal level, C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, Non-Profit Subcontractors are registered as a charitable (501c3) organization with the federal government.

Provider Signature: Jonda A. Strong Title: ALP Director Date: 4/12/16
 Version 2016 Page 1 of 1

Attachment number 1

PROVIDER/AAA CHECKLIST
FY17

County Name

				NOTES:
Cabarrus Active Living and Parks				
DATE:				
			DATE	
Aging Funding Plan Draft Forms Submitted				
	DAAS-730		5/5/2016	
	DAAS-731		5/5/2016	
	DAAS-732		5/5/2016	
	DAAS-732A		5/5/2016	
	DAAS-732A1		5/5/2016	
	DAAS-733		5/5/2016	
	DAAS-734		5/5/2016	
	C/P Rights		5/5/2016	
Budget Analysis				
			Matches	
	DAAS-732	DAAS-732		
Grant Funds for FY'2017 =	87301	87301		
DAAS 732a Revenues - (Line I.J =		97001		
DAAS 732a Expenses - (Line II.J		97001		
Revenues (Line III. A. I =		97001		
Expenses (Line III.B.1		97001		
Revenues Match (Line I.J =		97001		
Revenues (Line III.B.1		97001		
Expenses Match (Line II.J =		97001		
Expenses (Line III.A.1		97001		
DAAS-732a1 (Total) =		39084		
DAAS732a (Line II.A		39084		
USDA correct for total service units @ 0.75	#REF!	0	0	
ADH service cost matches allowable rate				
			Matches	
	DAAS732A	DAAS732	DAAS732A	DAAS732
Block Grant Funding	Line I.A	Col. A Total	87301	87301
Required Local Match-Cash & In-Kind	Line I.B	Col. B Total	9700	9700
Net Service Cost	Line I.C	Col. C Total	97001	97001
USDA Subsidy	Line I.D	Col. D Total	0	0
Total Funding	Line I.C+I.D	Col. E Total	97001	97001
Projected HCCBG Reimbursed Units	Line III.C - Total	Col. F Total	#DIV/0!	#####
Total Reimbursement Rate	Line III.B.5 (by Service)	Col. G (by Service)		
Projected Total Service Units	Line III.F Total	Col. I Total	#DIV/0!	#DIV/0!

**Home and Community Care Block Grant for Older Adults
County Funding Plan**

Methodology to Address Service Needs of Low-income Minority Elderly and Rural Elderly

(Older American Act, Section 305 (a)(2)(E))

Community Service Provider: Cabarrus County DHS--Transportation

County: Cabarrus **July 1, 2016 through June 30, 2017**

The Older Americans Act requires that the service provider attempt to provide services to low-income minority individuals in accordance to their need for aging services. The community service provider shall specify how the service needs of low-income, **low income (including low income minority elderly), rural elderly and elderly with limited English proficiency** will be met through the services identified on the Provider Services Summary (DAAS-732). This narrative shall address outreach and service delivery methodologies that will ensure that this target population is adequately served and conform with specific objectives established by the Area Agency on Aging for providing services to low-income minority individuals. Additional pages may be used as necessary.

Cabarrus County Transportations goal is to coordinate with the Adult and Aging department to provide meal site and medical transportation to the senior population within Cabarrus County. This joint effort is based on need through both referall and inquiries. Cabarrus County Transportation will also participate is several outreach programs this year to inform the senior population on the transportation services available to them. In additon, Cabarrus County Transportation drivers are trained in passager sensity, CPR, Bloodborne Pathogen, first aid and defensive driving. Our drivers are also trained on signs of elderly abuse and the process in which to report it.

July 1, 2016 through June 30, 2017
Home and Community Care Block Grant for Older Adults
Community Service Provider
Standard Assurances

Cabarrus DHS--Transportation agrees to provide services through the Home and
(Name of Provider)

Community Care Block Grant, as specified on the Provider Services Summary (DOA-732) in accordance with the following:

1. Services shall be provided in accordance with requirements set forth in:
 - a) The County Funding Plan
 - b) The Division of Aging Home and Community Care Block Grant Procedures Manual for Community Services providers; and
 - c) The Division of Aging Services Standards manual, Volumes I through IV.
<http://www.ncdhhs.gov/aging/monitor/mpolicy.htm>

Community service providers shall monitor any contracts with providers of Block Grant services and take appropriate measures to ensure that services are provided in accordance with the aforementioned documents.

2. Priority shall be given to providing services to those older persons with the greatest economic or social needs. The service needs of low-income minority elderly will be addressed in the manner on the Methodology to Address Service Needs of Low-Income(Including Low Income Minority Elderly), Rural Elderly and Elderly with Limited English Proficiency format, (DOA-733)

3. The following service authorization activities will be carried out in conjunction with all services provided through the Block Grant:

- a) Eligibility determination;
- b) client intake/registration;
- c) client assessment/reassessments and quarterly visits, as appropriate;
- d) Determining the amount of services to be received by the client; and
- e) Reviewing cost sharing/voluntary contributions policies with eligible clients

4. All licenses, permits, bonds, and insurance necessary for carrying out Block Grant Services will be maintained by the community service provider and any contracted providers.

5. As specified in 45 CFR 92.36(b)(11), community service providers shall have procedures for settling contractual and administrative issues arising out of procurement of services through the Block Grant. Community service providers shall have procedures governing the evaluation of bids for services and procedures through which bidders and contracted providers may appeal or dispute a decision made by the community service provider.

6. Applicant/Client appeals shall be addressed as specified in Section 7 of the Division of Aging Home and Community Care Block Grant Manual for Community Service Providers, dated February 17, 1997.

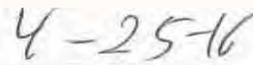
7. Community service providers are responsible for providing or arranging for the provision of required local match, as specified on the Provider Services Summary, (DOA-732). Local match shall be expended simultaneously with Block Grant funding.
8. Community service providers agree to comply with audit and fiscal reporting requirements as specified in the Agreement for the Provision of County-Based Aging Services (DOA-735).
9. Compliance with Equal Employment Opportunity and Americans With Disabilities Act requirements, as specified in paragraph fourteen (14) of the Agreement for the Provision of County Aging-Based Services (DOA-735) shall be maintained.
10. Providers of In-Home Aide, Home Health, Housing and Home Improvement, and Adult Day Care or Adult Day health Care shall sign and return the assurance to the Area Agency on Aging indicating the recipients of these services have been informed of their client rights, as required in Section 314 of the 2006 Amendments to the Older Americans Act.
11. Subcontracting – All HCCBG community service providers must assure that subcontractors (for-profit and non-profit entities only) meet the following requirements:
 - a. The subcontractor has not been suspended or debarred. (N.C.G.S. §143C-6-23, 09 NCAC 03M)
 - b. The subcontractor has not been barred from doing business at the federal level.
 - c. The subcontractor is able to produce a notarized "State Grant Certification of No Overdue Tax Debts."
 - d. All licenses, permits, bonds and insurance necessary for carrying out Home and Community Care Block Grant services will be maintained by both the community service provider and any subcontractors.
 - e. The subcontractor has provided a copy of their business license (for-profit subcontractors only)
 - f. The subcontractor is registered as a charitable, tax-exempt (501c3) organization with the Internal Revenue Service (non-profit subcontractors only).
12. Confidentiality and Security. Per the requirements in 10A NCAC 05J and Section 6 of the Home and Community Care Block Grant Procedures Manual, client information in any format and whether recorded or not shall be kept confidential and not disclosed in a form that identifies the person without the informed consent of the person or legal representative. Information must be maintained in a secure environment with restricted access, and community service providers must establish procedures to prevent accidental disclosures from data processing systems. Community service providers, including subcontractors and vendors, must adhere to requirements for protecting the security and confidentiality of client information.

13. Record Retention and Disposition. All community service providers are responsible for maintaining custody of records and documentation to support the allowable expenditure of funds, service provision and the reimbursement of services. Service providers must adhere to the approved record retention and disposition schedule posted semiannually on the website of the NC Department of Health and Human Services Controller at <http://www.ncdhhs.gov/control/retention/retention.htm>.

Service providers are not authorized to destroy records related to the provision of services under this Agreement except in compliance with the approved DHHS retention and disposition schedule, which the agency agrees to comply with 07 NCAC 14M.0510 when deciding on a method of record destruction. Confidential records will be destroyed in such a manner that the records cannot be practically read or reconstructed.



(Authorized Signature)



(Date)

NC DIVISION OF AGING
 COST OF SERVICES -
 ATTACHMENT A
 LABOR DISTRIBUTION
 SCHEDULE

INSTRUCTIONS: Under each service, provide the amount of money to be paid for the salary from the service.

AGENCY NAME: Cabarrus County DHS--Transporta

SERVICES:

STAFF NAME	POSITION	FULL TIME PART TIME	TOTAL SALARY	ADMIN. SALARY	Trans 250	Medical Transp 033
BOB BUSHEY	MANAGER	FULL TIME	\$52,447	\$52,447		
FRANKLIN BARNES	SUPERVISOR	FULL TIME	\$41,284	\$41,284		
JESSICA HILLIE	SUPERVISOR	FULL TIME	\$40,115	\$40,115		
KATHY GRAY	CALL CENTER	FULL TIME	\$29,787	\$29,787		
BLONDELL JOSEPH	CALL CENTER	FULL TIME	\$32,899	\$32,899		
LARRY BELK	CALL CENTER	FULL TIME	\$34,568	34,568		
JAMIE SMITH	CALL CENTER	FULL TIME	\$27,671	27,671		
ANNETTE BARNETT	DRIVER	FULL TIME	\$27,142		14,928	12,214
MELISSA EUDY	DRIVER	FULL TIME	\$24,748		13,611	11,137
CARLA CALDWELL	DRIVER	FULL TIME	\$23,913		13,152	10,761
COLLEEN FLANAGAN	DRIVER	FULL TIME	\$23,440		12,891	10,549
JEFF FREEZE	DISPATCH	FULL TIME	\$27,142	27,142		
JOE HOWELL	DRIVER	FULL TIME	\$25,862		14,223	11,639
COLLEEN HUNT	DRIVER	FULL TIME	\$25,110		13,810	11,300
REBECCA LITTLES	DRIVER	FULL TIME	\$27,142		14,928	12,214
RONNIE LONG	DRIVER	FULL TIME	\$23,440		12,891	10,549
GARY LOVE	DRIVER	FULL TIME	\$24,748		13,611	11,137
DAVID MAYAS	DRIVER	FULL TIME	\$24,748		13,611	11,137
STAN PARNELL	DRIVER	FULL TIME	\$24,275		13,350	10,925
CHARLES RATLIFF	DISPATCH	FULL TIME	\$25,862	25,862		
JOE RAYMER	DRIVER	FULL TIME	\$27,003		14,851	12,152
ALLEN REID	DRIVER	FULL TIME	\$23,802		13,090	10,712
DULANDA SHERER	DRIVER	FULL TIME	\$23,440		12,891	10,549
EILEEN TESSIER	DRIVER	FULL TIME	\$24,658		13,412	11,244
RICHARD VALENTINE	DRIVER	FULL TIME	\$24,637		13,550	11,087
ANNETTE WILLIAMS	DRIVER	FULL TIME	\$24,637		13,550	11,087
BECKY WRIGHT	DRIVER	FULL TIME	\$25,722		14,147	11,575
RICK CHALUE	DRIVER	PART TIME	\$20,729		11,400	9,329
VACANT	DRIVER	PART TIME	\$20,729		11,400	9,329
VACANT	DRIVER	PART TIME	\$20,729		11,400	9,329
VACANT	DRIVER	FULL TIME	\$23,421		12,881	10,540
VACANT	DRIVER	FULL TIME	\$23,421		12,881	10,540
VACANT	DRIVER	FULL TIME	\$23,421		12,881	10,540
VACANT	DRIVER	FULL TIME	\$23,421		12,881	10,540
		SUBTOTAL FT	853,924	311,775	298,021	244,128
		SUBTOTAL PT	62,187	0	34,200	27,987
		TOTAL	916,111	\$311,775	\$332,221	\$272,115
		PERCENT FT	93.21%	100.00%	89.71%	89.72%
		PERCENT PT	6.79%	0.00%	10.29%	10.28%

Attachment number 1 \n

INSTRUCTIONS: Under each service, provide the number of hours to be worked in that

AGENCY NAME: Cabarrus County DHS--Transportation

SERVICES:

STAFF NAME	POSITION	FULL TIME PART TIME	TOTAL HOURS	ADMIN HOURS	Trans 250	Medical Transp 033
BOB BUSHEY	MANAGER	FULL TIME	2,080	2080		
FRANKLIN BARNES	SUPERVISOR	FULL TIME	2080	2080		
JESSICA HILLIE	SUPERVISOR	FULL TIME	2080	2080		
KATHY GRAY	CALL CENTER	FULL TIME	2080	2080		
BLONDELL JOSEPH		FULL TIME	2080	2080		
LARRY BELK	CALL CENTER	FULL TIME	2080	2080		
JAMIE SMITH	CALL CENTER	FULL TIME	2080	2080		
ANNETTE BARNETT	DRIVER	FULL TIME	2080		1144	936
MELISSA EUDY	DRIVER	FULL TIME	2080		1144	936
CARLA CALDWELL	DRIVER	FULL TIME	2080		1144	936
COLLEEN FLANAGAN	DRIVER	FULL TIME	2080		1144	936
JEFF FREEZE	DISPATCH	FULL TIME	2080		1144	936
JOE HOWELL	DRIVER	FULL TIME	2080		1144	936
COLLEEN HUNT	DRIVER	FULL TIME	2080		1144	936
REBECCA LITTLES	DRIVER	FULL TIME	2080		1144	936
RONNIE LONG	DRIVER	FULL TIME	2080		1144	936
GARY LOVE	DRIVER	FULL TIME	1456		656	800
DAVID MAYAS	DRIVER	FULL TIME	1456		656	800
STAN PARNELL	DRIVER	FULL TIME	1456		656	800
CHARLES RATLIFF	DISPATCH	FULL TIME	1080		144	936
JOE RAYMER	DRIVER	FULL TIME	2080		1144	936
ALLEN REID	DRIVER	FULL TIME	2080		1144	936
DULANDA SHERER	DRIVER	FULL TIME	2080		1144	936
EILEEN TESSIER	DRIVER	FULL TIME	2080		1144	936
RICHARD VALENTINE	DRIVER	FULL TIME	2080		1144	936
ANNETTE WILLIAMS	DRIVER	FULL TIME	2080		1144	936
BECKY WRIGHT	DRIVER	PART TIME	1456		656	800
RICK CHALUE	DRIVER	PART TIME	1456		656	800
VACANT	DRIVER	FULL TIME	2080		1144	936
VACANT	DRIVER	FULL TIME	2080		1144	936
VACANT	DRIVER	FULL TIME	2080		1144	936
VACANT	DRIVER	FULL TIME	2080		1144	936
VACANT	DRIVER	FULL TIME	2080		1144	936
		SUBTOTAL FT	60,984	14560	24504	21920
		SUBTOTAL PT	5,616	0	2944	2672
		TOTAL	66,600	14560	27448	24592
		PERCENT FT:	91.57%	1.00	0.89	0.89
		PERCENT PT:	8.43%	0.00	0.11	0.11

HCCBG Budget
 North Carolina Division of Aging
 Service Cost Computation Worksheet c:732A.xls
 Provider: Cabarrus DHS--Transportation
 County: Cabarrus
 Budget Period: July 1, 2016 through June 30, 2017
 Revision __yes, __no, revision date _____

USDA(NRIF) reimbursement is \$.75/meal

Services:

	Grand Total		Trans 250	Medical Transp 033
I. Projected Revenues				
A. Fed/State Funding From the Division of A	144,012	//////////	79,207	64,805
Required Minimum Match - Cash	//////////	//////////	//////////	//////////
1) County General Fund	16,001	//////////	8,801	7,201
2)	0	//////////		
3)	0	//////////		
Total Required Minimum Match - Cash	16,001	//////////	8,801	7,201
Required Minimum Match - In-Kind	//////////	//////////	//////////	//////////
1)	0	//////////		
2)	0	//////////		
3)	0	//////////		
Total Required Minimum Match - In-Kind	0	//////////	0	0
B. Total Required Minimum Match (cash + i	16,001	//////////	8,801	7,201
C. Subtotal, Fed/State/Required Match Rev	160,013	//////////	88,008	72,006
D. USDA Cash Subsidy/Commodity Valuat	0	//////////		
E. OAA Title V Worker Wages, Fringe Benef	0	//////////		
Local Cash, Non-Match	//////////	//////////	//////////	//////////
1) County General Fund	604,290	//////////	332,360	271,930
2) ROAP Grant	173,413	//////////	95,378	78,035
3) State 5311 Grant	281,682	//////////	154,926	126,756
4) Medicaid Reimbursement	650,566	//////////	357,811	292,755
5) Program Fees	2,500	//////////	1,375	1,125
F. Subtotal, Local Cash, Non-Match	1,712,451	//////////	941,850	770,601
Other Revenues, Non-Match	//////////	//////////	//////////	//////////
1) Donations	429	//////////	236	193
2) State In-Home	0	//////////		
3)	0	//////////		
G. Subtotal, Other Revenues, Non-Match	429	//////////	236	193
Local In-Kind Resources (Includes Volunteer	//////////	//////////	//////////	//////////
1)	0	//////////		
2)	0	//////////		
3)	0	//////////		
H. Subtotal, Local In-kind Resources, Non-N	0	//////////	0	0
I. Client Program Income	0	//////////	0	0
J. Total Projected Revenues (Sum I C,D,E,F,	1,872,893	//////////	1,030,094	842,800
Percent of Grand Total	100%		55.00%	45.00%

HCCBG Budget
 Division of Aging
 Service Cost Computation Worksheet

Services:

II. Line Item Expense	Grand Total	Admin Cost	Trans 250	Medical Transp 033
Staff Salary From Labor Distribution Schedule				
1) Full-time Staff	853,924	311,775	298,021	244,128
2) Part-time staff (do not include Title V wages)	62,187	0	34,200	27,987
A. Subtotal, Staff Salary	916,111	311,775	332,221	272,115
Fringe Benefits				
1) FICA	93,077	23,851	25,415	20,817
2) Health Ins.	210,800	0	115,940	94,860
3) Retirement	63,209	0	34,765	28,444
4) Unemployment Insurance	0			
5) Worker's Compensation	12,227	0	6,725	5,502
6) Other (Longevity)	0			
B. Subtotal, Fringe Benefits	358,781	23,851	182,845	149,623
Local In-Kind Resources, Non-Match				
1)	0	0		
2)	0	0		
3)	0			
C. Subtotal, Local In-Kind Resources Non-Match	0	0	0	0
D. OAA Title V Worker Wages, Fringe Benefits	0	0	0	0
Travel				
1) Per Diem	10,000	10,000		
2) Mileage Reimbursement	0	0		
3) Other Travel Cost	0			
E. Subtotal, Travel	10,000	10,000	0	0
General Operating Expenses				
1) Service Contracts	3,588		1,973	1,615
2) Rent, Utilities, Supplies	39,564		21,760	17,804
3) ARMS COST	300		165	135
4) Postage, Dues, Subscriptions	1,600		880	720
5) Advertising	7,000		3,850	3,150
6) Uniforms	3,000		1,650	1,350
7) Printing & Binding	2,000		1,100	900
8) Fuel	235,000		129,250	105,750
9) Purchased Services	3,500		1,925	1,575
10) Vehicle Maint.	180,000		99,000	8,100
11) Insurance	72,955		40,125	32,830
12) Taxi Vendor	120,300		44,115	36,094
	0			
F. Subtotal, General Operating Expenses	555,816	0	345,793	210,023
G. Subtotal, Other Admin. Cost Not Allocated	0	0	0	0

in Lines II.A through F	//////	//////	//////	//////
H. Total Proj. Expenses Prior to Admin. Dis	1,840,708	345,626	860,859	631,761
I. Distribution of Administrative Cost	//////	0	190,095	155,531
J. Total Proj. Expenses After Admin. Distrib	1,872,893	//////	1,050,954	787,292

HCCBG Budget
Service Cost Computation Worksheet
Division of Aging

Services:

	Grand Total	Trans 250	Medical Transp 033
III. Computation of Rates			
A. Computation of Unit Cost Rate:	//////	//////	//////
1. Total Expenses (equals line II.J)	1,872,893	1,050,954	787,292
2. Total Projected Units	//////	49,696	40,659
3. Total Unit Cost Rate	//////	21.1476	19.3633
B. Computation of Reimbursement Rate:	//////	//////	//////
1. Total Revenues (equals line I.J)	1,872,893	1,030,094	842,800
2. Less: USDA (equals line I.D)	0	0	0
Title V (equals line I.E and II.D)	0	0	0
Non Match In-Kind (equals line I.D)	0	0	0
3. Revenues Subject to Unit Reimbursement	1,872,893	1,030,094	842,800
4. Total Projected Units (equals line III.A)	//////	49,696	40,659
5. Total Reimbursement Rate	//////	20.7273	20.7271
C. Units Reimbursed Through HCCBG	#DIV/0!	4,246	3,474
D. Units Reimbursed Through Program In	#DIV/0!	0	0
E. Units Reimbursed Through Remaining	#DIV/0!	45,451	37,188
F. Total Units Reimbursed/Total Projecte	#DIV/0!	49,697	40,662

1030094	842800
49696	40659
20.7279	20.7285
88008	72006
4246	3474
20.7273	20.7271

* The Division of Aging ARMS deducts reported program income from reimbursement paid to providers. Line III.D indicates the number of units that will have to be produced in addition to those stated on line III.C in order to earn the net revenues stated on line I.C.

NAME AND ADDRESS Home and Community Care Block Grant for Older Adults
COMMUNITY SERVICE PROVIDER **DAAS-732 (Rev. 2/16)**
 Cabarrus Co. DHS---Transportation **County Funding Plan** **County** Cabarrus
 1303 S Cannon Blvd., **July 1, 2016 through June 30, 2017**
 Kannapolis, NC 28083 **Provider Services Summary** **REVISION #** _____, **DATE:** _____

Services	Ser. Delivery		A				B	C	D	E	F	G	H	I
	(Check One)		Block Grant Funding				Required	Net*	USDA	Total	Projected	Projected	Projected	Projected
	Direct	Purch.	Access	In-Home	Other	Total	Local Match	Serv Cost	Subsidy	Funding	HCCBG Units	Reimburse. Rate	HCCBG Clients	Total Units
Trans 250	X		79207			//////////	8801	88008	0	88008	4246	20.7273	41	49697
Medical Transp 033	X		64805			//////////	7201	72006	0	72,006	3474	20.7271	48	40662
						//////////	0	0	0	0	0	0		0
						//////////	0	0	0	0	0	0		0
						//////////	0	0	0	0	0	0		0
						//////////	0	0	0	0	0	0		0
Total	////////	////////	144012	0	0	144,012	16002	160014	0	160014	//////////	//////////	89	#DIV/0!

*Adult Day Care & Adult Day Health Care Net Service Cost

Daily Care	ADC	ADHC	Certification of required minimum local match availability. Required local match will be expended simultaneously with Block Grant Funding.	 Authorized Signature, Title Community Service Provider	5-6-16 Date
Transportation	_____	_____			
Administrative	_____	_____			
Net Ser. Cost Total	_____	_____			

Signature, County Finance Officer Date _____ Signature, Chairman, Board of Commissioners Date _____

Exhibit 14A: List of Subcontractors

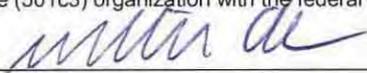
Region F FY 17

Provider: CCDHS--Transportation Provider Code: 011 County: Cabarrus

List each subcontractor in the chart below. A subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider's grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services. Do not list vendors who provide services through a 'purchase of service'. These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Subcontractor Name	Type Agency <i>Non-Profit</i> <i>For-Profit</i> <i>Government</i>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
N/A				

Attest Statement: Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. §143C-6-23; 09NCAC03M), B) has not been barred from doing business at the federal level, C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, Non-Profit Subcontractors are registered as a charitable (501c3) organization with the federal government.

Provider Signature:  Title: Director Date: 5-2-16

PROVIDER/AAA CHECKLIST
FY17

County Name

				NOTES:
Cabarrus DHS--Transportation				Corrected the formulas to link correctly to 732a- and formula 732
DATE:				
			DATE	
Aging Funding Plan Draft Forms Submitted				
	DAAS-730		5/5/2016	
	DAAS-731		5/5/2016	
	DAAS-732		5/5/2016	
	DAAS-732A		5/5/2016	
	DAAS-732A1		5/5/2016	
	DAAS-733		5/5/2016	
	DAAS-734		5/5/2016	
	C/P Rights		5/5/2016	
Budget Analysis				
			Matches	
	DAAS-732	DAAS-732		
Grant Funds for FY'2017 =	144011	144011		
DAAS 732a Revenues - (Line I.J =		1872893		
DAAS 732a Expenses - (Line II.J		1872893		
Revenues (Line III. A. I =		1872893		
Expenses (Line III.B.1		1872893		
Revenues Match (Line I.J =		1872893		
Revenues (Line III.B.1		1872893		
Expenses Match (Line II.J =		1872893		
Expenses (Line III.A.1		1872893		
DAAS-732a1 (Total) =		916111		
DAAS732a (Line II.A		916111		
USDA correct for total service units @ 0.75	#REF!	0	0	
ADH service cost matches allowable rate				
			Matches	
	DAAS732A	DAAS732		
Block Grant Funding	Line I.A	Col. A Total	144012 144012	
Required Local Match-Cash & In-Kind	Line I.B	Col. B Total	16001 16002	
Net Service Cost	Line I.C	Col. C Total	160013 160014	
USDA Subsidy	Line I.D	Col. D Total	0 0	
Total Funding	Line I.C+I.D	Col. E Total	160013 160014	
Projected HCCBG Reimbursed Units	Line III.C - Total	Col. F Total	#DIV/0! \\\	
Total Reimbursement Rate	Line III.B.5 (by Service)	Col. G (by Service)		
Projected Total Service Units	Line III.F Total	Col. I Total	#DIV/0! #DIV/0!	

**Home and Community Care Block Grant for Older Adults
County Funding Plan**

Methodology to Address Service Needs of Low-income Minority Elderly and Rural Elderly

(Older American Act, Section 305 (a)(2)(E))

Community Service Provider: Cabarrus County Department of Human Services

County: Cabarrus **July 1, 2016 through June 30, 2017**

The Older Americans Act requires that the service provider attempt to provide services to low-income minority individuals in accordance to their need for aging services. The community service provider shall specify how the service needs of low-income, **low income (including low income minority elderly), rural elderly and elderly with limited English proficiency** will be met through the services identified on the Provider Services Summary (DAAS-732). This narrative shall address outreach and service delivery methodologies that will ensure that this target population is adequately served and conform with specific objectives established by the Area Agency on Aging for providing services to low-income minority individuals. Additional pages may be used as necessary.

Cabarrus County Department of Human Services goal is to increase participation in services and programs by low income elderly and elderly with limited English proficiency in the community. DHS provides assistance to all individuals living within the county's boundaries requesting services regardless of location within the county. The type and extent of services clients receive are based on clients' needs and availability of funding. Outreach by the agency has been accomplished by brochures, community forums, word of mouth and contacts with community partners. Outreach is ongoing. Request from clients who meet the need for HCCBG services will continue to be accepted. New clients will be added as existing clients leave the program or experience a decrease of units needs or additional funds are secured. As an agency with multiple funding sources, assessments will be made with each case to be sure that the most appropriate funding is used to best meet the needs of the clients and that the Older American Act funds are for the target population groups.

**Standard Assurance to Comply with Older Americans Act
Requirements Regarding Clients Rights
For
Agencies Providing In-Home Services through the
Home and Community Care Block Grant for Older Adults**

FY17

As a provider of one or more of the services listed below, our agency agrees to notify all Home and Community Care Block Grant clients receiving any of the below listed services provided by this agency of their rights as a service recipient. Services in this assurance include:

- In-Home Aide
- Home Care (home health)
- Housing and Home Improvement
- Adult Day Care or Adult Day Health Care

Notification will include, at a minimum, an oral review of the information outlined below as well as providing each services recipient with a copy of the information in written form. In addition, providers of in-home services will establish a procedure to document that client rights information has been discussed with in-home services clients (e.g. copy of signed Client Bill of Rights statement).

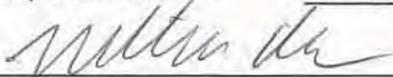
Clients Rights information to be communicated to service recipients will include, at a minimum, the right to:

- be fully informed, in advance, about each in-home service to be provided and any change in service(s) that may affect the wellbeing of the participant;
- participate in planning and changing any in-home service provided unless the client is adjudicated incompetent;
- voice a grievance with respect to service that is or fails to be provided, without discrimination or reprisal as a result of voicing a grievance;
- confidentiality of records relating to the individual;
- have property treated with respect; and
- be fully informed both orally and in writing, in advance of receiving an in-home service, of the individual's rights and obligations.

Client Rights will be distributed to, and discussed with, each new client receiving one or more of the above listed services prior to the onset of service. For all existing clients, the above information will be provided no later than the next regularly scheduled service reassessment.

Agency Name: Cabarrus County Department of Human Services

Name of Agency Administrator: William Ben Rose

Signature:  Date: _____

(Please return this form to your Area Agency on Aging and retain a copy for your files.)

CLIENT/PATIENT RIGHTS

1. You have the right to be fully informed of all your rights and responsibilities as a client/patient of the program.
2. You have the right to appropriate and professional care relating to your needs.
3. You have the right to be fully informed in advance about the care to be provided by the program.
4. You have the right to be fully informed in advance of any changes in the care that you may be receiving and to give informed consent to the provision of the amended care.
5. You have the right to participate in determining the care that you will receive and in altering the nature of the care as your needs change.
6. You have the right to voice your grievances with respect to care that is provided and to expect that there will be no reprisal for the grievance expressed.
7. You have the right to expect that the information you share with the agency will be respected and held in strict confidence, to be shared only with your written consent and as it relates to the obtaining of other needed community services.
8. You have the right to expect the preservation of your privacy and respect for your property.
9. You have the right to receive a timely response to your request for service.
10. You shall be admitted for service only if the agency has the ability to provide safe and professional care at the level of intensity needed.
11. You have the right to be informed of agency policies, changes, and costs for services.
12. If you are denied service solely on your inability to pay, you have the right to be referred elsewhere.
13. You have the right to honest, accurate information regarding the industry, agency and of the program in particular.
14. You have the right to be fully informed about other services provided by this agency.

July 1, 2016 through June 30, 2017
Home and Community Care Block Grant for Older Adults
Community Service Provider
Standard Assurances

Cabarrus County Department of Human Services agrees to provide services through the Home and
(Name of Provider)

Community Care Block Grant, as specified on the Provider Services Summary (DOA-732) in accordance
with the following:

1. Services shall be provided in accordance with requirements set forth in:
 - a) The County Funding Plan
 - b) The Division of Aging Home and Community Care Block Grant Procedures Manual for Community Services providers; and
 - c) The Division of Aging Services Standards manual, Volumes I through IV.

<http://www.ncdhhs.gov/aging/monitor/mpolicy.htm>

Community service providers shall monitor any contracts with providers of Block Grant services and take appropriate measures to ensure that services are provided in accordance with the aforementioned documents.

2. Priority shall be given to providing services to those older persons with the greatest economic or social needs. The service needs of low-income minority elderly will be addressed in the manner on the Methodology to Address Service Needs of Low-Income(Including Low Income Minority Elderly), Rural Elderly and Elderly with Limited English Proficiency format, (DOA-733)

3. The following service authorization activities will be carried out in conjunction with all services provided through the Block Grant:

- a) Eligibility determination;
- b) client intake/registration;
- c) client assessment/reassessments and quarterly visits, as appropriate;
- d) Determining the amount of services to be received by the client; and
- e) Reviewing cost sharing/voluntary contributions policies with eligible clients

4. All licenses, permits, bonds, and insurance necessary for carrying out Block Grant Services will be maintained by the community service provider and any contracted providers.

5. As specified in 45 CFR 92.36(b)(11), community service providers shall have procedures for settling contractual and administrative issues arising out of procurement of services through the Block Grant. Community service providers shall have procedures governing the evaluation of bids for services and procedures through which bidders and contracted providers may appeal or dispute a decision made by the community service provider.

6. Applicant/Client appeals shall be addressed as specified in Section 7 of the Division of Aging Home and Community Care Block Grant Manual for Community Service Providers, dated February 17, 1997.

7. Community service providers are responsible for providing or arranging for the provision of required local match, as specified on the Provider Services Summary, (DOA-732). Local match shall be expended simultaneously with Block Grant funding.
8. Community service providers agree to comply with audit and fiscal reporting requirements as specified in the Agreement for the Provision of County-Based Aging Services (DOA-735).
9. Compliance with Equal Employment Opportunity and Americans With Disabilities Act requirements, as specified in paragraph fourteen (14) of the Agreement for the Provision of County Aging-Based Services (DOA-735) shall be maintained.
10. Providers of In-Home Aide, Home Health, Housing and Home Improvement, and Adult Day Care or Adult Day health Care shall sign and return the assurance to the Area Agency on Aging indicating the recipients of these services have been informed of their client rights, as required in Section 314 of the 2006 Amendments to the Older Americans Act.
11. Subcontracting – All HCCBG community service providers must assure that subcontractors (for-profit and non-profit entities only) meet the following requirements:
 - a. The subcontractor has not been suspended or debarred. (N.C.G.S. §143C-6-23, 09 NCAC 03M)
 - b. The subcontractor has not been barred from doing business at the federal level.
 - c. The subcontractor is able to produce a notarized “State Grant Certification of No Overdue Tax Debts.”
 - d. All licenses, permits, bonds and insurance necessary for carrying out Home and Community Care Block Grant services will be maintained by both the community service provider and any subcontractors.
 - e. The subcontractor has provided a copy of their business license (for-profit subcontractors only)
 - f. The subcontractor is registered as a charitable, tax-exempt (501c3) organization with the Internal Revenue Service (non-profit subcontractors only).
12. Confidentiality and Security. Per the requirements in 10A NCAC 05J and Section 6 of the Home and Community Care Block Grant Procedures Manual, client information in any format and whether recorded or not shall be kept confidential and not disclosed in a form that identifies the person without the informed consent of the person or legal representative. Information must be maintained in a secure environment with restricted access, and community service providers must establish procedures to prevent accidental disclosures from data processing systems. Community service providers, including subcontractors and vendors, must adhere to requirements for protecting the security and confidentiality of client information.

13. Record Retention and Disposition. All community service providers are responsible for maintaining custody of records and documentation to support the allowable expenditure of funds, service provision and the reimbursement of services. Service providers must adhere to the approved record retention and disposition schedule posted semiannually on the website of the NC Department of Health and Human Services Controller at <http://www.ncdhhs.gov/control/retention/retention.htm>.

Service providers are not authorized to destroy records related to the provision of services under this Agreement except in compliance with the approved DHHS retention and disposition schedule, which the agency agrees to comply with 07 NCAC 14M.0510 when deciding on a method of record destruction. Confidential records will be destroyed in such a manner that the records cannot be practically read or reconstructed.



(Authorized Signature)

4-25-16

(Date)

INSTRUCTIONS: Under each service, provide the number of hours to be worked in that service.

AGENCY NAME: Cabarrus County Department of Human Services

STAFF NAME	POSITION	FULL TIME PART TIME	TOTAL HOURS	ADMIN HOURS	In-Home II Personal Care 042	In-Home III Personal Care 045	Congregate 180	Adult Day Care 030	Adult Day Health 155
HALL	NUT. COOR.	FULL TIME	2,080				2080		
POLK	NUT. SUP.	PART TIME	1040				1040		
WILLIAMS	NUT. SUP.	PART TIME	1040				1040		
JACKLING	NUT. SUP.	PART TIME	1040				1040		
WOLFORD	NUT. SUP.	PART TIME	1040				1040		
VACANT	NUT. SUP.	PART TIME	1040				1040		
SITZE	NUT. SUP.	PART TIME	1040				1040		
FAGGERT	NUT. SUP.	PART TIME	1040				1040		
LITTLE	ADMIN. ASST.	FULL TIME	1040				1040		
ST. JOHN	SW II	FULL TIME	477		83	20		62	312
DAKES	SW II	FULL TIME	1248		790	250		42	166
HINSON	SW II	FULL TIME	477		83	20		62	312
0	0	0	0						
0	0	0	0						
0	0	0	0						
0	0	0	0						
0	0	0	0						
0	0	0	0						
0	0	0	0						
0	0	0	0						
0	0	0	0						
0	0	0	0						
0	0	0	0						
		SUBTOTAL FT.	5,322	0	956	290	3120	166	790
		SUBTOTAL PT.	7,280	0	0	0	7280	0	0
		TOTAL	12,602	0	956	290	10400	166	790
		PERCENT FT.	42.23%	#DIV/0!	1.00	1.00	0.30	1.00	1.00
		PERCENT PT.	57.77%	#DIV/0!	0.00	0.00	0.70	0.00	0.00

HCCBG Budget
 North Carolina Division of Aging
 Service Cost Computation Worksheet c:732A.xls
 Provider: Cabarrus County Department of Human Services
 County: Cabarrus
 Budget Period: July 1, 2016 through June 30, 2017
 Revision ___yes, ___no, revision date _____

3/99
 DAAS-732A
 FY 2017

USDA(NSIP) reimbursement is \$.75/meal

	Grand Total	In-Home II - Personal Care 042	In-Home III Personal Care 045	Congregate 180	Adult Day Care 030	Adult Day Health 155
I. Projected Revenues						
A. Fed/State Funding From the Division of Aging	427,908	141,102	46,376	104,510	20,102	115,818
Required Minimum Match - Cash						
1) County General Fund	47,545	15,678	5,153	11,612	2,234	12,869
2)	0					
3)	0					
Total Required Minimum Match - Cash	47,545	15,678	5,153	11,612	2,234	12,869
Required Minimum Match - In-Kind						
1)	0					
2)	0					
3)	0					
Total Required Minimum Match - In-Kind	0	0	0	0	0	0
B. Total Required Minimum Match (cash + in-kind)	47,545	15,678	5,153	11,612	2,234	12,869
C. Subtotal, Fed/State/Required Match Revenue	475,453	156,780	51,529	116,122	22,336	128,687
D. USDA Cash Subsidy/Commodity Valuation	28,629			28,629		
E. OAA Title V Worker Wages, Fringe Benefits	0					
Local Cash, Non-Match						
1) County General Fund	294,142	14,040	7,020	273,082		
2)	0					
3)	0					
4)	0					
F. Subtotal, Local Cash, Non-Match	294,142	14,040	7,020	273,082	0	0
Other Revenues, Non-Match						
1) Donations	0					
2) State In-Home	0					
3) Out of County Revenue	4,191			4,191		
G. Subtotal, Other Revenues, Non-Match	4,191	0	0	4,191	0	0
Local In-Kind Resources (Includes Volunteer Services)						
1)	0					
2)	0					
3)	0					
H. Subtotal, Local In-kind Resources, Non-Match	0	0	0	0	0	0
I. Client Program Income	24,200	50	50	24,000	50	50
J. Total Projected Revenues (Sum I C,D,E,F, H,I)	826,615	170,870	58,599	446,024	22,386	128,737
Percent of Grand Total	100%	20.67%	7.09%	53.96%	2.71%	15.57%

HCCBG Budget
 Division of Aging
 Service Cost Computation Worksheet

II. Line Item Expense	Grand Total	Admin Cost	In-Home II - Personal Care 042	In-Home III Personal Care 045	Congregate 180	Adult Day Care 030	Adult Day Health 155
Staff Salary From Labor Distribution Schedule							
1) Full-time Staff	110,395	0	21,784	6,621	59,796	3,856	18,338
2) Part-time staff (do not include Title V wages)	114,192	0	0	0	114,192	0	0
A. Subtotal, Staff Salary	224,587	0	21,784	6,621	173,988	3,856	18,338
Fringe Benefits							
1) FICA	17,181	0	1,666	507	13,310	295	1,403
2) Health Ins.	35,411	0	10,270	3,123	11,668	1,866	8,484
3) Retirement	40,553	0	8,127	2,473	21,827	1,413	6,713
4) Unemployment Insurance	0						
5) Worker's Compensation	4,087	0	1,300	396	1,091	226	1,074
6) Other (Longevity)	5,014		441	353	3,059	202	959
B. Subtotal, Fringe Benefits	102,246	0	21,804	6,852	50,955	4,002	18,633
Local In-Kind Resources, Non-Match							
1)	0	0					
2)	0	0					
3)	0						
C. Subtotal, Local In-Kind Resources Non-Match	0	0	0	0	0	0	0
D. OAA Title V Worker Wages, Fringe Benefits	0	0	0	0	0	0	0
Travel							
1) Per Diem	0	0					
2) Mileage Reimbursement	1,000	0			1,000		
3) Other Travel Cost	0						
E. Subtotal, Travel	1,000	0	0	0	1,000	0	0
General Operating Expenses							
1) Service Contracts	278,502		127,182	45,026		14,528	91,766
2) Rent, Utilities, Supplies	26,560				26,560		
3) ARMS COST	300		100	100	100		
4) Postage, Dues, Subscriptions	0						
5) Advertising	0						
6) In Home Aide Level II and III RN assessments	0						
7) Program Supplies	4,500				4,500		
8) Caterer	185,000				185,000		
9) Tools & Minor Equipment	2,000				2,000		
10) Purchased Services (Presenters, etc.)	1,000				1,000		
11) Training	920				920		
	0						
F. Subtotal, General Operating Expenses	498,782	0	127,282	45,126	220,080	14,528	91,766
G. Subtotal, Other Admin. Cost Not Allocated in Lines II.A through F							

H. Total Proj. Expenses Prior to Admin. Dist	826,615	0	170,870	58,599	446,023	22,386	128,737
I. Distribution of Administrative Cost		0	0	0	0	0	0
J. Total Proj. Expenses After Admin. Distrib	826,615		170,870	58,599	446,023	22,386	128,737

HCCBG Budget
Service Cost Computation Worksheet
Division of Aging

	Grand Total	In-Home II - Personal Care 042	In-Home III Personal Care 045	Congregate 180	Adult Day Care 030	Adult Day Health 155
III. Computation of Rates						
A. Computation of Unit Cost Rate:						
1. Total Expenses (equals line II.J)	826,615	170,870	58,599	446,023	22,386	128,737
2. Total Projected Units		9,384	2,880	41,000	678	3,218
3. Total Unit Cost Rate		18.2087	20.3467	10.8786	33.0177	40.0052
B. Computation of Reimbursement Rate:						
1. Total Revenues (equals line I.J)	826,615	170,870	58,599	446,024	22,386	128,737
2. Less: USDA (equals line I.D)	28,629	0	0	28,629	0	0
Title V (equals line I.E and II.D)	0	0	0	0	0	0
Non Match In-Kind (equals line I.C)	0	0	0	0	0	0
3. Revenues Subject to Unit Reimbursement	797,986	170,870	58,599	417,395	22,386	128,737
4. Total Projected Units (equals line III.A)		9,384	2,880	41,000	678	3,218
5. Total Reimbursement Rate		18.2087	20.3431	10.1804	33.0177	40.0022
C. Units Reimbursed Through HCCBG	#DIV/0!	8,610	2,533	11,406	676	3,217
D. Units Reimbursed Through Program In	#DIV/0!	3	2	2,357	2	1
E. Units Reimbursed Through Remaining	#DIV/0!	771	345	27,236	0	0
F. Total Units Reimbursed/Total Projected	#DIV/0!	9,384	2,880	40,999	678	3,218

170870	58599	417395	22386	128737
9384	2880	41000	678	3218
18.2087	20.3469	10.1804	33.0177	40.0053
156780	51529	116122	22336	128687
8610	2533	11406	676	3217
18.2091	20.3431	10.1808	33.0414	40.0022

* The Division of Aging ARMS deducts reported program income from reimbursement paid to providers. Line III.D indicates the number of units that will have to be produced in addition to those stated on line III.C in order to earn the net revenues stated on line I.C.

NAME AND ADDRESS Home and Community Care Block Grant for Older Adults
COMMUNITY SERVICE PROVIDER **DAAS-732 (Rev. 2/16)**
 Cabarrus County Department of Human Services County Funding Plan County Cabarrus
 1303 S Cannon Blvd. July 1, 2016 through June 30, 2017
 Kannapolis, NC 28083 **Provider Services Summary REVISION #** _____ **DATE:** _____

Services	Ser. Delivery		A				B	C	D	E	F	G	H	I
	(Check One)		Block Grant Funding				Required	Net*	USDA	Total	Projected	Projected	Projected	Projected
	Direct	Purch.	Access	In-Home	Other	Total	Local Match	Serv Cost	Subsidy	Funding	HCCBG Units	Reimburse. Rate	HCCBG Clients	Total Units
In-Home II - Personal Care 042	X			141102			15678	156780	0	156780	8610	18.2087	24	9384
In-Home III Personal Care 045	X			46376			5153	51529	0	51529	2533	20.3431	6	2880
Congregate 180	X				104510		11612	116122	28629	144751	11406	10.1804	250	40999
Adult Day Care 030		X			20102		2234	22336	0	22336	676	33.0177	6	678
Adult Day Health 155		X			115818		12869	128687	0	128687	3217	40.00	20	3218
							0	0	0	0	0	0		0
							0	0	0	0	0	0		0
							0	0	0	0	0	0		0
							0	0	0	0	0	0		0
							0	0	0	0	0	0		0
Total			0	187478	240,430	427,908	47546	475454	28629	504083			306	#DIV/0!

*Adult Day Care & Adult Day Health Care Net Service Cost

	ADC	ADHC
Daily Care	33.07	40
Transportation		
Administrative		
Net Ser. Cost Total		

Certification of required minimum local match availability. Required local match will be expended simultaneously with Block Grant Funding.

[Signature] 5-6-16
 Authorized Signature, Title Date
 Community Service Provider

 Signature, County Finance Officer Date

 Signature, Chairman, Board of Commissioners Date

Exhibit 14A: List of Subcontractors

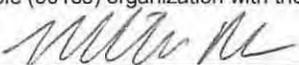
Region F FY 17

Provider: Cabarrus County Department of Human Services Provider Code: 042, 045, 180, 030, 155 County Cabarrus

List each subcontractor in the chart below. A subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider's grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services. Do not list vendors who provide services through a 'purchase of service'. These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Subcontractor Name	Type Agency <i>Non-Profit</i> <i>For-Profit</i> <i>Government</i>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
Punchy's Diner	For-Profit	Congregate Nutrition	Aaron Jordan 550 Concord Parkway Concord NC 28027 704-786-2222	Preparation & delivery of meals to Congregate Nutrition sites
University Adult Care., Inc.	Non-Profit	Adult Day Care/Health	Ruby Kumar 1324 John Kirk Dr Charlotte, NC 28263 704-510-0030	Provision of Adult Day Care/Health Services
Coltrane LIFE Center, Inc.	Non-Profit	Adult Day Care/Health	Susan Caudle 321 Corban Ave., SW Concord, NC 28025 704-788-1215	Provision of Adult Day Care/Health Services

Attest Statement: Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. §143C-6-23; 09NCAC03M), B) has not been barred from doing business at the federal level, C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, Non-Profit Subcontractors are registered as a charitable (501c3) organization with the federal government.

Provider Signature:  Title: Director Date: 4-25-16

Attachment number 1

Exhibit 14A: List of Subcontractors

Region F FY 17

Provider: Cabarrus County Department of Human Services Provider Code: 042, 045, 180. 030, 155 County Cabarrus

List each subcontractor in the chart below. A subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider's grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services. Do not list vendors who provide services through a 'purchase of service'. These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Subcontractor Name	Type Agency <i>Non-Profit</i> <i>For-Profit</i> <i>Government</i>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
Interim Healthcare of the Triad, Inc.	For-Profit	In-Home Aide Services II & III	Julie Conrad 250 Branchview Dr., Suite D Concord NC 28025	Provision of In-Home Aide Services Level II & III
Senior Helpers	For-Profit	In-Home Aide Services II & III	Sandy Mullins 51 Union St., S Suite 204 Concord, NC 28025	Provision of In-Home Aide Services Level II & III
ResCare Homecare	For-Profit	In-Home Aide Services II & III	Dana Ramsey 320 Copperfield Blvd., Suite E Concord, NC 28025	Provision of In-Home Aide Services Level II & III

Attest Statement: Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. §143C-6-23; 09NCAC03M), B) has not been barred from doing business at the federal level, C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, Non-Profit Subcontractors are registered as a charitable (501c3) organization with the federal government.

Provider Signature: *Milton An* Title: *Director* Date: *4-25-16*

PROVIDER/AAA CHECKLIST
FY17

County Name

				NOTES:	
Cabarrus County Department of Human Services					
DATE:					
				DATE	
Aging Funding Plan Draft Forms Submitted					
		DAAS-730		5/5/2016	
		DAAS-731		5/5/2016	
		DAAS-732		5/5/2016	
		DAAS-732A		5/5/2016	
		DAAS-732A1		5/5/2016	
		DAAS-733		5/5/2016	
		DAAS-734		5/5/2016	
		C/P Rights		5/5/2016	
Budget Analysis				Matches	
		DAAS-732	DAAS-732		
Grant Funds for FY'2017 =		427908	427908		
DAAS 732a Revenues - (Line I.J =			826615		
DAAS 732a Expenses - (Line II.J			826615		
Revenues (Line III. A. I =			826615		
Expenses (Line III.B.1			826615		
Revenues Match (Line I.J =			826615		
Revenues (Line III.B.1			826615		
Expenses Match (Line II.J =			826615		
Expenses (Line III.A.1			826615		
DAAS-732a1 (Total) =			224587		
DAAS732a (Line II.A			224587		
USDA correct for total service units @ 0.75		28982	28629	28629	
ADH service cost matches allowable rate					
				Matches	
	DAAS732A	DAAS732	DAAS732A	DAAS732	
Block Grant Funding	Line I.A	Col. A Total	427908	427908	
Required Local Match-Cash & In-Kind	Line I.B	Col. B Total	47546	47546	
Net Service Cost	Line I.C	Col. C Total	475454	475454	
USDA Subsidy	Line I.D	Col. D Total	28629	28629	
Total Funding	Line I.C+I.D	Col. E Total	504083	504083	
Projected HCCBG Reimbursed Units	Line III.C - Total	Col. F Total	#DIV/0!		
Total Reimbursement Rate	Line III.B.5 (by Service)	Col. G (by Service)			
Projected Total Service Units	Line III.F Total	Col. I Total	#DIV/0!	#DIV/0!	

**Home and Community Care Block Grant for Older Adults
County Funding Plan**

Methodology to Address Service Needs of Low-income Minority Elderly and Rural Elderly

(Older American Act, Section 305 (a)(2)(E))

Community Service Provider: Cabarrus County Planning & Development

County: Cabarrus **July 1, 2016 through June 30, 2017**

The Older Americans Act requires that the service provider attempt to provide services to low-income minority individuals in accordance to their need for aging services. The community service provider shall specify how the service needs of low-income, **low income (including low income minority elderly), rural elderly and elderly with limited English proficiency** will be met through the services identified on the Provider Services Summary (DAAS-732). This narrative shall address outreach and service delivery methodologies that will ensure that this target population is adequately served and conform with specific objectives established by the Area Agency on Aging for providing services to low-income minority individuals. Additional pages may be used as necessary.

The Planning & Development Department's goal is to coordinate and provide Housing and Home Improvement Services in conjunction with the Department of Human Services that is funded by the Home and Community Care Block Grants. Coordination of this function will produce a service product that is both accountable and accessible by the full scope of clients for which the HCCBG funds were designated. It is our intent to meet the needs of that specialized population. The Planning & Development Department will coordinate with the Department of Human Services and other service providers to ensure that the population is served. All eligible clients will be provided access to service. The Planning & Development Department will follow all program guidelines for service provision and client treatment. Homes will be rehabilitated for eligible clients. Improvements include, but are not limited to, handicap accessibility, door widenings, minor roof repairs, and safety improvements. Any improvements will be made in compliance with all program regulations. The Planning & Development Department will take referrals from the Department of Human Services and other service providers of the target population. Outreach is achieved through these programs, word of mouth, and visiting nutrition sites and other special programs designed to address the target population.

**Standard Assurance to Comply with Older Americans Act
Requirements Regarding Clients Rights
For
Agencies Providing In-Home Services through the
Home and Community Care Block Grant for Older Adults**

FY17

As a provider of one or more of the services listed below, our agency agrees to notify all Home and Community Care Block Grant clients receiving any of the below listed services provided by this agency of their rights as a service recipient. Services in this assurance include:

- In-Home Aide
- Home Care (home health)
- Housing and Home Improvement
- Adult Day Care or Adult Day Health Care

Notification will include, at a minimum, an oral review of the information outlined below as well as providing each services recipient with a copy of the information in written form. In addition, providers of in-home services will establish a procedure to document that client rights information has been discussed with in-home services clients (e.g. copy of signed Client Bill of Rights statement).

Clients Rights information to be communicated to service recipients will include, at a minimum, the right to:

- be fully informed, in advance, about each in-home service to be provided and any change in service(s) that may affect the wellbeing of the participant;
- participate in planning and changing any in-home service provided unless the client is adjudicated incompetent;
- voice a grievance with respect to service that is or fails to be provided, without discrimination or reprisal as a result of voicing a grievance;
- confidentiality of records relating to the individual;
- have property treated with respect; and
- be fully informed both orally and in writing, in advance of receiving an in-home service, of the individual's rights and obligations.

Client Rights will be distributed to, and discussed with, each new client receiving one or more of the above listed services prior to the onset of service. For all existing clients, the above information will be provided no later than the next regularly scheduled service reassessment.

Agency Name: Cabarrus County Planning + Development Department

Name of Agency Administrator: Kelly Sifford

Signature: [Handwritten Signature] Date: 4-17-16

(Please return this form to your Area Agency on Aging and retain a copy for your files.)

CLIENT/PATIENT RIGHTS

1. You have the right to be fully informed of all your rights and responsibilities as a client/patient of the program.
2. You have the right to appropriate and professional care relating to your needs.
3. You have the right to be fully informed in advance about the care to be provided by the program.
4. You have the right to be fully informed in advance of any changes in the care that you may be receiving and to give informed consent to the provision of the amended care.
5. You have the right to participate in determining the care that you will receive and in altering the nature of the care as your needs change.
6. You have the right to voice your grievances with respect to care that is provided and to expect that there will be no reprisal for the grievance expressed.
7. You have the right to expect that the information you share with the agency will be respected and held in strict confidence, to be shared only with your written consent and as it relates to the obtaining of other needed community services.
8. You have the right to expect the preservation of your privacy and respect for your property.
9. You have the right to receive a timely response to your request for service.
10. You shall be admitted for service only if the agency has the ability to provide safe and professional care at the level of intensity needed.
11. You have the right to be informed of agency policies, changes, and costs for services.
12. If you are denied service solely on your inability to pay, you have the right to be referred elsewhere.
13. You have the right to honest, accurate information regarding the industry, agency and of the program in particular.
14. You have the right to be fully informed about other services provided by this agency.

July 1, 2016 through June 30, 2017
Home and Community Care Block Grant for Older Adults
Community Service Provider
Standard Assurances

Cabarrus County Planning & Development agrees to provide services through the Home and
(Name of Provider)

Community Care Block Grant, as specified on the Provider Services Summary (DOA-732) in accordance
with the following:

1. Services shall be provided in accordance with requirements set forth in:
 - a) The County Funding Plan
 - b) The Division of Aging Home and Community Care Block Grant Procedures Manual for Community Services providers; and
 - c) The Division of Aging Services Standards manual, Volumes I through IV.

<http://www.ncdhhs.gov/aging/monitor/mpolicy.htm>

Community service providers shall monitor any contracts with providers of Block Grant services and take appropriate measures to ensure that services are provided in accordance with the aforementioned documents.

2. Priority shall be given to providing services to those older persons with the greatest economic or social needs. The service needs of low-income minority elderly will be addressed in the manner on the Methodology to Address Service Needs of Low-Income(Including Low Income Minority Elderly), Rural Elderly and Elderly with Limited English Proficiency format, (DOA-733)

3. The following service authorization activities will be carried out in conjunction with all services provided through the Block Grant:

- a) Eligibility determination;
- b) client intake/registration;
- c) client assessment/reassessments and quarterly visits, as appropriate;
- d) Determining the amount of services to be received by the client; and
- e) Reviewing cost sharing/voluntary contributions policies with eligible clients

4. All licenses, permits, bonds, and insurance necessary for carrying out Block Grant Services will be maintained by the community service provider and any contracted providers.

5. As specified in 45 CFR 92.36(b)(11), community service providers shall have procedures for settling contractual and administrative issues arising out of procurement of services through the Block Grant. Community service providers shall have procedures governing the evaluation of bids for services and procedures through which bidders and contracted providers may appeal or dispute a decision made by the community service provider.

6. Applicant/Client appeals shall be addressed as specified in Section 7 of the Division of Aging Home and Community Care Block Grant Manual for Community Service Providers, dated February 17, 1997.

7. Community service providers are responsible for providing or arranging for the provision of required local match, as specified on the Provider Services Summary, (DOA-732). Local match shall be expended simultaneously with Block Grant funding.

8. Community service providers agree to comply with audit and fiscal reporting requirements as specified in the Agreement for the Provision of County-Based Aging Services (DOA-735).

9. Compliance with Equal Employment Opportunity and Americans With Disabilities Act requirements, as specified in paragraph fourteen (14) of the Agreement for the Provision of County Aging-Based Services (DOA-735) shall be maintained.

10. Providers of In-Home Aide, Home Health, Housing and Home Improvement, and Adult Day Care or Adult Day health Care shall sign and return the assurance to the Area Agency on Aging indicating the recipients of these services have been informed of their client rights, as required in Section 314 of the 2006 Amendments to the Older Americans Act.

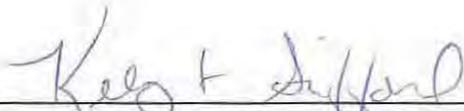
11. Subcontracting – All HCCBG community service providers must assure that subcontractors (for-profit and non-profit entities only) meet the following requirements:

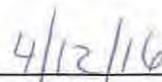
- a. The subcontractor has not been suspended or debarred. (N.C.G.S. §143C-6-23, 09 NCAC 03M)
- b. The subcontractor has not been barred from doing business at the federal level.
- c. The subcontractor is able to produce a notarized "State Grant Certification of No Overdue Tax Debts."
- d. All licenses, permits, bonds and insurance necessary for carrying out Home and Community Care Block Grant services will be maintained by both the community service provider and any subcontractors.
- e. The subcontractor has provided a copy of their business license (for-profit subcontractors only)
- f. The subcontractor is registered as a charitable, tax-exempt (501c3) organization with the Internal Revenue Service (non-profit subcontractors only).

12. Confidentiality and Security. Per the requirements in 10A NCAC 05J and Section 6 of the Home and Community Care Block Grant Procedures Manual, client information in any format and whether recorded or not shall be kept confidential and not disclosed in a form that identifies the person without the informed consent of the person or legal representative. Information must be maintained in a secure environment with restricted access, and community service providers must establish procedures to prevent accidental disclosures from data processing systems. Community service providers, including subcontractors and vendors, must adhere to requirements for protecting the security and confidentiality of client information.

13. Record Retention and Disposition. All community service providers are responsible for maintaining custody of records and documentation to support the allowable expenditure of funds, service provision and the reimbursement of services. Service providers must adhere to the approved record retention and disposition schedule posted semiannually on the website of the NC Department of Health and Human Services Controller at <http://www.ncdhhs.gov/control/retention/retention.htm>.

Service providers are not authorized to destroy records related to the provision of services under this Agreement except in compliance with the approved DHHS retention and disposition schedule, which the agency agrees to comply with 07 NCAC)4M.0510 when deciding on a method of record destruction. Confidential records will be destroyed in such a manner that the records cannot be practically read or reconstructed.


(Authorized Signature)


(Date)

HCCBG Budget
 North Carolina Division of Aging
 Service Cost Computation Worksheet c:732A.xls
 Provider: Cabarrus County Planning & Development
 County: Cabarrus
 Budget Period: July 1, 2016 through June 30, 2017
 Revision __yes, __no, revision date _____

USDA(NSRP) reimbursement is \$.75/meal

	Grand Total		Housing/ Home Repair 140
I. Projected Revenues			
A. Fed/State Funding From the Division of A	46,824	//////////	46,824
Required Minimum Match - Cash	//////////	//////////	//////////
1) County General Fund	5,203	//////////	5,203
2)	0	//////////	
3)	0	//////////	
Total Required Minimum Match - Cash	5,203	//////////	5,203
Required Minimum Match - In-Kind	//////////	//////////	//////////
1)	0	//////////	
2)	0	//////////	
3)	0	//////////	
Total Required Minimum Match - In-Kind	0	//////////	0
B. Total Required Minimum Match (cash + i	5,203	//////////	5,203
C. Subtotal, Fed/State/Required Match Rev	52,027	//////////	52,027
D. USDA Cash Subsidy/Commodity Valuat	0	//////////	
E. OAA Title V Worker Wages, Fringe Benef	0	//////////	
Local Cash, Non-Match	//////////	//////////	//////////
1) County General Fund	0	//////////	
2)	0	//////////	
3)	0	//////////	
4)	0	//////////	
F. Subtotal, Local Cash, Non-Match	0	//////////	0
Other Revenues, Non-Match	//////////	//////////	//////////
1) Donations	0	//////////	
2) State In-Home	0	//////////	
3)	0	//////////	
G. Subtotal, Other Revenues, Non-Match	0	//////////	0
Local In-Kind Resources (Includes Volunteer	//////////	//////////	//////////
1)	0	//////////	
2)	0	//////////	
3)	0	//////////	
H. Subtotal, Local In-kind Resources, Non-M	0	//////////	0
I. Client Program Income	0	//////////	0
J. Total Projected Revenues (Sum I C,D,E,F,	52,027	//////////	52,027
Percent of Grand Total	100%		100.00%

HCCBG Budget
 Division of Aging
 Service Cost Computation Worksheet

	Grand Total	Admin Cost	Housing/ Home Repair 140
II. Line Item Expense			
Staff Salary From Labor Distribution Schedule	//////	//////	//////
1) Full-time Staff	12,000	0	12,000
2) Part-time staff (do not include Title V wages)	0	0	0
A. Subtotal, Staff Salary	12,000	0	12,000
Fringe Benefits	//////	//////	//////
1) FICA	918	0	918
2) Health Ins.	0	0	
3) Retirement	0	0	
4) Unemployment Insurance	0		
5) Worker's Compensation	0	0	
6) Other (Longevity)	0		
B. Subtotal, Fringe Benefits	918	0	918
Local In-Kind Resources, Non-Match	//////	//////	//////
1)	0	0	
2)	0	0	
3)	0		
C. Subtotal, Local In-Kind Resources Non-Match	0	0	0
D. OAA Title V Worker Wages, Fringe Benefits	0	0	0
Travel	//////	//////	//////
1) Per Diem	0	0	
2) Mileage Reimbursement	0	0	
3) Other Travel Cost	0		
E. Subtotal, Travel	0	0	0
General Operating Expenses	//////	//////	//////
1) Service Contracts	0		
2) Rent, Utilities, Supplies	0		
3) ARMS COST	0		
4) Postage, Dues, Subscriptions	0		
5) Advertising	0		
6) In Home Aide Level II and III RN assessments	0		
7) Program Supplies	39,109		39,109
8) Caterer			
	0		
F. Subtotal, General Operating Expenses	39,109	0	39,109
G. Subtotal, Other Admin. Cost Not Allocated in Lines II.A through F	//////	//////	//////

H. Total Proj. Expenses Prior to Admin. Dist	52,027	0	52,027
I. Distribution of Administrative Cost		0	0
J. Total Proj. Expenses After Admin. Distrib	52,027		52,027

HCCBG Budget
Service Cost Computation Worksheet
Division of Aging

Page 3

	Grand Total		Housing/ Home Repair 140
III. Computation of Rates			
A. Computation of Unit Cost Rate:			
1. Total Expenses (equals line II.J)	52,027		52,027
2. Total Projected Units			0
3. Total Unit Cost Rate			#DIV/0!
B. Computation of Reimbursement Rate:			
1. Total Revenues (equals line I.J)	52,027		52,027
2. Less: USDA (equals line I.D)	0		0
Title V (equals line I.E and II.D)	0		0
Non Match In-Kind (equals line	0		0
3. Revenues Subject to Unit Reimbursen	52,027		52,027
4. Total Projected Units (equals line III.A			0
5. Total Reimbursement Rate			#DIV/0!
C. Units Reimbursed Through HCCBG	#DIV/0!		#DIV/0!
D. Units Reimbursed Through Program In	#DIV/0!		#DIV/0!
E. Units Reimbursed Through Remaining	#DIV/0!		#DIV/0!
F. Total Units Reimbursed/Total Projecte	#DIV/0!		#DIV/0!

52027
0

#DIV/0!

52027
#DIV/0!

#DIV/0!

* The Division of Aging ARMS deducts reported program income from reimbursement paid to providers. Line III.D indicates the number of units that will have to be produced in addition to those stated on line III.C in order to earn the net revenues stated on line I.C.

NAME AND ADDRESS		Home and Community Care Block Grant for Older Adults						DAAS-732 (Rev. 2/16)			
COMMUNITY SERVICE PROVIDER		County Funding Plan						County Cabarrus			
Cabarrus Planning & Development								July 1, 2016 through June 30, 2017			
P O Box 707		Provider Services Summary						REVISION # _____, DATE: _____			
Concord NC 28026=0707											

Services	Ser. Delivery		A				B	C	D	E	F	G	H	I
	(Check One)		Block Grant Funding				Required	Net*	USDA	Total	Projected	Projected	Projected	Projected
	Direct	Purch.	Access	In-Home	Other	Total	Local Match	Serv Cost	Subsidy	Funding	HCCBG Units	Reimburse. Rate	HCCBG Clients	Total Units
Housing/ Home Repair 14	X				46824	//////////	5203	52027	0	52027	#DIV/0!	#DIV/0!	70	#DIV/0!
						//////////	0	0	0	0	0	0		0
						//////////	0	0	0	0	0	0		0
						//////////	0	0	0	0	0	0		0
Total	////////	////////	0	0	46,824	46,824	5203	52027	0	52027	//////////	//////////	70	#DIV/0!

*Adult Day Care & Adult Day Health Care Net Service Cost				Certification of required minimum local match availability. Required local match will be expended simultaneously with Block Grant Funding.	<i>July 7 2016</i> Authorized Signature, Title Community Service Provider
Daily Care	ADC	ADHC			
Transportation					
Administrative					
Net Ser. Cost Total					

_____ Signature, County Finance Officer Date	_____ Signature, Chairman, Board of Commissioners Date
--	--

Exhibit 14A: List of Subcontractors

Region F FY 17

Provider: Cabarrus Meals on Wheels Provider Code: 003 County Cabarrus

List each subcontractor in the chart below. A subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider's grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services. Do not list vendors who provide services through a 'purchase of service'. These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Subcontractor Name	Type Agency <i>Non-Profit</i> <i>For-Profit</i> <i>Government</i>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
NONE				

Attest Statement: Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. §143C-6-23; 09NCAC03M), B) has not been barred from doing business at the federal level, C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, Non-Profit Subcontractors are registered as a charitable (501c3) organization with the federal government.

Provider Signature: Kimberly Strong Title: Executive Director Date: 4/14/2016
 Version 2016 Page 1 of 1

Attachment number 1

PROVIDER/AAA CHECKLIST
FY17

County Name

				NOTES:
Cabarrus Planning & Development				
DATE:				
			DATE	
Aging Funding Plan Draft Forms Submitted				
	DAAS-730		5/5/2016	
	DAAS-731		5/5/2016	
	DAAS-732		5/5/2016	
	DAAS-732A		5/5/2016	
	DAAS-732A1		5/5/2016	
	DAAS-733		5/5/2016	
	DAAS-734		5/5/2016	
	C/P Rights		5/5/2016	
Budget Analysis				
		DAAS-732	DAAS-732A	Matches
Grant Funds for FY'2017 =		46824	46824	
DAAS 732a Revenues - (Line I.J =			52027	
DAAS 732a Expenses - (Line II.J			52027	
Revenues (Line III. A. I =			52027	
Expenses (Line III.B.1			52027	
Revenues Match (Line I.J =			52027	
Revenues (Line III.B.1			52027	
Expenses Match (Line II.J =			52027	
Expenses (Line III.A.1			52027	
DAAS-732a1 (Total) =			12000	
DAAS732a (Line II.A			12000	
USDA correct for total service units @ 0.75		#REF!	0	0
ADH service cost matches allowable rate				
				Matches
		DAAS732A	DAAS732	
Block Grant Funding	Line I.A	Col. A Total	46824	46824
Required Local Match-Cash & In-Kind	Line I.B	Col. B Total	5203	5203
Net Service Cost	Line I.C	Col. C Total	52027	52027
USDA Subsidy	Line I.D	Col. D Total	0	0
Total Funding	Line I.C+I.D	Col. E Total	52027	52027
Projected HCCBG Reimbursed Units	Line III.C - Total	Col. F Total	#DIV/0!	
Total Reimbursement Rate	Line III.B.5 (by Service)	Col. G (by Service)		
Projected Total Service Units	Line III.F Total	Col. I Total	#DIV/0!	#DIV/0!

**Home and Community Care Block Grant for Older Adults
County Funding Plan**

Methodology to Address Service Needs of Low-income Minority Elderly and Rural Elderly

(Older American Act, Section 305 (a)(2)(E))

Community Service Provider: Cabarrus Meals on Wheels

County: Cabarrus **July 1, 2016 through June 30, 2017**

The Older Americans Act requires that the service provider attempt to provide services to low-income minority individuals in accordance to their need for aging services. The community service provider shall specify how the service needs of low-income, **low income (including low income minority elderly), rural elderly and elderly with limited English proficiency** will be met through the services identified on the Provider Services Summary (DAAS-732). This narrative shall address outreach and service delivery methodologies that will ensure that this target population is adequately served and conform with specific objectives established by the Area Agency on Aging for providing services to low-income minority individuals. Additional pages may be used as necessary.

Cabarrus Meals on Wheels delivers meals to elderly homebound individuals in Cabarrus County to assist them to remain independent in their homes.

1. Partner with Cooperative Christian Ministries who serve low income older adults and referrals from these low income older adults are made to Meals on Wheels.
2. Partner with Department of Human Services to receive referrals for low income older adults who may need the service.
3. Partner with several home care providers to receive referrals for needy older adults.
4. Target low income minority churches and provide information about the service.
5. Partner with local doctor offices to accept referrals for seniors who need meals.
6. Partner with local hospital to provide short-term service for seniors who may need meals for only a few weeks.

July 1, 2016 through June 30, 2017
Home and Community Care Block Grant for Older Adults
Community Service Provider
Standard Assurances

Cabarrus Meals on Wheels agrees to provide services through the Home and
(Name of Provider)

Community Care Block Grant, as specified on the Provider Services Summary (DOA-732) in accordance with the following:

1. Services shall be provided in accordance with requirements set forth in:
 - a) The County Funding Plan
 - b) The Division of Aging Home and Community Care Block Grant Procedures Manual for Community Services providers; and
 - c) The Division of Aging Services Standards manual, Volumes I through IV.

<http://www.ncdhhs.gov/aging/monitor/mpolicy.htm>

Community service providers shall monitor any contracts with providers of Block Grant services and take appropriate measures to ensure that services are provided in accordance with the aforementioned documents.

2. Priority shall be given to providing services to those older persons with the greatest economic or social needs. The service needs of low-income minority elderly will be addressed in the manner on the Methodology to Address Service Needs of Low-Income(Including Low Income Minority Elderly), Rural Elderly and Elderly with Limited English Proficiency format, (DOA-733)

3. The following service authorization activities will be carried out in conjunction with all services provided through the Block Grant:

- a) Eligibility determination;
- b) client intake/registration;
- c) client assessment/reassessments and quarterly visits, as appropriate;
- d) Determining the amount of services to be received by the client; and
- e) Reviewing cost sharing/voluntary contributions policies with eligible clients

4. All licenses, permits, bonds, and insurance necessary for carrying out Block Grant Services will be maintained by the community service provider and any contracted providers.

5. As specified in 45 CFR 92.36(b)(11), community service providers shall have procedures for settling contractual and administrative issues arising out of procurement of services through the Block Grant. Community service providers shall have procedures governing the evaluation of bids for services and procedures through which bidders and contracted providers may appeal or dispute a decision made by the community service provider.

6. Applicant/Client appeals shall be addressed as specified in Section 7 of the Division of Aging Home and Community Care Block Grant Manual for Community Service Providers, dated February 17, 1997.

7. Community service providers are responsible for providing or arranging for the provision of required local match, as specified on the Provider Services Summary, (DOA-732). Local match shall be expended simultaneously with Block Grant funding.
8. Community service providers agree to comply with audit and fiscal reporting requirements as specified in the Agreement for the Provision of County-Based Aging Services (DOA-735).
9. Compliance with Equal Employment Opportunity and Americans With Disabilities Act requirements, as specified in paragraph fourteen (14) of the Agreement for the Provision of County Aging-Based Services (DOA-735) shall be maintained.
10. Providers of In-Home Aide, Home Health, Housing and Home Improvement, and Adult Day Care or Adult Day health Care shall sign and return the assurance to the Area Agency on Aging indicating the recipients of these services have been informed of their client rights, as required in Section 314 of the 2006 Amendments to the Older Americans Act.
11. Subcontracting – All HCCBG community service providers must assure that subcontractors (for-profit and non-profit entities only) meet the following requirements:
 - a. The subcontractor has not been suspended or debarred. (N.C.G.S. §143C-6-23, 09 NCAC 03M)
 - b. The subcontractor has not been barred from doing business at the federal level.
 - c. The subcontractor is able to produce a notarized "State Grant Certification of No Overdue Tax Debts."
 - d. All licenses, permits, bonds and insurance necessary for carrying out Home and Community Care Block Grant services will be maintained by both the community service provider and any subcontractors.
 - e. The subcontractor has provided a copy of their business license (for-profit subcontractors only)
 - f. The subcontractor is registered as a charitable, tax-exempt (501c3) organization with the Internal Revenue Service (non-profit subcontractors only).
12. Confidentiality and Security. Per the requirements in 10A NCAC 05J and Section 6 of the Home and Community Care Block Grant Procedures Manual, client information in any format and whether recorded or not shall be kept confidential and not disclosed in a form that identifies the person without the informed consent of the person or legal representative. Information must be maintained in a secure environment with restricted access, and community service providers must establish procedures to prevent accidental disclosures from data processing systems. Community service providers, including subcontractors and vendors, must adhere to requirements for protecting the security and confidentiality of client information.

13. Record Retention and Disposition. All community service providers are responsible for maintaining custody of records and documentation to support the allowable expenditure of funds, service provision and the reimbursement of services. Service providers must adhere to the approved record retention and disposition schedule posted semiannually on the website of the NC Department of Health and Human Services Controller at <http://www.ncdhhs.gov/control/retention/retention.htm>.

Service providers are not authorized to destroy records related to the provision of services under this Agreement except in compliance with the approved DHHS retention and disposition schedule, which the agency agrees to comply with 07 NCAC 14M.0510 when deciding on a method of record destruction. Confidential records will be destroyed in such a manner that the records cannot be practically read or reconstructed.

Kimberly Strong (Authorized Signature) *4/14/2016* (Date)

HCCBG Budget
 North Carolina Division of Aging
 Service Cost Computation Worksheet c:732A.xls
 Provider: Cabarrus Meals on Wheels
 County: Cabarrus
 Budget Period: July 1, 2016 through June 30, 2017
 Revision ___yes, ___no, revision date _____

USDA(NSIP) reimbursement is \$.75/meal

	Grand Total		Home Delivered 020
I. Projected Revenues			
A. Fed/State Funding From the Division of A	70,630	//////////	70,630
Required Minimum Match - Cash	//////////	//////////	//////////
1) County General Fund	7,848	//////////	7,848
2)	0	//////////	
3)	0	//////////	
Total Required Minimum Match - Cash	7,848	//////////	7,848
Required Minimum Match - In-Kind	//////////	//////////	//////////
1)	0	//////////	
2)	0	//////////	
3)	0	//////////	
Total Required Minimum Match - In-Kind	0	//////////	0
B. Total Required Minimum Match (cash + I	7,848	//////////	7,848
C. Subtotal, Fed/State/Required Match Rev	78,478	//////////	78,478
D. USDA Cash Subsidy/Commodity Valuat	36,000	//////////	36,000
E. OAA Title V Worker Wages, Fringe Benet	0	//////////	
Local Cash, Non-Match	//////////	//////////	//////////
1) County General Fund	0	//////////	
2)	0	//////////	
3)	0	//////////	
4)	0	//////////	
F. Subtotal, Local Cash, Non-Match	0	//////////	0
Other Revenues, Non-Match	//////////	//////////	//////////
1) Donations	400,000	//////////	400,000
2) State In-Home	100,000	//////////	100,000
3)	0	//////////	
G. Subtotal, Other Revenues, Non-Match	500,000	//////////	500,000
Local In-Kind Resources (Includes Volunteer	//////////	//////////	//////////
1)	0	//////////	
2)	0	//////////	
3)	0	//////////	
H. Subtotal, Local In-kind Resources, Non-N	0	//////////	0
I. Client Program Income	0	//////////	0
J. Total Projected Revenues (Sum I C,D,E,F,	614,478	//////////	614,478
Percent of Grand Total	100%		100.00%

HCCBG Budget
 Division of Aging
 Service Cost Computation Worksheet

DOA-732A
 FY 2017

II. Line Item Expense	Grand Total	Admin Cost	Home Delivered 020
Staff Salary From Labor Distribution Schedule			
1) Full-time Staff	52,000	0	52,000
2) Part-time staff (do not include Title V wages)	24,000	0	24,000
A. Subtotal, Staff Salary	76,000	0	76,000
Fringe Benefits			
1) FICA	5,814	0	5,814
2) Health Ins.	1,200	0	1,200
3) Retirement	0	0	
4) Unemployment Insurance	0		
5) Worker's Compensation	2,500	0	2,500
6) Other (Longevity)	0		
B. Subtotal, Fringe Benefits	9,514	0	9,514
Local In-Kind Resources, Non-Match			
1)	0	0	
2)	0	0	
3)	0		
C. Subtotal, Local In-Kind Resources Non-Match	0	0	0
D. OAA Title V Worker Wages, Fringe Benefits	0	0	0
Travel			
1) Per Diem	0	0	
2) Mileage Reimbursement	0	0	
3) Other Travel Cost	0		
E. Subtotal, Travel	0	0	0
General Operating Expenses			
1) Service Contracts	15,000		15,000
2) Rent, Utilities, Supplies	150,000		150,000
3) ARMS COST	480		480
4) Postage, Dues, Subscriptions	12,000		12,000
5) Advertising	5,000		5,000
6) In Home Aide Level II and III RN assessments	0		
7) Program Supplies	346,484		346,484
8) Caterer			
	0		
F. Subtotal, General Operating Expenses	528,964	0	528,964
G. Subtotal, Other Admin. Cost Not Allocated in Lines II.A through F			

H. Total Proj. Expenses Prior to Admin. Dis	614,478	0	614,478
I. Distribution of Administrative Cost	//////////	0	0
J. Total Proj. Expenses After Admin. Distrib	614,478	//////////	614,478

HCCBG Budget
Service Cost Computation Worksheet
Division of Aging

	Grand Total		Home Delivered 020
III. Computation of Rates			
A. Computation of Unit Cost Rate:	//////////	//////////	//////////
1. Total Expenses (equals line II.J)	614,478	//////////	614,478
2. Total Projected Units	//////////	//////////	117,000
3. Total Unit Cost Rate	//////////	//////////	5.2519
B. Computation of Reimbursement Rate:	//////////	//////////	//////////
1. Total Revenues (equals line I.J)	614,478	//////////	614,478
2. Less: USDA (equals line I.D)	36,000	//////////	36,000
Title V (equals line I.E and II.D)	0	//////////	0
Non Match In-Kind (equals line I.E)	0	//////////	0
3. Revenues Subject to Unit Reimbursement	578,478	//////////	578,478
4. Total Projected Units (equals line III.A)	//////////	//////////	117,000
5. Total Reimbursement Rate	//////////	//////////	4.9443
C. Units Reimbursed Through HCCBG	#DIV/0!	//////////	15,872
D. Units Reimbursed Through Program Income	#DIV/0!	//////////	0
E. Units Reimbursed Through Remaining	#DIV/0!	//////////	101,127
F. Total Units Reimbursed/Total Projected	#DIV/0!	//////////	116,999

578478
117000

4.9443

78478
15872

4.9444

* The Division of Aging ARMS deducts reported program income from reimbursement paid to providers. Line III.D indicates the number of units that will have to be produced in addition to those stated on line III.C in order to earn the net revenues stated on line I.C.

NAME AND ADDRESS COMMUNITY SERVICE PROVIDER Cabarrus Meals On Wheels 1701 S Main St. Kannapolis, NC 28081	Home and Community Care Block Grant for Older Adults County Funding Plan Provider Services Summary	DAAS-732 (Rev. 2/16) County Cabarrus July 1, 2016 through June 30, 2017 REVISION # _____, DATE: _____
---	---	---

Services	Ser. Delivery		A				B	C	D	E	F	G	H	I
	(Check One)		Block Grant Funding				Required	Net*	USDA	Total	Projected	Projected	Projected	Projected
	Direct	Purch.	Access	In-Home	Other	Total	Local Match	Serv Cost	Subsidy	Funding	HCCBG Units	Reimburse. Rate	HCCBG Clients	Total Units
Home Delivered 020	X			70630		//////////	7848	78478	36000	114478	15872	4.9443	80	116999
						//////////	0	0	0	0	0	0		0
						//////////	0	0	0	0	0	0		0
						//////////	0	0	0	0	0	0		0
						//////////	0	0	0	0	0	0		0
Total	////////	////////	0	70630	0	70,630	7848	78478	36000	114478	//////////	//////////	80	#DIV/0!

*Adult Day Care & Adult Day Health Care Net Service Cost			Certification of required minimum local match availability. Required local match will be expended simultaneously with Block Grant Funding.	Authorized Signature, Title Community Service Provider	Date
Daily Care	ADC	ADHC			
Transportation					
Administrative					
Net Ser. Cost Total					
_____ Signature, County Finance Officer Date			_____ Signature, Chairman, Board of Commissioners Date		

Exhibit 14A: List of Subcontractors

Region F FY 17

Provider: Cabarrus County Planning & Development Provider Code: 010 County Cabarrus

List each subcontractor in the chart below. A subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider's grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services. Do not list vendors who provide services through a 'purchase of service'. These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Subcontractor Name	Type Agency Non-Profit For-Profit Government	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
N/A				

Attest Statement: Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. §143C-6-23; 09NCAC03M), B) has not been barred from doing business at the federal level, C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, Non-Profit Subcontractors are registered as a charitable (501c3) organization with the federal government.

Provider Signature: Key I. Apple Title: Planning & Development Director Date: 4-12-16

Version 2016

Page 1 of 1

Attachment number 1

PROVIDER/AAA CHECKLIST
FY17

County Name

				NOTES:	
Cabarrus Meals On Wheels					
DATE:					
				DATE	
Aging Funding Plan Draft Forms Submitted					
		DAAS-730		5/5/2016	
		DAAS-731		5/5/2016	
		DAAS-732		5/5/2016	
		DAAS-732A		5/5/2016	
		DAAS-732A1		5/5/2016	
		DAAS-733		5/5/2016	
		DAAS-734		5/5/2016	
		C/P Rights		5/5/2016	
Budget Analysis					
				Matches	
				DAAS-732	DAAS-732A
Grant Funds for FY'2017 =		70630		70630	
DAAS 732a Revenues - (Line I.J =				614478	
DAAS 732a Expenses - (Line II.J				614478	
Revenues (Line III. A. I =				614478	
Expenses (Line III.B.1				614478	
Revenues Match (Line I.J =				614478	
Revenues (Line III.B.1				614478	
Expenses Match (Line II.J =				614478	
Expenses (Line III.A.1				614478	
DAAS-732a1 (Total) =				76000	
DAAS732a (Line II.A				76000	
USDA correct for total service units @ 0.75 ADH service cost matches allowable rate		#REF!	36000	36000	
				Matches	
				DAAS732A	DAAS732
Block Grant Funding	Line I.A	Col. A Total		70630	70630
Required Local Match-Cash & In-Kind	Line I.B	Col. B Total		7848	7848
Net Service Cost	Line I.C	Col. C Total		78478	78478
USDA Subsidy	Line I.D	Col. D Total		36000	36000
Total Funding	Line I.C+I.D	Col. E Total		114478	114478
Projected HCCBG Reimbursed Units	Line III.C - Total	Col. F Total		#DIV/0!	
Total Reimbursement Rate	Line III.B.5 (by Service)	Col. G (by Service)			
Projected Total Service Units	Line III.F Total	Col. I Total		#DIV/0!	#DIV/0!

Home and Community Care Block Grant for Older Adults

TOTAL UNIT SUMMARY

Service	Block Grant Funding	Match	Net Service Cost	Reimbursement Rate	HCCBG Units	Cost Share	Cost Share Units	Other Funding	Other Funding Units	Total All Units	HCCBG Clients
Trans 250	79,207	8,801	88,008	20.7273	4,246	-	-	942,086	45451	49,697	
Medical Transp 033	64,805	7,201	72,006	20.7271	3,474	-	-	770,794	37188	40,662	
In-Home II - Personal Care	141,102	15,678	156,780	18.2087	8,610	-	-	14,040	771	9,381	24
In-Home III Personal Care	46,376	5,153	51,529	20.3431	2,533	50	2	7,020	345	2,881	6
Congregate 180	104,510	11,612	116,122	10.1804	11,406	-	-	277,273	27,236	38,642	250
Home Delivered 020	70,630	7,847	78,477	4.9443	15,872	-	-	500,000	101,127	116,999	80
Housing/ Home Repair 140	46,824	5,203	52,027	#DIV/0!	#DIV/0!	-	#DIV/0!	0	#DIV/0!	#DIV/0!	70
Adult Day Care 030	20,102	2,234	22,336	35.7949	624	50	1	0	0	625	6
Adult Day Health 155	115,818	12,869	128,687	43.6375	2,949	50	1	0	0	2,950	20
Senior Center Operation 1	87,301	9,700	97,001	#DIV/0!	#DIV/0!	-	#DIV/0!	0	#DIV/0!	#DIV/0!	
											-
		-	-					0		-	-
		-	-					0		-	-
		-	-					0		-	-
		-	-					0		-	-
Total	776,675	86,297	862,972		#DIV/0!	150	#DIV/0!	2,511,213	#DIV/0!	#DIV/0!	456

3374335

AAA WORKSHEET - AAA ONLY
FY17

SERVICE	UNIT RATE	STAFF HRS	STAFF SALARY	FRINGE BENEFITS	DIRECT COST IF CONTRACTED
Trans 250	20.7273	1144	13550	0	//////////
Medical Transp 033	20.7271	936	11087	0	0
In-Home II - Personal Care 04	18.2087	956	21784	21804.476	127182
In-Home III Personal Care 045	20.3431	290	6621	6851.5065	45026
Congregate 180	10.1804	10400	173988	50955.082	0
Home Delivered 020	4.9443	6240	76000	9514	15000
Housing/ Home Repair 140	#DIV/0!	340	12000	918	0
Adult Day Care 030	33.0177	166	3856	4001.984	14528
Adult Day Health 155	40.0022	790	18338	18632.857	91766
Senior Center Operation 170	#DIV/0!	2164	39084	13182.926	0



CABARRUS COUNTY

BOARD OF COMMISSIONERS WORK SESSION

**JUNE 6, 2016
4:00 P.M.**

AGENDA CATEGORY:

Discussion Items for Action at June 20, 2016 Meeting

SUBJECT:

DHS – Transportation System Safety Plan

BRIEF SUMMARY:

The System Safety Program Plan is an effort to promote safe public transportation services such that each rural transit system in the state that receives federal and/or state funds has an approved System Safety Program Plan.

The concept of a core safety program element is simply a safety activity that every public transportation provider should be doing as part of a minimum safety and security program. Core safety program elements should receive adequate resources to support these core activities. While all activities are subject to resource limitations, these core safety and security activities should be a high priority in resource allocation. All transit providers should implement the core safety program elements as the minimum acceptable approach to public transportation safety. The remaining “enhanced” elements of the comprehensive safety and security program should be incorporated into safety efforts as needs are identified and resources are available.

REQUESTED ACTION:

Motion to approve the Transportation System Safety Plan.

EXPECTED LENGTH OF PRESENTATION:

5 Minutes

SUBMITTED BY:

Robert Bushey, CCTS Divisional Manager

BUDGET AMENDMENT REQUIRED:

No

COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:

ATTACHMENTS

- [Driver and Employee Selection](#)
 - [Driver and Employee Training](#)
 - [Drug and Alcohol](#)
 - [Vehicle Maintenance](#)
 - [Security](#)
 - [Safety Data](#)
-



DRIVER/EMPLOYEE SELECTION

INITIAL HIRE PROCEDURES AND MINIMUM QUALIFICATIONS FOR DRIVERS

Background

In an effort to ensure that the most competent and safe drivers are employed at **Any County Transportation Authority** 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 Executive Director and/or appointed official and supervisor 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 140 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 passengers 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 Executive Director.

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 positive drug or alcohol test results within the last two years**
- No more than a total of two moving violations or 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 two (2) 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 a designated Agency Supervisor is required.
- A written driving skills test is required.

Operating Skills

Drivers shall have experience in safely driving some type of motor vehicle (including private automobile) for not less than two (2) 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 and fingerprints
- Submission of driving record
- Pre-employment drug testing
- Request results of drug and alcohol test results from previous employer (Past 2-years)
- Basic training in driver skills
- Orientation based on individual skills
- Defensive driving skills training
- Refresher driver training (if applicable)
- Customer Sensitivity Training
- ADA Requirement Training (Wheelchair Lift and Securement)
- Emergency Procedure Training (Evacuating)

EXAMINATION TO DETERMINE PHYSICAL CONDITION OF DRIVER

A DOT physical exam is valid for up to 24 months. The medical examiner may also issue a medical examiner's certificate for *less* than 24 months when it is desirable to monitor a condition, such as high blood pressure.

The DOT model is a tool that can be used to determine the physical fitness of vehicle operators.

The requirements can be located at web address: <http://www.fmcsa.dot.gov/rules-regulations/topics/medical/aboutdotexam.htm>

**Medical Examination Report
FOR COMMERCIAL DRIVER FITNESS DETERMINATION**

649-F (6045)

1. DRIVER'S INFORMATION Driver completes this section						
Driver's Name (Last, First, Middle)	Social Security No.	Birthdate M / D / Y	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	New Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Follow-up <input type="checkbox"/>	Date of Exam
Address	City, State, Zip Code	Work Tel: ()	Driver License No.	License Class <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> Other	State of Issue	
		Home Tel: ()				

2. HEALTH HISTORY Driver completes this section, but medical examiner is encouraged to discuss with driver.		
<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Any illness or injury in the last 5 years? Head/Brain injuries, disorders or illnesses Seizures, epilepsy <input type="checkbox"/> medication _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Eye disorders or impaired vision (except corrective lenses) Ear disorders, loss of hearing or balance Heart disease or heart attack, other cardiovascular condition <input type="checkbox"/> medication _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Heart surgery (valve replacement/bypass, angioplasty, pacemaker) High blood pressure <input type="checkbox"/> medication _____ Muscular disease Shortness of breath</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Lung disease, emphysema, asthma, chronic bronchitis Kidney disease, dialysis Liver disease Digestive problems Diabetes or elevated blood sugar controlled by: <input type="checkbox"/> diet <input type="checkbox"/> pills <input type="checkbox"/> insulin <input type="checkbox"/> <input type="checkbox"/> Nervous or psychiatric disorders, e.g., severe depression medication _____ <input type="checkbox"/> <input type="checkbox"/> Loss of, or altered consciousness</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Fainting, dizziness Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring</p> <p><input type="checkbox"/> <input type="checkbox"/> Stroke or paralysis Missing or impaired hand, arm, foot, leg, finger, toe <input type="checkbox"/> <input type="checkbox"/> Spinal injury or disease <input type="checkbox"/> <input type="checkbox"/> Chronic low back pain <input type="checkbox"/> <input type="checkbox"/> Regular, frequent alcohol use <input type="checkbox"/> <input type="checkbox"/> Narcotic or habit forming drug use</p>
<p>For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.</p> <p>_____</p> <p>_____</p> <p>_____</p>		

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature _____ Date _____

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

CRIMINAL BACKGROUND CHECK CONSENT



Human Resources Department

P.O. Box 707 Concord, NC 28026-0707

Phone: 704.920.2200 • Fax: 704.920.2250 • www.cabarruscounty.us

Disclosure & Authorization for Release of Personal Information

(Personnel Records Are Maintained In Accordance With NCGS 153A-98)

****Please Print Clearly****

Return Completed Form to Human Resources

Full Name (First, Middle, Last): _____

List All Prior Names Used: _____

Date of Birth (Month, Day, Year): _____

Driver's License Number: _____ State: _____ DL Class (A, B, or C): _____

Social Security Number: _____

Street Address: _____

City/State/Zip: _____

Phone Number: (_____) _____

DISCLOSURE – NOTICE REGARDING BACKGROUND INVESTIGATION

Cabarrus County may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Types of information that may be obtained include but are not limited to social security number verification, sex offender registry checks, criminal records checks, inmate records searches, motor vehicle records, education, employment history, professional licenses, credit checks and court records checks. The information contained in these consumer reports may be obtained by an outside organization from public record sources and will not be used to discriminate against you in violation of any law. The scope of this Disclosure and Authorization is all-encompassing, allowing Cabarrus County to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law.

AUTHORIZATION AND ACKNOWLEDGMENT

I acknowledge receipt of the DISCLOSURE - NOTICE REGARDING BACKGROUND INVESTIGATION and "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" and certify that I have read and understand both of those documents.

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by any third-party organization acting on behalf of Cabarrus County, and/or Cabarrus County itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Continuation of
Disclosure & Authorization for Release of Personal Information
(Personnel Records Are Maintained In Accordance With NCGS 153A-98)

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized representative of Cabarrus County, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records, to include commercial or retail credit agencies (including the records of loans and credit reports/ratings); educational institutions; courts; governments; and other financial statements and/or employment records wherever filed. This includes employment and pre-employment records, background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment and continued employment with Cabarrus County.

A photocopy or facsimile transmission of this release form will be valid as an original thereof, even though the said photocopy or facsimile transmission may not contain an original signature.

Full Signature: _____ Date: _____

HR revised 1/8/2013

DISCLOSURE – NOTICE REGARDING BACKGROUND INVESTIGATION

Applicant or Employee Copy

Cabarrus County may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Types of information that may be obtained include but are not limited to social security number verification, sex offender registry checks, criminal records checks, inmate records searches, motor vehicle records, education, employment history, professional licenses, credit checks and court records checks. The information contained in these consumer reports may be obtained by an outside organization from public record sources and will not be used to discriminate against you in violation of any law. The scope of this Disclosure and Authorization is all-encompassing, allowing Cabarrus County to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law.

Cabarrus County Government
Human Resources Department
P.O. Box 707 Concord, NC 28026-0707

Phone: 704.920.2200 • Fax: 704.920.2250 • www.cabarruscounty.us

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

Applicant or Employee Copy

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
 - **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.
- In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
 - **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
 - **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
 - **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

MOTOR VEHICLE BACKGROUND CHECK

MVR INFORMATION:

Last Name: _____ **First:** _____ **Middle:** _____
Date of Birth: ___/___/___ **Social Security #:** _____
Driver's License #: _____ **State:** _____ **Exp. Date:** ___/___/___
Department: _____ **Building:** _____

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:** ___/___/___



CABARRUS COUNTY TRANSPORTATION SERVICE

JOB DESCRIPTIONS FOR DRIVERS AND OTHER SAFETY SENSITIVE
PERSONNEL/REVIEW DATES

DRIVERS – Responsible for transporting and providing assistance to the public receiving general and medical services. This population includes elderly, physically and mentally challenged individuals. The driver must maintain a safe environment and safe vehicle operation utilizing sensitivity to observe needs. Must record all rider information into assigned reporting format. Perform pre and post vehicle inspections and complete documentation and also collect payments as needed.

Requires a high school diploma; and or equivalent combination of education and experience. must be at least 21 years old with at least three years of driving experience and provide a MVR with maximum of two chargeable points at time of application. Must have a valid NC Driver's license. ability to obtain CDL with proper endorsement if required; Dot physical; ability to obtain/maintain CPR/first aid, DDC, wheelchair securement; bloodborne pathogens; PASS. Must have the ability to maintain effective working relationship with associates and general public. Map reading and knowledge of service area are highly desirable.

**** Operated by Contractor or Services Outsourced****

MANAGEMENT REVIEWS

There must be an effective mechanism to monitor and document the contractor's activities. An acceptable program would consist of periodic written reports of activities submitted by the contractor to the grantee, supplemented by periodic oversight inspections by the grantee. The grantee must provide oversight in order to verify the contractor's compliance with FTA and NCDOT regulations and policies.



DRIVER/EMPLOYEE TRAINING



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

PAT MCCRORY
GOVERNOR

ANTHONY J. TATA
SECRETARY

May 23, 2014

MEMORANDUM

TO: Community Transportation Systems

FROM: Debbie Collins, Director
Public Transportation Division *dgc*

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

The 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. This memorandum supersedes the memorandum dated October 1, 2011, same subject.

Please contact your regional safety and security 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
5. NCGS Statute 95 and Department of Labor Guidance

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

MAILING ADDRESS:
NC DEPARTMENT OF TRANSPORTATION
PUBLIC TRANSPORTATION DIVISION
1550 MAIL SERVICE CENTER
RALEIGH, NC 27699-1550

TELEPHONE: 919-707-4670
FAX: 919-733-1391
WWW.NCDOT.GOV/NCTRANSIT

LOCATION:
TRANSPORTATION BUILDING
1 SOUTH WILMINGTON STREET
RALEIGH, NC

**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.
 - *Training must be completed upon hire and annually.*

- **Americans with Disabilities Act (ADA)**
 - Shall include at a minimum the following training (for further guidance refer to 49 CFR Part 37—Transportation Services for Individuals with Disabilities (ADA))
 - Sensitivity training
 - Passenger assistance
 - Wheelchair handling
 - Wheelchair securement (passenger and mobility)
 - Wheelchair lift inspection
 - Wheelchair lift operation (normal and emergency)
 - ADA requires training all personnel to “**proficiency**”, which is defined as **expert performance**.
 - *Training must be completed upon hire and annually.*

- **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 completed upon hire and annually.*

- **Emergency Procedures**
 - Shall include all procedures required to report or react to an emergency by transit system staff:
 - Communication and notification procedures
 - Accident/Incident reporting procedures
 - Passenger handling procedures
 - Vehicle and facility evacuation procedures
 - Driver and passenger security training
 - Emergency evacuation procedures and training
 - Emergency equipment usage
 - First aid (drivers must be trained in first aid to include use of kit)
 - Bloodborne Pathogens (drivers must be trained in bloodborne pathogens to include use of kit and transit system specific engineering controls to minimize driver exposure, cleanup procedures and waste disposal)
 - Emergency triangles (drivers must be trained to properly setup equipment)
 - Fire extinguishers (drivers must be trained to properly inspect and use equipment)
 - Web cutter (drivers must be trained to properly use equipment)
 - Participation in local or regional Emergency Management drills is strongly encouraged.
 - *Training must be completed upon hire and annually.*

- **Ride Check – Driver Evaluations**
 - Newly hired drivers must have a Ride Check – Driver Evaluation before being allowed to operate a transit vehicle unsupervised in revenue service.
 - All drivers must have an annual evaluation to assess the driver’s performance of techniques, skills and knowledge gained through training of each of the above categories.
 - Remedial training will be provided as needed in addition to the required annual training.
 - *Training must be completed upon hire and annually.*

- **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 complete all of the minimum training requirements before operating a transit vehicle unsupervised in revenue service.**
 - *Reflective vest will be worn by drivers when performing job functions.*
 - *Drivers that are not meeting proficiency, expert performance level, must be given remedial training until they are proficient.*
 - *Refresher (annual) training must be completed annually (within 1-year of last training date).*
 - All of the training materials and documentation 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 qualifications and 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.

- **Minimum Training Standards Reporting Procedures**
 - Grantees must submit the following information to the Safety and Security Unit.
 - Number of employees who received training by category/type
 - A spreadsheet will be provided by the Safety and Security Unit for the purposes of reporting training.
 - The report must be submitted no later than the fifteenth (15) day of the month following the end of the quarter (Dates due: January 15, April 15, July 15, and, October 15).
 - Submit reports by e-mail to the Safety and Security Specialist assigned to your area and courtesy copy to safetyptd@ncdot.gov.

PERFORMANCE EVALUATION POLICY

This administrative policy was adopted by the *Cabarrus County Transportation*

Description:

This section on performance evaluation concerns only non-probationary or part-time employees; temporary employees shall be evaluated in a similar manner, in-so-far as possible.

- *Frequency:* Each *Cabarrus County Transportation* driver will have a ride check evaluation not less than annually. New employees require two evaluations the first year of employment. The first evaluation is due before the driver operates a vehicle unsupervised in revenue service and the second should be accomplished on or near their hiring date which will serve as their annual evaluation. Periodic or special performance evaluations are subject to determination by competent authority, such as the system manager and the immediate supervisor.
- *Responsibility:* Each *Cabarrus County Transportation* employee will be evaluated by his or her immediate supervisor or designated appointee.
- *Documentation Required:* Each *Cabarrus County Transportation* 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 *Cabarrus County Transportation*

Description:

No employee of *Cabarrus County Transportation* shall have the authority to make statements on behalf of *Cabarrus County Transportation* without prior approval of the system manager. All employees shall conduct themselves in such a manner which shall bring credit to the *Cabarrus County Transportation* organization or to the particular subcontractor to which the employee is attached.

Behavior of any employee which may affect the safety and well being of other employees of *Cabarrus County Transportation* or subcontractor, or to personnel served by *Cabarrus County Transportation* or subcontractor, shall be cause for disciplinary action, whether or not such behavior relates to proper performance of the employee's job.

**TRAINING PROGRAM FOR DRIVERS
AND OTHER SAFETY SENSITIVE EMPLOYEES**

List courses....

**First Aid
CPR
Bloodborne Pathogens
Airborne Pathogens
Passenger Service and Safety (P.A.S.S)
Sure-lock
Drug and Alcohol and the American workplace
Van roll-over and van evacuation
Handling of portable Fire Extinguisher**

COURSE	FREQUENCY
Defensive Driving	Initial/Annually
Fire Evacuation	Initial/Annually
Drug & Alcohol	One-Time

NOTE: The schedule for training can be listed as annually, the verification of training and dates will be verified when training records are reviewed.

*****All training classes must include a Lesson Plan...sample below*****

The information listed below is an **example of a lesson plan**; you must maintain copies of all training material and the qualifications of the instructor. The information can be maintained with your training material and does not have to be included in your plan.

Lesson Plan
General Industry Outreach Training Program (10-hour)

Topic: Bloodborne Pathogens

Overview of the OSHA Standard

This standard limits occupational exposure to blood and other potentially infectious materials since any exposure could result in transmission of bloodborne pathogens, which could lead to disease or death. Acquired Immunodeficiency Syndrome (AIDS), Hepatitis B and Hepatitis C are serious concerns for workers exposed to blood and other potentially infectious materials. Bloodborne pathogen exposure may occur in many ways, but needle stick injuries are the most common cause. Exposure may also occur through contact of contaminants with the nose, mouth, eyes, or skin.

The standard covers all employees who could be “reasonably anticipated” to face contact with blood and other potentially infectious materials as a result of performing their job duties. To reduce or eliminate the hazards of occupational exposure, an employer must implement an exposure control plan for the worksite with details on protection measures. Engineering controls are the primary means of eliminating or minimizing employee exposure and include the use of safer medical devices. Work practice controls such as hand washing are stressed by the standard. Appropriate personal protective equipment must be used when necessary. The standard requires that the Hepatitis B vaccination be made available to all employees who have occupational exposure to blood. The standard specifies procedures to be made available to all employees who have had an exposure incident.

Step 1: Planning the Lesson

• Instructional Materials.

1. PowerPoint presentation
2. Instructor notes.
3. Other materials.

• Instructional Objectives.

1. Complete the required topics for the OSHA 10-hour course.
2. Complete the following optional topics:
 - a.
 - b.
 - c.
3. Present *Bloodborne Pathogens* to [number] participants.
4. Incorporate active participation in each lesson.
5. Provide a quiz or short evaluation at the end of the course.
6. Ensure feedback from participants at various points in the training.

- **Guest Speakers/Presenters and Topics/Responsibilities.**

Sample Lesson Plan – Bloodborne Pathogens

Step 2: Presenting the Lesson

- **Lesson Introduction.**

Introductory remarks or transition from previous lesson.

- **Learning Objectives/Outcomes.**

Upon completion of the lesson, participants will be able to:

1. Give at least 3 examples of workers who are at risk of exposure to bloodborne pathogens.

Possible responses.

- Physician, nurse, police, firefighter

2. List the three ways exposure to bloodborne pathogens commonly occurs.

Possible responses.

- Needle sticks.
- Cuts from other contaminated sharps such as scalpels or broken glass.
- Contact of the eye, nose, mouth or cut/abraded skin with contaminated blood.

3. Describe at least 5 key aspects of a Bloodborne Pathogen Exposure Control Plan.

Possible responses.

- Must be a written plan.
- Identifies jobs and tasks where occupational exposure to blood or other potentially infectious material occurs.
- Describes how the employer will use engineering and work controls.
- Describes how the employee will ensure use of personal protective equipment (PPE).
- The plan must be accessible to employees.
- Must be reviewed at least annually to reflect changes in technology that will help eliminate or reduce employee exposure.

4. Explain how properly used PPE and appropriate housekeeping methods protect against exposure to bloodborne pathogens.

Possible responses.

- Gowns, gloves, face shields, eye protection, mouthpieces and resuscitation devices provide a barrier between potential contaminants and susceptible parts of the body.
- Cleaning and decontamination of work surfaces reduce the chances of exposure to a bloodborne pathogen.

- **Learning Objectives/Outcomes (Continued)**

1. List three important steps to take if exposed to a bloodborne pathogen.

Possible responses.

- Wash exposed area with soap and water.
- Flush splashes to nose, mouth or skin with water.
- Irrigate eyes with water or saline.
- Report the exposure.
- Seek the assistance of a health care professional to determine what Follow-up actions or treatment may be needed.

- **Planned Activities, Discussion, or Participant Interaction.**

Step 3: Evaluating Student Learning and Instruction

- **Lesson Evaluation and Comments.**

References

OSHA Standard

- 29 CFR 1910 Subpart Z (1910.1030)
 - http://www.osha-slc.gov/OshStd_data/1910_1030.html
- 29 CFR 1910 Subpart Z (1910.1030 App A) Hepatitis B Vaccine Declination
 - http://www.osha-slc.gov/OshStd_data/1910_1030_APP_A.html

OSHA Publications

- <http://www.osha-slc.gov/OshDoc/Additional.html>
- 3128 Bloodborne Pathogens and Acute Care Facilities
- 3129 Controlling Occupational Exposure to Bloodborne Pathogens in Dentistry
- 3130 Occupational Exposure to Bloodborne Pathogens – Precautions for Emergency Responders
- 3131 Bloodborne Pathogens and Long-Term Care Workers

OSHA References/Resources

- CPL 2-2, 44D, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens, Appendix C – Web Site Resource List
 - http://www.osha-slc.gov/OshDoc/Directive_pdf/CPL_2-2_69.pdf
- OSHA Technical Links – Bloodborne Pathogens
 - <http://www.osha-slc.gov/SLTC/bloodbornepathogens/index.html>
- OSHA Technical Links – Needle stick Prevention
 - <http://www.osha-slc.gov/SLTC/needlestick/index.html>
- Protecting Nursing Home Workers: OSHA’s Safety and Health Program Approach
 - <http://www.osha-slc.gov/SLTC/nursinghome/training/nursing/index.html>
- Video: *As It Should be Done: Workplace Precautions Against Bloodborne Pathogens*
 - <http://www.osha-slc.gov/SLTC/video/asitshouldbedone/video.html>

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

***List system specific guidance...

- 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.
- 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.
- Standee passengers should not be permitted on vehicles that are not designed to accommodate standing passengers.
- Fueling the vehicle when passengers are being transported should be avoided unless it is necessary.
- When passengers are aboard, the transit system requires the driver to be secured to the driver's seat with a restraining belt at all times while the vehicle is in motion.
- 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 Statues.

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

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:

- Don't 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 lean the name of the animal for future reference. Avoid any abrupt movements toward the animal or the passengers.
- 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, taillights, windshield, clearance lights, reflectors and turn signals.
- Increase your space cushion by driving 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 need 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 won't 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 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 are less likely than the large back wheels 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

You can list a blank copy of your employee training record below.

NAME: _____

Training	Date	Driver Initial	Instructor Initial
Orientation to Transit Agency			
Personnel Policy			
Substance Abuse Policy			
Service Policy			
Radio Manual			
Notebook			
Timesheet/pay schedule			
Trip sheet/logs/reservations			
Pre/Post-Trip Safety Inspection			
Classroom, video			
Demonstration			
Defensive Driving			
Classroom, video			
Driving			
Emergency Procedures			
Passenger Relations			
SNAAP Classroom			
Wheelchair			
Video			
Practical			
Wheelchair Lift Operations			
Back to Basics			
The Critical point			
Child Passenger Safety			
Ride Check Evaluation			
Driver with Driver			
Emergency Equipment Training			
Fire Extinguisher			
Blood-borne Pathogen			
Emergency Triangle			
CPR/First Aid (Annually First Aid)			
Web cutter			

Employee's Signature: _____

Director's Signature: _____

EMPLOYEE DEVELOPMENT/DRIVER TRAINING REPORTING

NOTE: Training Data is reported to NCDOT/PTD on a quarterly basis in a format supplied by NCDOT/PTD

RIDE CHECK: DRIVER EVALUATION

Date of Evaluation _____

Driver's Name _____

Evaluator's Name/Position _____

Vehicle Condition

1. Daily pre-trip inspection complete/documented
2. Registration and insurance card in vehicle
3. Web cutter and emergency triangles are available
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

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 (What are the driver's responsibilities?)
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

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. Keeps eyes moving
7. Signals entry into traffic every time. Leaves himself an out
8. Moves vehicle smoothly while slowing braking and stopping. Make sure they see you

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. Assist passengers off vehicle (when needed or when passengers request help)
3. Renders adequate assistance to wheelchair passengers
4. Advises Base when leaving vehicle and upon return to vehicle
5. Makes sure passenger is safely inside of destination before leaving property
6. Follows passengers instruction for assistance when needed

Comments _____

Course of Action (required/taken) _____

Driver's Signature _____ Date _____

Supervisor's 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. (Refer to the ADA handout given to drivers who have taken the SNAAP training.)

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 (PPE) and re-supplies when needed.
12. Ensures web cutter and emergency triangles are available.
13. Checks batteries daily to make sure flashlight is usable. (If applicable)
14. Tests the two-way radio and/or other communication device for operability.
15. Child seats are placed in vehicle properly and stowed when not in use.
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. Slows down when approaching an intersection with a light that has been green for several seconds with the anticipation of the light changing.
15. Signals at proper distance for an intended turn. Cancels signal when maneuver is completed. Seats passengers According to ADA requirements.
16. Does not allow profanity or misbehavior in the vehicle. Signals and moves vehicle into the right lane, turns on emergency flashers and slows down, comes to a complete stop prior to white line, turns off heater air conditioner, opens doors, looks both ways, listens for trains if clear close the door, turn heater or air conditioner and proceeded, once you have cleared the tracks turn off flashers and proceeded.
17. Comes to a complete stop prior to leaving private property.
18. Checks mirrors, looks over shoulder, signals, moves into passing lane, signals and returns to proper lane. Leaves (himself/herself) an out
16. Keeps on schedule safely but does not jeopardize safety for schedule.
17. Only transports passenger on route schedule. No unauthorized passengers or stops. Checks mirrors, looks over shoulders, signals, moves into passing lane, signals and returns to proper lane.

18. Maintains a safe distance when following some one in all weather conditions.

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).

**** Operated by Contractor or Services Outsourced****

MANAGEMENT REVIEWS

There must be an effective mechanism to monitor and document the contractor's activities. An acceptable program would consist of periodic written reports of activities submitted by the contractor to the grantee, supplemented by periodic oversight inspections by the grantee. The grantee must provide oversight in order to verify the contractor's compliance with FTA and NCDOT regulations and polices.



SAFETY DATA ACQUISITION/ANALYSIS

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 facility 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

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 FUNCTIONS ACTION PLAN

This plan lists the actions a system can use in developing and carrying out a safety and emergency response program. When all aspects are implemented, the action plan can help a system to address emergency and fire prevention requirements that will protect people, property and the environment.

Safety Functions of Facilities Manager

- Provide training to all employees for their roles in all safety and emergency plans
- Conduct quarterly drills to exercise the emergency response plans
- Annually conduct emergency rescue from confined space drill
- Conduct all other actions required in the system safety plan to implement, develop and maintain an effective Emergency Response Plan

Safety Functions of the Maintenance Manager

- Ensure maintenance personnel are trained in the proper procedures for chemical handling and storage procedures, potential ignition sources (such as boilers, gas fired equipment, welding, etc.) and their control procedures, and the type of fire protection equipment or systems installed to prevent or control ignitions or fires.
- Ensure that personnel are properly trained and equipped to carry out safety and emergency plans.
- Express responsibility for the maintenance for the maintenance of equipment and systems installed to prevent or control ignitions or fires. The manager is also responsible for the control of fuel source hazards. The manager should have written maintenance procedures available in the Maintenance Office.

Overall System Fire Prevention Functions

- The entire facility should be protected by an automatic water sprinkler system. Inspection and maintenance procedures are maintained by the maintenance manager.
- If smoking is permitted, designated smoking areas are established and regulations are located on bulletin boards throughout the facility.
- If welding and hot work are done at the system facility, a fire prevention plan for welding and hot work should be included in the system safety program.
- The alarm systems are maintained by the Maintenance Department. Each alarm is tested monthly; supervisors should be notified before the test.

SAFETY RESPONSIBILITIES – SPECIFIC POSITIONS

Agency Administrator/County Manager

Under the direction of the Agency Administrator/County Manager there is:

- An active Safety Committee, consisting of department heads and other designated persons, meeting on a scheduled basis.
- A thorough and effective Accident Investigation to include reporting and recording procedure, and a written report on actions taken to prevent recurrence of accidents, including action taken against individual violators of safety rules and practices.
- A training program for employees and supervisory personnel directly related to avoiding a possible injury or illness in the area of assigned operations.
- A periodic audit of all premises, equipment, and, materials so that recommendations can be developed to obtain compliance with established standards.
- A communications system established and maintained to ensure that all personnel responsible for safety matters are kept abreast of new standards or procedures published by the Department of Labor.
- Specific goals established for the safety program, with progress toward those goals measured on a monthly basis. Copies of monthly progress reports are forwarded to the Administrator/Director.

The seven steps to achieving your safety policy are accomplished through:

- A Safety Manual
- A Safety Coordinator/Officer
- A Safety Committee
- Employee Training and Supervision
- Employee Safety Meetings
- Accident Investigation
- Departmental Self-Inspection

Management

Management will demonstrate support for the safety program through every visible means, including:

- Providing a safe and healthful work place.
- Providing personal protective equipment as well as machine guards and safety devices commensurate with the state of the art.
- Reviewing accident records and accomplishments of the safety program with the Safety Committee.
- Evaluating effectiveness of the safety program.
- Participating directly and/or indirectly in safety activities as may be required to maintain the enthusiasm and interest off all concerned.
- Abiding by Safety rules and regulations when exposed to conditions governed by the rules.
- Directing that any flagrant disregard of safety rules and regulations by employees be grounds for dismissal as outlined in Personnel Policy.

Responsibility

The Agency Administrator/County Manager is directly responsible for all safety efforts in the organization. Enthusiasm and faith in the safety program must be such as to maintain the interest and support of all Department Heads and Supervisors. This attitude is reflected down through the Department Heads and Supervisors to the individual workers. The specific accident prevention duties include the following:

- Active participation and direction in the planning of details for accident prevention which will bring the best results for all employees. Expansion and adaptation of program and procedures to all departments within the organization.
- Demonstrated support of the program through personal participation and through approval of necessary expenditures for such items as personal protective equipment, mechanical guards, good lighting, good ventilation, and other physical improvements to the working environment, as well as expenditures for safety training materials, awards and incentives, etc.
- Continuing review of the effectiveness of accident prevention efforts in various sections and departments, with necessary follow-up and bolstering of efforts when required.

Safety Coordinator Responsibility

Implement and administer the safety program.

- Maintain records as necessary to comply with laws and objectives of the safety program. These records should include:
 - Copy of Report of Injury, illness or Accident
 - Supervisor's Accident Investigation Reports
 - Required OSHA forms
 - Minutes of all Safety Meetings
 - Safety Program status reports
- Submit status reports to Safety Committee
- Make periodic visits to all buildings/operations to assist and consult in developing safe work methods, accident investigations, training, and other technical assistance.
- Analyze accident reports and investigations weekly.
- Act as Chairperson of the Safety Committee.
- Promote "safety awareness" in all employees through stimulating educational training programs.
- Compliance with all OSHA, state and local laws, and established safety standards.
- Assist Supervisors in all matters pertaining to safety.
- Maintain contact with available sources of topical safety information such as American Society of Safety Engineers, National Safety Council, NCSA, NCALGESCO, NC Department of Labor, and NC Industrial Commission.
- Provide training programs for Supervisors.
- Represent management in the implementation of the Safety Policy.
- Recommend immediate corrective action in cases of hazardous operations.
- Submit a copy of Accident/Incident Reports to NCDOT/PTD Safety & Training Unit

Supervisors

Supervisors are the key persons in the scheme of loss control because of the close relationship with the employee and intimate knowledge of operating procedures.

Supervisors of each department are charged with the responsibilities of quality and quantity of production within the department, and therefore are responsible for the work conduct of same. Supervisors should be afforded the necessary tools and knowledge to carry out their duties with efficiency and safety.

Supervisors should:

- Have a thorough knowledge of System Safety Policy.
- Provide instruction and training to workers so that they conduct their job in a safe manner. [(See section on Training New Employees)]
- Make daily inspections of the department to ensure that no unsafe conditions or unsafe practices exist.
- Initiate immediate corrective action where unsafe conditions or practices are found. When a capital expenditure is required to make necessary corrections, a written report shall be submitted to the Agency Administrator/County Manager and the Safety Coordinator.
- Properly complete accident reports and investigate all accidents to determine what must be done to prevent recurrence of a similar accident.
- Be familiar with procedures that must be followed in case of an emergency.
- Enforce safety rules and regulations of the organization.
- Set a good example for safety by working in a safe manner and encouraging others to do so.

Employees

To assist the employee in developing keen “safety awareness” the following responsibilities are assigned:

- To abide by the safety rules and regulations of the organization.
- To regard the safety of fellow workers at all times.
- To report any unsafe condition to the Supervisor.
- To contribute ideas and suggestions for improving the safety of conditions or procedures to the Supervisor.
- To use individual knowledge and influence to prevent accidents.
- To attend safety training sessions.
- To report accidents and injuries immediately.

RELATIONSHIP BETWEEN SYSTEM SAFETY AND SYSTEM OPERATIONS

Management of Unsafe Conditions

- Eliminate hazards by removing the machines, tool, method, material, or structure that is causing the hazard through appropriate means. Contacting officials of OSHA, or EPA, may be necessary for proper disposal.
- Control the hazard by enclosing or guarding the point of hazard at the source.
- Train personnel on steps to take when confronted by a hazardous condition and provide procedures to safely avoid the hazard.
- Provide and ensure the use of personal protective equipment to shield employees from the hazard.

At no time should protective devices or safety practices be set aside to get the job done faster and cheaper. The price paid for such indiscretion may greatly exceed the anticipated gain from the action.

Designated Safety Official (*Risk Management*)

The Supervisor or Lead Safety Officer is the individual who is directly responsible for implementing the System Safety Program. It is the basic responsibility of the supervisor to plan and conduct safe operations. **It is also the duty and responsibility of each supervisor to fully orient and instruct all employees in safe practices and procedures.** He or she is expected to be a member of the safety and Accident Review Committee and be in charge of collecting and disseminating safety data. The supervisor or Lead Safety Officer 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 when on the job;
- 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; and
- Report to management any safety concerns or possible hazards.

Employees

It is the responsibility of each employee of the Transit System 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 supervisor of the Transit System 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.

Employees are required to identify, report and correct unsafe conduct and conditions. Under (OSHA) 29 CFR part 1910; employees have the right to report any unsafe working conditions without being subjected to any retaliation whatsoever. Each employee must be an integral part of the SYSTEM SAFETY PROGRAM.

All transit employees are required to attend safety meetings. Safety meetings involve employees in the Safety Program and are very useful ways of training employees. Safety meetings and committees are used to present information, discuss problems and new ideas and discuss recent

accidents and injuries. Safety meetings and commitment shall include, but shall not be limited to, the following:

1. Wearing the prescribed uniform and safety shoes as required.
2. Reporting promptly and in writing, to your supervisor, all injuries and illnesses associated with the jobs.
3. Reporting, no matter how slight, all fires, accidental damage to property, hazardous material spills and other emergency occurrences to your supervisor.
4. Disposing of all hazardous materials in an acceptable and lawful manner.
5. 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 your supervisor (49 CFR parts 40, 653, and 654).
6. Taking care not to abuse tools and equipment, so these items will be in usable condition for as long as possible, as well as ensure they are in the best possible condition while being used.

COMPUTER DATA ENTRY SAFETY PROCEDURES

The following actions can help to reduce muscle fatigue and tension while enabling maximum performance:

- Adjust seat height and backrest angle to fit the user in a seated position. Adjust footrest for proper height and angle.
- Screens should have adjustable height and tilt; screens should be arranged so that they are never higher than eye level for the users.
- Position documents roughly perpendicular to the line of sight using a document holder.
- Adjust keyboard to fit the operator. Keyboards should be detached in order to allow for positioning.
- Always use anti-glare screens.
- Users should maintain correct hand and wrist posture when entering data. Repetitive motion illness develops over an extended period of time. Learn work habits that reduce risks and be aware of early symptoms of the illness.
- A footstool may be used as a footrest for petite operators.
- Frequent work breaks should be taken after continuous work periods requiring more than five hours of screen viewing time, constant rapid muscular action, fixed positions on jobs that are highly repetitive.

OFFICE SAFETY PROCEDURES

The following suggestions can help to make your office environment a safe one:

- Don't place computers, calculators, or adding machines too close to the edge of the desk or other surfaces.
- Machines that tend to move during operation should be fastened down or secured with rubber feet or mats.
- Electric office machines should be equipped with three-prong electrical cords.
- Avoid stretching cords between desks or across aisles.
- Never store combustible office materials in HVAC closets or electrical rooms.
- Do not permit floor coverings to become tripping hazards.
- Keep floors clean. Clean up all spills on floors immediately. Pick up papers, pencils, clips and any objects that will cause tripping hazards.
- Place wastebaskets where they will not present a tripping hazard.
- Never stack anything so high as to obstruct vision. Make sure that stacks are not within 18 inches of ceiling sprinkler heads.
- Electrical cords and phone lines should be secured to prevent tripping hazards.
- Know where building emergency exits are located. These areas should not be used for storage.
- File drawers should be closed immediately after use so no one can run into or trip over them. Only one drawer should be opened at a time to prevent the cabinet from falling forward.
- Entryway steps should be marked with contrasting colors.
- Be sure all electrical equipment is grounded and the cord is in good condition. If a machine is shocking or smoking, unplug it and immediately report the defect.
- The use of portable electric, gas or other heating devices is prohibited.
- Be cautious as you approach doors that open in your direction.
- Slow your pace when approaching a blind corner in a hallway.
- Do not run in corridors.
- Office tables, chairs, and desks must be maintained in good condition and remain free from sharp corners, projecting edges wobbly legs, etc.
- Never use chairs, desks or other furniture as a makeshift ladder. Use a stepladder for climbing but do not use the top two steps.
- Do not lean forward in a roller chair to pick up an object.
- Keep the blades of paper cutters closed when not in use.
- Never run power cords under carpet or chair pads.

SAFE LIFTING PROCEDURES

Preserve your back health by using the following lifting strategies:

- Before lifting a load, think of other means of moving it using a device that can help you to pull, push or roll the load.
- Have firm footing and make sure the standing surface that you are on is not slippery.
- Determine the best way to hold the load using handles, gripping areas or special lifting tools. Get a firm grip on the load.
- Keep your back straight by tucking your chin in.
- Tighten your stomach muscles and lift with your legs.
- Lift the load slowly.
- Hold the load as close to the body as possible; be sure you position the load close to the body before lifting.
- Do not twist during your lift or when moving the load. Turn with your feet rather than your back.
- Set the load down gently, using your legs and keeping your back as straight as possible.
- Be sure your fingers are out of the way when putting the load down and when moving the load through tight spaces.
- Ask for help if you need it and use lifting tools and devices whenever they are available.

HAZARD IDENTIFICATION AND ANALYSIS METHODOLOGY

Hazard Assessment Matrix

One way to conduct hazard assessments is to use a “**Hazard Assessment Matrix**”. The Matrix condenses “hazard assessment” into a chart and prioritizes those hazards that are evaluated. Two hazard severity categories are used to designate the magnitude of the “worst case” potential effects of the hazard are as follows:

- **Category I – Critical**
Hazard can result in severe injuries or death to passengers, employees, or others who encounter the Transportation System and/or cause major property damage.
- **Category II – Marginal**
Hazard can result in minor injury or negligible property damage.

After hazards are assessed for their potential severity, they can be examined to determine the probability that they may lead to an accident. As an increase in knowledge about safety is established through the course of the System Safety Program, prior accident information will be factored into the probability analysis if it is appropriate to do so.

A Frequent
The hazard is likely to cause an accident on a recurrent basis.

B Remote
An accident is unlikely but possible during the life of the hazard.

HAZARD ASSESSMENT MATRIX		
Frequency of Occurrence	Hazard Categories	
	Critical I	Marginal II
A Frequent	I A	II A
B Remote	I B	II B

Hazard Risk Index	
I A	Unacceptable or Undesirable (Management Decision Necessary)
II A, I B	Acceptable with Management Review
II B	Acceptable without Management Review

Hazard Analysis

Date of Hazard Analysis: _____

Hazard Risk Index	Criteria
I A	Unacceptable or Undesirable (Management Decision Necessary)
II A, I B	Acceptable with Management Review
II B	Acceptable without Management Review

Prepared By: _____ Date: _____

SAFETY TERMS AND DEFINITIONS

ACCIDENT

**An unforeseen event or occurrence that results in death, injury, or property damage –
System Safety Program Training Participant’s Guide**

An incident involving a moving vehicle. Includes collisions with another vehicle, object or person (except suicides) and derailment/left roadway. This also includes Personal Casualties incidents on the vehicle and entering/exiting the vehicle. – *Federal Transit Administration (FTA) - Safety Management Information Statistics (1999 SAMIS Annual Report) (2000)* <http://transit-safety.volpe.dot.gov/publications/default.asp>

Occurrence in a sequence of events that produces unintended injury, death or property damage. Accident refers to the event, not the result of the event. – *National Safety Council (NSC), National Safety Council Statistics Glossary [online] (Research & Statistics, 25 July 2000[15 March 2002]);* <http://www.nsc.org/lrs/glossary.htm>

HAZARD

Any real or potential condition that can cause injury, death or damage to or loss
Of equipment or property

- theoretical condition
- identified before an incident actually occurs

FTA - Implementation Guidelines for State Safety Oversight of Rail Fixed Guideway Systems (1996) <http://transit-safety.volpe.dot.gov/publications/default.asp>

INCIDENT

**An unforeseen event or occurrence which does not necessarily result in death, injury,
contact or property damage - FTA - Implementation Guidelines for State Safety Oversight
of Rail Fixed Guideway Systems (1996)**
<http://transit-safety.volpe.dot.gov/publications/default.asp>

Collisions, personal casualties, derailments/left roadway, fires, and property damage greater than \$1,000 associated with transit agency revenue vehicles and all transit facilities - *FTA - Safety Management Information Statistics (1993 SAMIS Annual Report) (1995)* <http://transit-safety.volpe.dot.gov/publications/default.asp>

RISK

Probability of an accident multiplied by the consequences of an accident (often in \$) - *System Safety Program Training Participant's Guide*

Exposure or probable likelihood of a hazard (accident, crisis, emergency or disaster) occurring at a system. Risk is measured in terms of impact and vulnerability - *FTA - Critical Incident Management Guidelines (1998)*

<http://transit-safety.volpe.dot.gov/publications/default.asp>

SAFETY

Freedom from those conditions that can cause death, injury, occupational illness, damage to or loss of equipment or property, or damage to the environment – *Military Standard 882-D*

Freedom from danger - *FTA - Implementation Guidelines for State Safety Oversight of Rail Fixed Guideway Systems (1996)*

<http://transit-safety.volpe.dot.gov/publications/default.asp>

SECURITY

Precautions taken to guard against crime, attack, sabotage, espionage, etc. – *The Learning Network, Inc., A-Z Dictionary [online](2000-2002[15 March 2002])*

<http://www.infoplease.com>

Freedom from intentional danger - *FTA - Implementation Guidelines for State Safety Oversight of Rail Fixed Guideway Systems (1996)*

<http://transit-safety.volpe.dot.gov/publications/default.asp>

SYSTEM SECURITY

All activities associated with providing security to transit patrons and securing transit property including supervision and clerical support. Includes patrolling revenue vehicles and passenger facilities during revenue operations; patrolling and controlling access to yards, buildings and structures; monitoring security devices; and, reporting security breaches – *US Department of Transportation, Bureau of Transportation Statistics, Transportation Expressions [online](1996[15 March 2002])*

<http://www.bts.gov/btsprod/expr/expsearch.html>

**** Operated by Contractor or Services Outsourced****

MANAGEMENT REVIEWS

There must be an effective mechanism to monitor and document the contractor's activities. An acceptable program would consist of periodic written reports of activities submitted by the contractor to the grantee, supplemented by periodic oversight inspections by the grantee. The grantee must provide oversight in order to verify the contractor's compliance with FTA and NCDOT regulations and policies.

POTENTIAL WORK SITE HAZARDS IDENTIFICATION

Policy

- A. The designated Supervisor at EACH Employee work site shall identify at least ANNUALLY any potential Occupational Safety or Health Hazards at that work site.
 - 1. Any time a new substance, process, procedure, or piece of equipment is introduced and presents a potential hazard or a hazard is identified during a Safety Inspection, an updated Identification must be completed IMMEDIATELY.
- B. A copy of the completed Hazards Identification shall be posted at the work site and must be reviewed with any new employee assigned to that work site BEFORE the new employee begins to work and will be recorded in the employee's training record.

A copy of the completed Hazards Identification must also be forwarded to the applicable Program Manager/Director and Safety Officer for review action and for file for follow-up inspections.

HAZARDS IDENTIFICATION

Work Site Name _____ (Center/Office)

Location _____

Potential Hazards	Employee Action to be Followed
1.	
2.	
3.	
4.	
5.	

Completed by: _____ **Work Site Supervisor** _____ **Date**

REVIEW ACTION

- A. _____ No remediation action possible
- B. _____ Remediation to be done

Hazard	Action	Schedule	Responsibility
1.			
2.			
3.			
4.			
5.			

C. Comments: _____

By: _____ Date _____
 Program Manager/Director

_____ Date _____
 Safety Officer

FOLLOW-UP ABATEMENT ACTION

Hazard	Abatement Action Completed	Date	Completed By
1.			
2.			
3.			

Submitted by: _____ Date _____
 Position

Reviewed by: _____ Date _____
 Position

_____ Date _____
 Safety Officer

Comments: _____

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

Date: _____

Address: _____

Meeting Chairman: _____

Attendance should be documented.

Other Persons Present: _____

Formal Presentation (Name of presenter and topic): _____

Other Subjects Discussed: _____

Reports on Weekly Meetings: _____

Employees' Comments/Suggestions: _____



Cabarrus County Transportation Service System Maintenance Plan 2016

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 Inspection course for driver
- Completing a corresponding inspection checklist
- Utilizing Assetworks Fleet Management Program to document, schedule and track equipment maintenance
- Maintaining maintenance record on file for each vehicle
- Completing statistical reporting
- Reporting common problems
- Utilizing manufacturers Preventive Maintenance Guidelines Manual
- Keeping all maintenance records for the life of the vehicle to include three (3) 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.

ANNUAL PTMS INSPECTION

Form must be completed and maintained with vehicle maintenance records.

Date: _____

Vehicle: _____

Wheelchair Lift Cycle Reading: _____

Odometer Reading: _____

Inspector: _____

Inspection Key

For Each Item

OK =OK

"X" = Adjusted

"0"= Repairs Are Necessary

For Each "0" Give an Explanation

Body

___ Check windshield and other glass for cracks/damage

___ Check wheels for cracks/damage

___ Interior and exterior decals, signs, numbers (ex: railroad crossing, no turn on red, etc...)

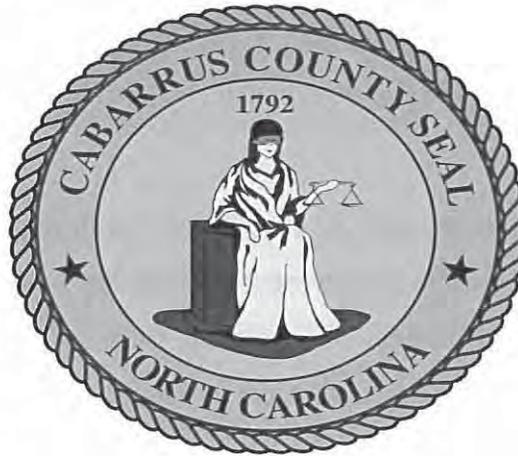
___ Body damage

___ Destination signs for proper operation (Front, Rear, Back)

___ General physical condition of the vehicle

___ System name completely spelled out and condition

___ Sign identifying the vehicle as "Available for Public Use" if required



**Cabarrus County
Transportation Service
Maintenance Plan**

**Vincent Johnson, Coordinator
Bob Bushey, Transportation Manager**

Franklin Barnes, Jessica Hillie-Supervisors

DAILY INSPECTION

Pre/Post-trip inspections are crucial to the success of Cabarrus County Transportation Preventative Maintenance Program. Each driver will inspect his or her vehicle before leaving the parking area by completing the Pre-Trip Vehicle Inspection Form. The completed checklist must be submitted to the Coordinator at the end of the driver's shift so that necessary maintenance can be noted and scheduled accordingly. Drivers must sign each checklist for each vehicle used that day.

Preventative Maintenance (PM) Schedule

POST ASSETWORKS PM CHECKLIST HERE

PMDSC-09	ALL GLASS: WINDSHIELD; REAR; AND SIDE GLASS FOR CONDITION
PMDSC-10	COMFORT SYSTEM: HEATER; DEFROSTER; AIR CONDITIONER- OPERATION
PMUHI20	CHECK AIR FILTER CONDITION
PMSAC29	CHECK FOR OIL LEAKS
PMSAC55	INSPECT COMPLETE EXHAUST SYSTEM AND HEAT SHIELDS
PMSAC03	STEERING TIGHT / NO SLACK
PMMP-01	SHOCKS/STRUTS: OTHER SUSPENSION COMPONENTS; LEAKS/DAMAGE
PMMP-02	BRAKE SYSTEM: LINES;HOSES;PARKING BRAKE;WHEEL END PLAY/NOISE
PMMP-02A	INSPECT BRAKE PADS & ROTORS; REPLACE IF NECESSARY
PMMP-03	ENGINE COOLING SYSTEM: HOSES AND CLAMPS
PMSOI-01	FLUIDS/LEVEL/LINES:TRANSMISSION; FILTER; POWER STEERING;AXLE
PMUHI07	BATTERY: SECURE; TERMINALS CLEAN; PERFORMING PROPERLY
PMUHI98C	INSPECT ACCESSORY DRIVE BELT(S); REPLACE IF NECESSARY
PMHBI93	ROTATE TIRES; INSPECT FOR WEAR AND TEAR
PMEXT-01	TIRES; TREAD; WEAR; WHEEL LUGS; HUBCAPS; VALVE CORES CONDIT
PMDSV02	TREAD DEPTH L/F _____/32 PRESSURE _____
PMDSV04	TREAD DEPTH L/R OUTSIDE _____/32 PRESSURE _____
PMDSV05	TREAD DEPTH L/R INSIDE _____/32 PRESSURE _____
PMRSV02	TREAD DEPTH R/F _____/32 PRESSURE _____
PMRSV04	TREAD DEPTH R/R OUTSIDE _____/32 PRESSURE _____
PMRSV05	TREAD DEPTH R/R INSIDE _____/32 PRESSURE _____
PMDC01	***** OTHER ITEMS *****
PMSAC28A	CHANGE OIL; REPLACE OIL FILTER; USE OEM RECOMMENDED OIL
PMSAC93	INSPECT WHEELS FOR END PAY AND NOISE
PMUHI05	BRAKE MASTER CYLINDER FULL / NO LEAKS
PMWDE81A	INSPECT CABIN AIR FILTER (IF EQUIPPED)
PM-QT12	CHECK OPERATION OF ALL EMERGENCY EXITS; HATCH/WINDOWS/DOORS
PMUHI01	TRANSMISSION FLUID FULL / NO LEAKS
PM255A	LUBRICATE FRONT AXLE & U-JOINTS
PMSAC97	INSPECT HALF SHAFT DUST BOOTS; IF EQUIPPED
PMSAC91A	INSPECT STEERING LINKAGE;DRIVESHAFT;BALL/U- JOINTS;LUBRICATE
PMWDE81	REPLACE CABIN AIR FILTER (IF EQUIPPED)
PM-CAM- 00P	***** PERFORM 6 MONTH CAMERA INSPECTION *****
PMSEON-1	CHECK OPERATION; ADJUSTMENT AND CONDITION OF ALL CAMERAS

PMUHI01	TRANSMISSION FLUID FULL / NO LEAKS
PM255A	LUBRICATE FRONT AXLE & U-JOINTS
PMSAC97	INSPECT HALF SHAFT DUST BOOTS; IF EQUIPPED
PMSAC91A	INSPECT STEERING LINKAGE;DRIVESHAFT;BALL/U-JOINTS;LUBRICATE
PMWDE81	REPLACE CABIN AIR FILTER (IF EQUIPPED)
PMSAC52	CHANGE FUEL FILTER
PMSAC51	CHANGE TRANSMISSION FLUID AND REPLACE FILTER
PMSAC79	REPLACE WHEEL BEARING GREASE; GREASE 4X2 WHEEL BEARING SEALS
PMSFW61	REPLACE CLIMATE-CONTROLLED SEAT FILTER (IF EQUIPPED)
PM-CAM-00P	***** PERFORM 6 MONTH CAMERA INSPECTION *****
PMSEON-1	CHECK OPERATION; ADJUSTMENT AND CONDITION OF ALL CAMERAS
PMSEON-2	CHECK CAMERA SYSTEM DVR RECORDING PROPERLY; LIGHTS ON ETC
PMSEON-3	CLEAN BACK OF CAMERA DVR WITH COMPRESSED AIR
CABAR-PM-3000, D	

PM Task	Description
PMMP-00	***** MULTIPOINT INSPECTION *****
PMDSC-07	WARNING SYSTEM: HORN;SWITCHES GAUGES;TROUBLE LIGHT;BACKUP
PMDSC-08	WINDSHIELD WIPERS; WIPER FLUID / SPEED; CONDITION/OPERATION
PMDSC-09	ALL GLASS: WINDSHIELD; REAR; AND SIDE GLASS FOR CONDITION
PMDSC-10	COMFORT SYSTEM: HEATER; DEFROSTER; AIR CONDITIONER-OPERATION
PMUHI20	CHECK AIR FILTER CONDITION
PMSAC29	CHECK FOR OIL LEAKS
PMSAC55	INSPECT COMPLETE EXHAUST SYSTEM AND HEAT SHIELDS
PMSAC03	STEERING TIGHT / NO SLACK
PMMP-01	SHOCKS/STRUTS: OTHER SUSPENSION COMPONENTS; LEAKS/DAMAGE
PMMP-02	BRAKE SYSTEM: LINES;HOSES;PARKING BRAKE;WHEEL END PLAY/NOISE
PMMP-02A	INSPECT BRAKE PADS & ROTORS; REPLACE IF NECESSARY
PMMP-03	ENGINE COOLING SYSTEM: HOSES AND CLAMPS
PMSOI-01	FLUIDS/LEVEL/LINES:TRANSMISSION; FILTER; POWER STEERING;AXLE
PMUHI07	BATTERY: SECURE; TERMINALS CLEAN; PERFORMING PROPERLY
PMUHI98C	INSPECT ACCESSORY DRIVE BELT(S); REPLACE IF NECESSARY
PMHBI93	ROTATE TIRES; INSPECT FOR WEAR AND TEAR

PM CHECKLIST

CLASS_CLASS_CODE =

CABAR-PM-VAN

CABAR-PM-VAN, A

PM Task	Description
PMMP-00	***** MULTIPOINT INSPECTION *****
PMDCS-07	WARNING SYSTEM: HORN;SWITCHES GAUGES;TROUBLE LIGHT;BACKUP
PMDCS-08	WINDSHIELD WIPERS; WIPER FLUID / SPEED; CONDITION/OPERATION
PMDCS-09	ALL GLASS: WINDSHIELD; REAR; AND SIDE GLASS FOR CONDITION
PMDCS-10	COMFORT SYSTEM: HEATER; DEFROSTER; AIR CONDITIONER-OPERATION
PMUHI20	CHECK AIR FILTER CONDITION
PMSAC29	CHECK FOR OIL LEAKS
PMSAC55	INSPECT COMPLETE EXHAUST SYSTEM AND HEAT SHIELDS
PMSAC03	STEERING TIGHT / NO SLACK
PMMP-01	SHOCKS/STRUTS: OTHER SUSPENSION COMPONENTS; LEAKS/DAMAGE
PMMP-02	BRAKE SYSTEM: LINES;HOSES;PARKING BRAKE;WHEEL END PLAY/NOISE
PMMP-02A	INSPECT BRAKE PADS & ROTORS; REPLACE IF NECESSARY
PMMP-03	ENGINE COOLING SYSTEM: HOSES AND CLAMPS
PMSOI-01	FLUIDS/LEVEL/LINES:TRANSMISSION; FILTER; POWER STEERING;AXLE
PMUHI07	BATTERY: SECURE; TERMINALS CLEAN; PERFORMING PROPERLY
PMUHI98C	INSPECT ACCESSORY DRIVE BELT(S); REPLACE IF NECESSARY
PMHBI93	ROTATE TIRES; INSPECT FOR WEAR AND TEAR
PMEXT-01	TIRES; TREAD; WEAR; WHEEL LUGS; HUBCAPS; VALVE CORES CONDIT
PMDSV02	TREAD DEPTH L/F _____/32 PRESSURE _____
PMDSV04	TREAD DEPTH L/R OUTSIDE _____/32 PRESSURE _____
PMDSV05	TREAD DEPTH L/R INSIDE _____/32 PRESSURE _____
PMRSV02	TREAD DEPTH R/F _____/32 PRESSURE _____
PMRSV04	TREAD DEPTH R/R OUTSIDE _____/32 PRESSURE _____
PMRSV05	TREAD DEPTH R/R INSIDE _____/32 PRESSURE _____
PMDC01	***** OTHER ITEMS *****
PMSAC28A	CHANGE OIL; REPLACE OIL FILTER; USE OEM RECOMMENDED OIL
PMSAC93	INSPECT WHEELS FOR END PAY AND NOISE
PMUHI05	BRAKE MASTER CYLINDER FULL / NO LEAKS
PMWDE81A	INSPECT CABIN AIR FILTER (IF EQUIPPED)

PMDSC-09	ALL GLASS: WINDSHIELD; REAR; AND SIDE GLASS FOR CONDITION
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PMUHI05	BRAKE MASTER CYLINDER FULL / NO LEAKS
PMWDE81A	INSPECT CABIN AIR FILTER (IF EQUIPPED)
PM-QT12	CHECK OPERATION OF ALL EMERGENCY EXITS; HATCH/WINDOWS/DOORS
PMUHI01	TRANSMISSION FLUID FULL / NO LEAKS
PM255A	LUBRICATE FRONT AXLE & U-JOINTS
PMSAC97	INSPECT HALF SHAFT DUST BOOTS; IF EQUIPPED
PMSAC91A	INSPECT STEERING LINKAGE;DRIVESHAFT;BALL/U- JOINTS;LUBRICATE
PMWDE81	REPLACE CABIN AIR FILTER (IF EQUIPPED)
PM-CAM-00P	***** PERFORM 6 MONTH CAMERA INSPECTION *****
PMSEON-1	CHECK OPERATION; ADJUSTMENT AND CONDITION OF ALL CAMERAS

PMUHI01	TRANSMISSION FLUID FULL / NO LEAKS
PM255A	LUBRICATE FRONT AXLE & U-JOINTS
PMSAC97	INSPECT HALF SHAFT DUST BOOTS; IF EQUIPPED
PMSAC91A	INSPECT STEERING LINKAGE;DRIVESHAFT;BALL/U-JOINTS;LUBRICATE
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PMSAC52	CHANGE FUEL FILTER
PMSAC51	CHANGE TRANSMISSION FLUID AND REPLACE FILTER
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PMSEON-2	CHECK CAMERA SYSTEM DVR RECORDING PROPERLY; LIGHTS ON ETC
PMSEON-3	CLEAN BACK OF CAMERA DVR WITH COMPRESSED AIR
CABAR-PM-VAN, D	

PM Task	Description
PMMP-00	***** MULTIPOINT INSPECTION *****
PMDSC-07	WARNING SYSTEM: HORN;SWITCHES GAUGES;TROUBLE LIGHT;BACKUP
PMDSC-08	WINDSHIELD WIPERS; WIPER FLUID / SPEED; CONDITION/OPERATION
PMDSC-09	ALL GLASS: WINDSHIELD; REAR; AND SIDE GLASS FOR CONDITION
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PMMP-03	ENGINE COOLING SYSTEM: HOSES AND CLAMPS
PMSOI-01	FLUIDS/LEVEL/LINES:TRANSMISSION; FILTER; POWER STEERING;AXLE
PMUHI07	BATTERY: SECURE; TERMINALS CLEAN; PERFORMING PROPERLY
PMUHI98C	INSPECT ACCESSORY DRIVE BELT(S); REPLACE IF NECESSARY
PMHBI93	ROTATE TIRES; INSPECT FOR WEAR AND TEAR

PMBL750-1104	APPLY LIGHT OIL LIFT-TITE LATCHES (LOWER PIVOT POINTS-2)
PMBL750-1105	APPLY LIGHT OIL LIFT-TITE LATCH GAS (DAMPENING) SPRING PIVOT
PMBL750-1106	INSPECT LIFT-TITE LATCHES; GAS SPRINGS; WEAR; DAMAGE; SECURE
PMBL750-1107	INSPECT OUTER BARRIER FOR PROPER OPERATION; CORRECT; REPLACE
PMBL750-1108	INSPECT OUTER BARRIER LATCH; OPERATION; SECUREMENT
PMBL750-1109	INSPECT LIFT FOR WEAR; DAMAGE; ABNORMAL CONDITION; CORRECT
PMBL750-1110	INSPECT LIFT FOR RATTLES
PMBL750-1111	ADJUST FOLD PRESSURE; OUTER BARRIER FOLD PRESSURE
PMBL750-1112	VERIFY FMVSS 403 404 CERTIFICATION CHECKLIST
PMBL01-00	LIFT CYCLE COUNT _____
CABAR-PM-VAN, LIFT-C	

PM Task	Description
PMBL4500-00P	****PERFORM BRAUN WHEELCHAIR LIFT 4500 CYCLE INSPECTION****
PMBL750-1100	APPLY LIGHT OIL OUTER BARRIER PIVOT POINTS (2)
PMBL750-1101	APPLY LIGHT OIL OUTER BARRIER LATCH PIVOT POINT
PMBL750-1102	APPLY LIGHT GREASE TO BOTH SIDES OF OUTER BARRIER LATCH SLOT
PMBL750-1103	APPLY LIGHT OIL OUTER BARRIER LEVER BEARINGS (2)
PMBL750-1104	APPLY LIGHT OIL LIFT-TITE LATCHES (LOWER PIVOT POINTS-2)
PMBL750-1105	APPLY LIGHT OIL LIFT-TITE LATCH GAS (DAMPENING) SPRING PIVOT
PMBL750-1106	INSPECT LIFT-TITE LATCHES; GAS SPRINGS; WEAR; DAMAGE; SECURE
PMBL750-1107	INSPECT OUTER BARRIER FOR PROPER OPERATION; CORRECT; REPLACE
PMBL750-1108	INSPECT OUTER BARRIER LATCH; OPERATION; SECUREMENT
PMBL750-1109	INSPECT LIFT FOR WEAR; DAMAGE; ABNORMAL CONDITION; CORRECT

PMBL1500-119	INSPECT EXT SNAP RINGS; LATCH GAS (DAMPENING) SPRING (4)
PMBL1500-120	INSPECT EXT SNAP RINGS; INNER FOLD ARM CAM FOLLOWERS (4)
PMBL1500-121	INSPECT EXTERNAL SNAP RINGS; INNER FOLD ARM ROLLER PINS (4)
PMBL1500-122	INSPECT EXT SNAP RINGS; OUTER BARRIER HYD CYLINDER PIN (2)
PMBL1500-123	INSPECT EXT SNAP RINGS; INNER ROLL STOP LEVER BRACK PINS (2)
PMBL1500-124	INSPECT INNER ROLL STOP LOCKS (2); TORSON SPRINGS (2); OPER
PMBL1500-125	INSPECT OUTER FOLD ARM PINS (2); AXLES (2); BEARINGS (8);
PMBL1500-126	REMOVE PUMP MODULE COVER; INSPECT; HYDRAULIC HOSES; FITTINGS
PMBL1500-127	REMOVE PUMP MODULE COVER; CABLES; WIRES; TERMINALS; SECURE
PMBL1500-128	REMOVE PUMP MODULE COVER; RELAYS; FUSES; POWER SWITCH;LIGHTS
PMBL4500-100	INSPECT COTTER PINS ON PLATFORM PIVOT PIN (2)
PMBL4500-101	CHECK HYDRAULIC FLUID PUMP
PMBL4500-102	INSPECT CYLINDERS;FITTINGS;HYDRAULIC CONNECTIONS;WEAR;LEAKS
PMBL4500-103	INSPECT OUTER BARRIER CYLINDER HOSE ASSEMBLY; WEAR; LEAKAGE
PMBL4500-104	INSPECT PARALLEL ARMS; BEARINGS; PIVOT PINS; WEAR; DAMAGE
PMBL4500-105	INSPECT PARALLEL ARM PIVOT PIN MOUNTING BOLTS (8)
PMBL4500-106	INSPECT PLATFORM PIVOT PINS; BEARINGS; VERTICAL ARMS; SECURE
PMBL4500-107	INSPECT INNER OUTER FOLD ARMS;SADDLE;SUPPORT;PIVOT PINS;BEA
PMBL4500-108	INSPECT GAS SPRINGS (CYLINDERS); WEAR; DAMAGE; OPERATION
PMBL4500-109	INSPECT SADDLE BEARING (UHMW-2)
PMBL4500-110	INSPECT VERTICAL ARM PLASTIC COVERS
PMBL4500-111	INSPECT POWER CABLE

PM CHECKLIST

CLASS_CLASS_CODE =
 CABAR-PM-VAN-2500
 CABAR-PM-VAN-2500, A

PM Task	Description
PMMP-00	***** MULTIPOINT INSPECTION *****
PMDS-07	WARNING SYSTEM: HORN;SWITCHES GAUGES;TROUBLE LIGHT;BACKUP
PMDS-08	WINDSHIELD WIPERS; WIPER FLUID / SPEED; CONDITION/OPERATION
PMDS-09	ALL GLASS: WINDSHIELD; REAR; AND SIDE GLASS FOR CONDITION
PMDS-10	COMFORT SYSTEM: HEATER; DEFROSTER; AIR CONDITIONER-OPERATION
PMUHI20	CHECK AIR FILTER CONDITION
PMSAC29	CHECK FOR OIL LEAKS
PMSAC55	INSPECT COMPLETE EXHAUST SYSTEM AND HEAT SHIELDS
PMSAC03	STEERING TIGHT / NO SLACK
PMMP-01	SHOCKS/STRUTS: OTHER SUSPENSION COMPONENTS; LEAKS/DAMAGE
PMMP-02	BRAKE SYSTEM: LINES;HOSES;PARKING BRAKE;WHEEL END PLAY/NOISE
PMMP-02A	INSPECT BRAKE PADS & ROTORS; REPLACE IF NECESSARY
PMMP-03	ENGINE COOLING SYSTEM: HOSES AND CLAMPS
PMSOI-01	FLUIDS/LEVEL/LINES:TRANSMISSION; FILTER; POWER STEERING;AXLE
PMUHI07	BATTERY: SECURE; TERMINALS CLEAN; PERFORMING PROPERLY
PMUHI98C	INSPECT ACCESSORY DRIVE BELT(S); REPLACE IF NECESSARY
PMHBI93	ROTATE TIRES; INSPECT FOR WEAR AND TEAR
PMEXT-01	TIRES; TREAD; WEAR; WHEEL LUGS; HUBCAPS; VALVE CORES CONDIT
PMDSV02	TREAD DEPTH L/F _____/32 PRESSURE _____
PMDSV04	TREAD DEPTH L/R OUTSIDE _____/32 PRESSURE _____
PMDSV05	TREAD DEPTH L/R INSIDE _____/32 PRESSURE _____
PMRSV02	TREAD DEPTH R/F _____/32 PRESSURE _____
PMRSV04	TREAD DEPTH R/R OUTSIDE _____/32 PRESSURE _____
PMRSV05	TREAD DEPTH R/R INSIDE _____/32 PRESSURE _____
PMDC01	***** OTHER ITEMS *****
PMSAC28A	CHANGE OIL; REPLACE OIL FILTER; USE OEM RECOMMENDED OIL
PMSAC93	INSPECT WHEELS FOR END PAY AND NOISE
PMUHI05	BRAKE MASTER CYLINDER FULL / NO LEAKS
PMWDE81A	INSPECT CABIN AIR FILTER (IF EQUIPPED)

PMDSC-09	ALL GLASS: WINDSHIELD; REAR; AND SIDE GLASS FOR CONDITION
PMDSC-10	COMFORT SYSTEM: HEATER; DEFROSTER; AIR CONDITIONER- OPERATION
PMUHI20	CHECK AIR FILTER CONDITION
PMSAC29	CHECK FOR OIL LEAKS
PMSAC55	INSPECT COMPLETE EXHAUST SYSTEM AND HEAT SHIELDS
PMSAC03	STEERING TIGHT / NO SLACK
PMMP-01	SHOCKS/STRUTS: OTHER SUSPENSION COMPONENTS; LEAKS/DAMAGE
PMMP-02	BRAKE SYSTEM: LINES;HOSES;PARKING BRAKE;WHEEL END PLAY/NOISE
PMMP-02A	INSPECT BRAKE PADS & ROTORS; REPLACE IF NECESSARY
PMMP-03	ENGINE COOLING SYSTEM: HOSES AND CLAMPS
PMSOI-01	FLUIDS/LEVEL/LINES:TRANSMISSION; FILTER; POWER STEERING;AXLE
PMUHI07	BATTERY: SECURE; TERMINALS CLEAN; PERFORMING PROPERLY
PMUHI98C	INSPECT ACCESSORY DRIVE BELT(S); REPLACE IF NECESSARY
PMHBI93	ROTATE TIRES; INSPECT FOR WEAR AND TEAR
PMEXT-01	TIRES; TREAD; WEAR; WHEEL LUGS; HUBCAPS; VALVE CORES CONDIT
PMDSV02	TREAD DEPTH L/F _____/32 PRESSURE _____
PMDSV04	TREAD DEPTH L/R OUTSIDE _____/32 PRESSURE _____
PMDSV05	TREAD DEPTH L/R INSIDE _____/32 PRESSURE _____
PMRSV02	TREAD DEPTH R/F _____/32 PRESSURE _____
PMRSV04	TREAD DEPTH R/R OUTSIDE _____/32 PRESSURE _____
PMRSV05	TREAD DEPTH R/R INSIDE _____/32 PRESSURE _____
PMDC01	***** OTHER ITEMS *****
PMSAC28A	CHANGE OIL; REPLACE OIL FILTER; USE OEM RECOMMENDED OIL
PMSAC93	INSPECT WHEELS FOR END PAY AND NOISE
PMUHI05	BRAKE MASTER CYLINDER FULL / NO LEAKS
PMWDE81A	INSPECT CABIN AIR FILTER (IF EQUIPPED)
PM-QT12	CHECK OPERATION OF ALL EMERGENCY EXITS; HATCH/WINDOWS/DOORS
PMUHI01	TRANSMISSION FLUID FULL / NO LEAKS
PM255A	LUBRICATE FRONT AXLE & U-JOINTS
PMSAC97	INSPECT HALF SHAFT DUST BOOTS; IF EQUIPPED
PMSAC91A	INSPECT STEERING LINKAGE;DRIVESHAFT;BALL/U- JOINTS;LUBRICATE
PMWDE81	REPLACE CABIN AIR FILTER (IF EQUIPPED)
PM-CAM-00P	***** PERFORM 6 MONTH CAMERA INSPECTION *****
PMSEON-1	CHECK OPERATION; ADJUSTMENT AND CONDITION OF ALL CAMERAS

PMUHI01	TRANSMISSION FLUID FULL / NO LEAKS
PM255A	LUBRICATE FRONT AXLE & U-JOINTS
PMSAC97	INSPECT HALF SHAFT DUST BOOTS; IF EQUIPPED
PMSAC91A	INSPECT STEERING LINKAGE;DRIVESHAFT;BALL/U-JOINTS;LUBRICATE
PMWDE81	REPLACE CABIN AIR FILTER (IF EQUIPPED)
PMSAC52	CHANGE FUEL FILTER
PMSAC51	CHANGE TRANSMISSION FLUID AND REPLACE FILTER
PMSAC79	REPLACE WHEEL BEARING GREASE; GREASE 4X2 WHEEL BEARING SEALS
PMSFW61	REPLACE CLIMATE-CONTROLLED SEAT FILTER (IF EQUIPPED)
PM-CAM-00P	***** PERFORM 6 MONTH CAMERA INSPECTION *****
PMSEON-1	CHECK OPERATION; ADJUSTMENT AND CONDITION OF ALL CAMERAS
PMSEON-2	CHECK CAMERA SYSTEM DVR RECORDING PROPERLY; LIGHTS ON ETC
PMSEON-3	CLEAN BACK OF CAMERA DVR WITH COMPRESSED AIR
CABAR-PM-VAN-2500, D	

PM Task	Description
PMMP-00	***** MULTIPOINT INSPECTION *****
PMDSC-07	WARNING SYSTEM: HORN;SWITCHES GAUGES;TROUBLE LIGHT;BACKUP
PMDSC-08	WINDSHIELD WIPERS; WIPER FLUID / SPEED; CONDITION/OPERATION
PMDSC-09	ALL GLASS: WINDSHIELD; REAR; AND SIDE GLASS FOR CONDITION
PMDSC-10	COMFORT SYSTEM: HEATER; DEFROSTER; AIR CONDITIONER-OPERATION
PMUHI20	CHECK AIR FILTER CONDITION
PMSAC29	CHECK FOR OIL LEAKS
PMSAC55	INSPECT COMPLETE EXHAUST SYSTEM AND HEAT SHIELDS
PMSAC03	STEERING TIGHT / NO SLACK
PMMP-01	SHOCKS/STRUTS: OTHER SUSPENSION COMPONENTS; LEAKS/DAMAGE
PMMP-02	BRAKE SYSTEM: LINES;HOSES;PARKING BRAKE;WHEEL END PLAY/NOISE
PMMP-02A	INSPECT BRAKE PADS & ROTORS; REPLACE IF NECESSARY
PMMP-03	ENGINE COOLING SYSTEM: HOSES AND CLAMPS
PMSOI-01	FLUIDS/LEVEL/LINES:TRANSMISSION; FILTER; POWER STEERING;AXLE
PMUHI07	BATTERY: SECURE; TERMINALS CLEAN; PERFORMING PROPERLY
PMUHI98C	INSPECT ACCESSORY DRIVE BELT(S); REPLACE IF NECESSARY
PMHBI93	ROTATE TIRES; INSPECT FOR WEAR AND TEAR

PMBL750-1104	APPLY LIGHT OIL LIFT-TITE LATCHES (LOWER PIVOT POINTS-2)
PMBL750-1105	APPLY LIGHT OIL LIFT-TITE LATCH GAS (DAMPENING) SPRING PIVOT
PMBL750-1106	INSPECT LIFT-TITE LATCHES; GAS SPRINGS; WEAR; DAMAGE; SECURE
PMBL750-1107	INSPECT OUTER BARRIER FOR PROPER OPERATION; CORRECT; REPLACE
PMBL750-1108	INSPECT OUTER BARRIER LATCH; OPERATION; SECUREMENT
PMBL750-1109	INSPECT LIFT FOR WEAR; DAMAGE; ABNORMAL CONDITION; CORRECT
PMBL750-1110	INSPECT LIFT FOR RATTLES
PMBL750-1111	ADJUST FOLD PRESSURE; OUTER BARRIER FOLD PRESSURE
PMBL750-1112	VERIFY FMVSS 403 404 CERTIFICATION CHECKLIST
PMBL01-00	LIFT CYCLE COUNT _____
CABAR-PM-VAN-2500, LIFT-C	

PM Task	Description
PMBL4500-00P	****PERFORM BRAUN WHEELCHAIR LIFT 4500 CYCLE INSPECTION****
PMBL750-1100	APPLY LIGHT OIL OUTER BARRIER PIVOT POINTS (2)
PMBL750-1101	APPLY LIGHT OIL OUTER BARRIER LATCH PIVOT POINT
PMBL750-1102	APPLY LIGHT GREASE TO BOTH SIDES OF OUTER BARRIER LATCH SLOT
PMBL750-1103	APPLY LIGHT OIL OUTER BARRIER LEVER BEARINGS (2)
PMBL750-1104	APPLY LIGHT OIL LIFT-TITE LATCHES (LOWER PIVOT POINTS-2)
PMBL750-1105	APPLY LIGHT OIL LIFT-TITE LATCH GAS (DAMPENING) SPRING PIVOT
PMBL750-1106	INSPECT LIFT-TITE LATCHES; GAS SPRINGS; WEAR; DAMAGE; SECURE
PMBL750-1107	INSPECT OUTER BARRIER FOR PROPER OPERATION; CORRECT; REPLACE
PMBL750-1108	INSPECT OUTER BARRIER LATCH; OPERATION; SECUREMENT
PMBL750-1109	INSPECT LIFT FOR WEAR; DAMAGE; ABNORMAL CONDITION; CORRECT

PMBL1500-119	INSPECT EXT SNAP RINGS; LATCH GAS (DAMPENING) SPRING (4)
PMBL1500-120	INSPECT EXT SNAP RINGS; INNER FOLD ARM CAM FOLLOWERS (4)
PMBL1500-121	INSPECT EXTERNAL SNAP RINGS; INNER FOLD ARM ROLLER PINS (4)
PMBL1500-122	INSPECT EXT SNAP RINGS; OUTER BARRIER HYD CYLINDER PIN (2)
PMBL1500-123	INSPECT EXT SNAP RINGS; INNER ROLL STOP LEVER BRACK PINS (2)
PMBL1500-124	INSPECT INNER ROLL STOP LOCKS (2); TORSON SPRINGS (2); OPER
PMBL1500-125	INSPECT OUTER FOLD ARM PINS (2); AXLES (2); BEARINGS (8);
PMBL1500-126	REMOVE PUMP MODULE COVER; INSPECT; HYDRAULIC HOSES; FITTINGS
PMBL1500-127	REMOVE PUMP MODULE COVER; CABLES; WIRES; TERMINALS; SECURE
PMBL1500-128	REMOVE PUMP MODULE COVER; RELAYS; FUSES; POWER SWITCH;LIGHTS
PMBL4500-100	INSPECT COTTER PINS ON PLATFORM PIVOT PIN (2)
PMBL4500-101	CHECK HYDRAULIC FLUID PUMP
PMBL4500-102	INSPECT CYLINDERS;FITTINGS;HYDRAULIC CONNECTIONS;WEAR;LEAKS
PMBL4500-103	INSPECT OUTER BARRIER CYLINDER HOSE ASSEMBLY; WEAR; LEAKAGE
PMBL4500-104	INSPECT PARALLEL ARMS; BEARINGS; PIVOT PINS; WEAR; DAMAGE
PMBL4500-105	INSPECT PARALLEL ARM PIVOT PIN MOUNTING BOLTS (8)
PMBL4500-106	INSPECT PLATFORM PIVOT PINS; BEARINGS; VERTICAL ARMS; SECURE
PMBL4500-107	INSPECT INNER OUTER FOLD ARMS;SADDLE;SUPPORT;PIVOT PINS;BEA
PMBL4500-108	INSPECT GAS SPRINGS (CYLINDERS); WEAR; DAMAGE; OPERATION
PMBL4500-109	INSPECT SADDLE BEARING (UHMW-2)
PMBL4500-110	INSPECT VERTICAL ARM PLASTIC COVERS
PMBL4500-111	INSPECT POWER CABLE

PM CHECKLIST

CLASS_CLASS_CODE =

CABAR-PM-VAN-3000

CABAR-PM-VAN-3000, A

PM Task	Description
PMMP-00	***** MULTIPOINT INSPECTION *****
PMDCS-07	WARNING SYSTEM: HORN;SWITCHES GAUGES;TROUBLE LIGHT;BACKUP
PMDCS-08	WINDSHIELD WIPERS; WIPER FLUID / SPEED; CONDITION/OPERATION
PMDCS-09	ALL GLASS: WINDSHIELD; REAR; AND SIDE GLASS FOR CONDITION
PMDCS-10	COMFORT SYSTEM: HEATER; DEFROSTER; AIR CONDITIONER-OPERATION
PMUHI20	CHECK AIR FILTER CONDITION
PMSAC29	CHECK FOR OIL LEAKS
PMSAC55	INSPECT COMPLETE EXHAUST SYSTEM AND HEAT SHIELDS
PMSAC03	STEERING TIGHT / NO SLACK
PMMP-01	SHOCKS/STRUTS: OTHER SUSPENSION COMPONENTS; LEAKS/DAMAGE
PMMP-02	BRAKE SYSTEM: LINES;HOSES;PARKING BRAKE;WHEEL END PLAY/NOISE
PMMP-02A	INSPECT BRAKE PADS & ROTORS; REPLACE IF NECESSARY
PMMP-03	ENGINE COOLING SYSTEM: HOSES AND CLAMPS
PMSOI-01	FLUIDS/LEVEL/LINES:TRANSMISSION; FILTER; POWER STEERING;AXLE
PMUHI07	BATTERY: SECURE; TERMINALS CLEAN; PERFORMING PROPERLY
PMUHI98C	INSPECT ACCESSORY DRIVE BELT(S); REPLACE IF NECESSARY
PMHBI93	ROTATE TIRES; INSPECT FOR WEAR AND TEAR
PMEXT-01	TIRES; TREAD; WEAR; WHEEL LUGS; HUBCAPS; VALVE CORES CONDIT
PMDSV02	TREAD DEPTH L/F _____/32 PRESSURE _____
PMDSV04	TREAD DEPTH L/R OUTSIDE _____/32 PRESSURE _____
PMDSV05	TREAD DEPTH L/R INSIDE _____/32 PRESSURE _____
PMRSV02	TREAD DEPTH R/F _____/32 PRESSURE _____
PMRSV04	TREAD DEPTH R/R OUTSIDE _____/32 PRESSURE _____
PMRSV05	TREAD DEPTH R/R INSIDE _____/32 PRESSURE _____
PMDC01	***** OTHER ITEMS *****
PMSAC28A	CHANGE OIL; REPLACE OIL FILTER; USE OEM RECOMMENDED OIL
PMSAC93	INSPECT WHEELS FOR END PAY AND NOISE
PMUHI05	BRAKE MASTER CYLINDER FULL / NO LEAKS
PMWDE81A	INSPECT CABIN AIR FILTER (IF EQUIPPED)

PMDSC-09	ALL GLASS: WINDSHIELD; REAR; AND SIDE GLASS FOR CONDITION
PMDSC-10	COMFORT SYSTEM: HEATER; DEFROSTER; AIR CONDITIONER- OPERATION
PMUHI20	CHECK AIR FILTER CONDITION
PMSAC29	CHECK FOR OIL LEAKS
PMSAC55	INSPECT COMPLETE EXHAUST SYSTEM AND HEAT SHIELDS
PMSAC03	STEERING TIGHT / NO SLACK
PMMP-01	SHOCKS/STRUTS: OTHER SUSPENSION COMPONENTS; LEAKS/DAMAGE
PMMP-02	BRAKE SYSTEM: LINES;HOSES;PARKING BRAKE;WHEEL END PLAY/NOISE
PMMP-02A	INSPECT BRAKE PADS & ROTORS; REPLACE IF NECESSARY
PMMP-03	ENGINE COOLING SYSTEM: HOSES AND CLAMPS
PMSOI-01	FLUIDS/LEVEL/LINES:TRANSMISSION; FILTER; POWER STEERING;AXLE
PMUHI07	BATTERY: SECURE; TERMINALS CLEAN; PERFORMING PROPERLY
PMUHI98C	INSPECT ACCESSORY DRIVE BELT(S); REPLACE IF NECESSARY
PMHBI93	ROTATE TIRES; INSPECT FOR WEAR AND TEAR
PMEXT-01	TIRES; TREAD; WEAR; WHEEL LUGS; HUBCAPS; VALVE CORES CONDIT
PMDSV02	TREAD DEPTH L/F _____/32 PRESSURE _____
PMDSV04	TREAD DEPTH L/R OUTSIDE _____/32 PRESSURE _____
PMDSV05	TREAD DEPTH L/R INSIDE _____/32 PRESSURE _____
PMRSV02	TREAD DEPTH R/F _____/32 PRESSURE _____
PMRSV04	TREAD DEPTH R/R OUTSIDE _____/32 PRESSURE _____
PMRSV05	TREAD DEPTH R/R INSIDE _____/32 PRESSURE _____
PMDC01	***** OTHER ITEMS *****
PMSAC28A	CHANGE OIL; REPLACE OIL FILTER; USE OEM RECOMMENDED OIL
PMSAC93	INSPECT WHEELS FOR END PAY AND NOISE
PMUHI05	BRAKE MASTER CYLINDER FULL / NO LEAKS
PMWDE81A	INSPECT CABIN AIR FILTER (IF EQUIPPED)
PM-QT12	CHECK OPERATION OF ALL EMERGENCY EXITS; HATCH/WINDOWS/DOORS
PMUHI01	TRANSMISSION FLUID FULL / NO LEAKS
PM255A	LUBRICATE FRONT AXLE & U-JOINTS
PMSAC97	INSPECT HALF SHAFT DUST BOOTS; IF EQUIPPED
PMSAC91A	INSPECT STEERING LINKAGE;DRIVESHAFT;BALL/U- JOINTS;LUBRICATE
PMWDE81	REPLACE CABIN AIR FILTER (IF EQUIPPED)
PM-CAM-00P	***** PERFORM 6 MONTH CAMERA INSPECTION *****
PMSEON-1	CHECK OPERATION; ADJUSTMENT AND CONDITION OF ALL CAMERAS

PMUHI01	TRANSMISSION FLUID FULL / NO LEAKS
PM255A	LUBRICATE FRONT AXLE & U-JOINTS
PMSAC97	INSPECT HALF SHAFT DUST BOOTS; IF EQUIPPED
PMSAC91A	INSPECT STEERING LINKAGE;DRIVESHAFT;BALL/U-JOINTS;LUBRICATE
PMWDE81	REPLACE CABIN AIR FILTER (IF EQUIPPED)
PMSAC52	CHANGE FUEL FILTER
PMSAC51	CHANGE TRANSMISSION FLUID AND REPLACE FILTER
PMSAC79	REPLACE WHEEL BEARING GREASE; GREASE 4X2 WHEEL BEARING SEALS
PMSFW61	REPLACE CLIMATE-CONTROLLED SEAT FILTER (IF EQUIPPED)
PM-CAM-00P	***** PERFORM 6 MONTH CAMERA INSPECTION *****
PMSEON-1	CHECK OPERATION; ADJUSTMENT AND CONDITION OF ALL CAMERAS
PMSEON-2	CHECK CAMERA SYSTEM DVR RECORDING PROPERLY; LIGHTS ON ETC
PMSEON-3	CLEAN BACK OF CAMERA DVR WITH COMPRESSED AIR
CABAR-PM-VAN-3000, D	

PM Task	Description
PMMP-00	***** MULTIPOINT INSPECTION *****
PMDSC-07	WARNING SYSTEM: HORN;SWITCHES GAUGES;TROUBLE LIGHT;BACKUP
PMDSC-08	WINDSHIELD WIPERS; WIPER FLUID / SPEED; CONDITION/OPERATION
PMDSC-09	ALL GLASS: WINDSHIELD; REAR; AND SIDE GLASS FOR CONDITION
PMDSC-10	COMFORT SYSTEM: HEATER; DEFROSTER; AIR CONDITIONER-OPERATION
PMUHI20	CHECK AIR FILTER CONDITION
PMSAC29	CHECK FOR OIL LEAKS
PMSAC55	INSPECT COMPLETE EXHAUST SYSTEM AND HEAT SHIELDS
PMSAC03	STEERING TIGHT / NO SLACK
PMMP-01	SHOCKS/STRUTS: OTHER SUSPENSION COMPONENTS; LEAKS/DAMAGE
PMMP-02	BRAKE SYSTEM: LINES;HOSES;PARKING BRAKE;WHEEL END PLAY/NOISE
PMMP-02A	INSPECT BRAKE PADS & ROTORS; REPLACE IF NECESSARY
PMMP-03	ENGINE COOLING SYSTEM: HOSES AND CLAMPS
PMSOI-01	FLUIDS/LEVEL/LINES:TRANSMISSION; FILTER; POWER STEERING;AXLE
PMUHI07	BATTERY: SECURE; TERMINALS CLEAN; PERFORMING PROPERLY
PMUHI98C	INSPECT ACCESSORY DRIVE BELT(S); REPLACE IF NECESSARY
PMHBI93	ROTATE TIRES; INSPECT FOR WEAR AND TEAR

PMBL750-1104	APPLY LIGHT OIL LIFT-TITE LATCHES (LOWER PIVOT POINTS-2)
PMBL750-1105	APPLY LIGHT OIL LIFT-TITE LATCH GAS (DAMPENING) SPRING PIVOT
PMBL750-1106	INSPECT LIFT-TITE LATCHES; GAS SPRINGS; WEAR; DAMAGE; SECURE
PMBL750-1107	INSPECT OUTER BARRIER FOR PROPER OPERATION; CORRECT; REPLACE
PMBL750-1108	INSPECT OUTER BARRIER LATCH; OPERATION; SECUREMENT
PMBL750-1109	INSPECT LIFT FOR WEAR; DAMAGE; ABNORMAL CONDITION; CORRECT
PMBL750-1110	INSPECT LIFT FOR RATTLES
PMBL750-1111	ADJUST FOLD PRESSURE; OUTER BARRIER FOLD PRESSURE
PMBL750-1112	VERIFY FMVSS 403 404 CERTIFICATION CHECKLIST
PMBL01-00	LIFT CYCLE COUNT _____
CABAR-PM-VAN-3000, LIFT-C	

PM Task	Description
PMBL4500-00P	****PERFORM BRAUN WHEELCHAIR LIFT 4500 CYCLE INSPECTION****
PMBL750-1100	APPLY LIGHT OIL OUTER BARRIER PIVOT POINTS (2)
PMBL750-1101	APPLY LIGHT OIL OUTER BARRIER LATCH PIVOT POINT
PMBL750-1102	APPLY LIGHT GREASE TO BOTH SIDES OF OUTER BARRIER LATCH SLOT
PMBL750-1103	APPLY LIGHT OIL OUTER BARRIER LEVER BEARINGS (2)
PMBL750-1104	APPLY LIGHT OIL LIFT-TITE LATCHES (LOWER PIVOT POINTS-2)
PMBL750-1105	APPLY LIGHT OIL LIFT-TITE LATCH GAS (DAMPENING) SPRING PIVOT
PMBL750-1106	INSPECT LIFT-TITE LATCHES; GAS SPRINGS; WEAR; DAMAGE; SECURE
PMBL750-1107	INSPECT OUTER BARRIER FOR PROPER OPERATION; CORRECT; REPLACE
PMBL750-1108	INSPECT OUTER BARRIER LATCH; OPERATION; SECUREMENT
PMBL750-1109	INSPECT LIFT FOR WEAR; DAMAGE; ABNORMAL CONDITION; CORRECT

PMBL1500-119	INSPECT EXT SNAP RINGS; LATCH GAS (DAMPENING) SPRING (4)
PMBL1500-120	INSPECT EXT SNAP RINGS; INNER FOLD ARM CAM FOLLOWERS (4)
PMBL1500-121	INSPECT EXTERNAL SNAP RINGS; INNER FOLD ARM ROLLER PINS (4)
PMBL1500-122	INSPECT EXT SNAP RINGS; OUTER BARRIER HYD CYLINDER PIN (2)
PMBL1500-123	INSPECT EXT SNAP RINGS; INNER ROLL STOP LEVER BRACK PINS (2)
PMBL1500-124	INSPECT INNER ROLL STOP LOCKS (2); TORSON SPRINGS (2); OPER
PMBL1500-125	INSPECT OUTER FOLD ARM PINS (2); AXLES (2); BEARINGS (8);
PMBL1500-126	REMOVE PUMP MODULE COVER; INSPECT; HYDRAULIC HOSES; FITTINGS
PMBL1500-127	REMOVE PUMP MODULE COVER; CABLES; WIRES; TERMINALS; SECURE
PMBL1500-128	REMOVE PUMP MODULE COVER; RELAYS; FUSES; POWER SWITCH;LIGHTS
PMBL4500-100	INSPECT COTTER PINS ON PLATFORM PIVOT PIN (2)
PMBL4500-101	CHECK HYDRAULIC FLUID PUMP
PMBL4500-102	INSPECT CYLINDERS;FITTINGS;HYDRAULIC CONNECTIONS;WEAR;LEAKS
PMBL4500-103	INSPECT OUTER BARRIER CYLINDER HOSE ASSEMBLY; WEAR; LEAKAGE
PMBL4500-104	INSPECT PARALLEL ARMS; BEARINGS; PIVOT PINS; WEAR; DAMAGE
PMBL4500-105	INSPECT PARALLEL ARM PIVOT PIN MOUNTING BOLTS (8)
PMBL4500-106	INSPECT PLATFORM PIVOT PINS; BEARINGS; VERTICAL ARMS; SECURE
PMBL4500-107	INSPECT INNER OUTER FOLD ARMS;SADDLE;SUPPORT;PIVOT PINS;BEA
PMBL4500-108	INSPECT GAS SPRINGS (CYLINDERS); WEAR; DAMAGE; OPERATION
PMBL4500-109	INSPECT SADDLE BEARING (UHMW-2)
PMBL4500-110	INSPECT VERTICAL ARM PLASTIC COVERS
PMBL4500-111	INSPECT POWER CABLE

PRE-TRIP INSPECTION

Under the Hood

Check for problems under the hood at the beginning of your inspection before starting the engine. It is easier and safer when the engine is cool.

Check the oil, radiator and battery fluid levels. If low, make a note of it on your inspection checklist. If any fluids are below the safe level, see the coordinator for assistance.

Also, check hoses for cracks or possible leaks and belts for any visible damage. Report any wear on the checklist, as soon as it begins to show.

Vehicle Interior

Since you will need to leave the vehicle compartment while the vehicle is running, it is a good idea to put chocks behind the wheels before starting the motor.

Begin while seated behind the steering wheel.

First, put on the parking brake.

Then, turn on the ignition.

Check the oil pressure, fuel and alternator gauges.

If the oil pressure light stays on or the gauge shows the oil pressure to be dangerously low, turn the motor off until the problem can be corrected. Alert the coordinator and document on your pre-trip inspection form.

If the alternator or generator light stays on, the battery may not be charging. To guard against the possibility of becoming stranded along the route by a dead battery, have the problem located and corrected right away.

Check the windshield wipers to make sure they are working and not worn or stripped.

Move to the front of the vehicle and examine the right front tire in the same manner as the left tire and check the condition of the side marker light.

Adjust each of your mirrors so that you can see what you need to see from your normal driving position. When you are adjusting your mirrors, keep in mind what you want to be able to see within your safety zone.

Test your horn to make sure it works.

Turn the steering wheel gently to make sure it is not loose.

Push on the brake pedal. If the tension feels spongy or soft, note this on your checklist. Your brakes may need to be adjusted.

Check the blower fan to see if it works so you'll be able to use the heater, defroster or air conditioner.

Check the interior lights. If any lights are not working, note this on your checklist.

Note on your checklist anything in the interior of the vehicle that needs attention.

Safety Equipment

Check your emergency equipment to make sure it is in the right location and in working order.

Emergency equipment should include:

- A properly charged fire extinguisher
- Warning devices such as cones, triangles, flares
- A first aid kit
- Blood Borne Pathogens Kits

Look around the inside of your vehicle to make sure it is clean. Clear out trash, debris or loose items. Trash or debris left in the vehicle can be tossed about by careless passengers and can cause slips, falls and fires. A clean vehicle presents a professional image.

PRE/POST-TRIP INSPECTION WORKSHEET



CCTS VEHICLE INSPECTION SHEET Daily Vehicle Report

Van/Vehicle # _____
Driver 1 _____

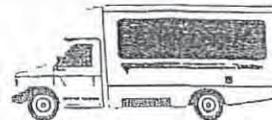
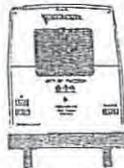
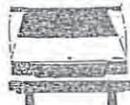
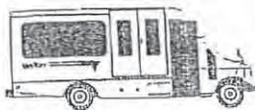
Date: _____
Driver 2 _____

Miles (Start Yard) _____
Miles (Start Route) _____
Miles (End Route) _____
Miles (End Yard) _____

Miles (Start Yard) _____
Miles (Start Route) _____
Miles (End Route) _____
Miles (End Yard) _____

Daily Check List		Check (√)	If Defective, Mark with a X	All defects must be described on bottom of sheet. Turn in daily.	
Items to Check	Pre-trip	Post-trip	Items to Check	Pre-trip	Post-trip
Belts/Hoses			A/C Heater/Defroster		
Power Steering Fluid			Passenger Door		
Oil Level			Emergency Exits/Lights		
Water Coolant Level			Fire Extinguisher		
Water/Oil Leaks			Emergency Reflectors		
Tires/Lug Nuts			First Aid/Accident Kit		
Head Lamps			Wheel Chair Restraints		
Turn Signals			W/C Interlock System		
Hazard Lights			W/C Lift		
Clearance Lights			Hand Rails		
Brake Lights			Seatbelts		
Backup Lights			Green Light on the Dash		
Glass (All) & Mirror			Registration		
Clean Exterior			Insurance Information		
Proper Decals			Radio		
Brake Pedal			Horn		
Emergency Brake			Clean Interior		
Backup Beeper			Clean Camera Lens-wipe		
Gauge: Oil Pressure			Drivers Seat		
Gauges: Volt, Fuel, Temp			Passenger Seats		
Wipers/Washers			LOG OFF MDT		

Body Damage Description:



Date: _____

Vehicle: _____

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

DAILY INSPECTION

Pre/Post-Trip inspections are crucial to the success of the Cabarrus County Transportation Preventative Maintenance Program. Each driver will inspect his or her vehicle before leaving the Cabarrus County Transportation depot by completing the Pre-Trip Vehicle Inspection Form. The completed checklist must be submitted to the Maintenance Coordinator 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. Drivers must sign each Pre-trip and Post-trip checklist for each vehicle used that day.



**Cabarrus County
Transportation Service
Maintenance Plan**

**Vincent Johnson, Coordinator
Bob Bushey, Transportation Manager**

Franklin Barnes, Jessica Hillie-Supervisors

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VEHICLE MAINTENANCE POLICY

Preventive maintenance is a term used to describe the performance of regularly scheduled maintenance procedures of a vehicle to prevent the possibility of malfunctions. CCTS will maintain all vehicles and wheel chair lifts in the best possible operational conditions. This will be accomplished by adhering to and/or exceeding the manufacturer's recommended minimum maintenance requirements.

MAINTENANCE

Each CCTS Transportation vehicle is assigned a number by the Director of Transportation which is affixed to each vehicle in a visible location along with the phone number.

Every van driver is responsible for ensuring that periodic maintenance is performed on the vehicle assigned to him/her at the Cabarrus County Transportation. The van driver will indicate on the Pre-Trip Inspection Form when the vehicle is within 500 miles of the next scheduled service.

All requests for service must be forwarded to the Maintenance Supervisor. Repairs other than scheduled maintenance must be submitted to the mechanic and repairs are posted on the Maintenance Repair form. A copy of the form must be taken to the Service Center with the vehicle and a copy of the form is filed with the Maintenance Supervisor and posted in the Vehicle Maintenance Log.

In the event of a mechanical failure while the vehicle is in service, the driver will call the Maintenance Supervisor to report the need for service. The coordinator will contact the Service Center during normal business hours or the wrecker service at other times.

Preventive Maintenance Schedule

Be alert and ready to make schedule alterations according to your specific needs. When making alterations, be sure to document any changes and update this list for reference.

Regularly

Wash vehicle interior and exterior – determine need by the amount of use and road conditions. (Salt used for clearing roads and chloride compounds used to control dust on unpaved roads may require more frequent washes.

Clean the windshield wiper blades as required.

Unscheduled

Replace:

- Alternator
- Starter motor
- Windshield wiper motor
- Windshield wiper blades
- Exhaust components: muffler, manifolds, pipes, hangers and clamps, headlamps, turn signal bulbs, brake lights and marker lights.
- Vehicle interior fittings, seat materials
- Wheelchair lift components
- Wheelchair restraint components

Every Year

Flush radiator
Replace coolant
Service air conditioner

Replace all hoses; more often if necessary.

Mileage Specific

* In dusty areas, the air filter should be replaced every 10,000 miles.

** PVC value and brake pad replacements and engine tune-ups may need to be performed more often than suggested in this schedule.

- 5,000 OFC =Oil & Filter change, Lubricate all fittings, inspect all lights, Exhaust; belts, hoses, operate wheel chair lifts, check air filter (Ford) check for the rotation.
- 10,000 Pull Wheels and check brakes, check wheel bearings, check ball joints, OFC= oil &filter oil change, lubricate all fittings, inspect all lights, exhaust, belts hoses, operate wheel chair lifts, check air filter (Ford) check for tire rotation.
- 12,000 Remove and replace rear axle fluid (DODGE), check wheel alignment.
- 15,000 Transmission flush, fuel filter change (FORD), check air filter (DODGE) OFC= oil & filter change, lubricate all fittings, inspect all lights , exhaust, belts, hoses, operate wheel chair lifts, check air filter (FORD) check for the rotation.
- 20,000 OFC= oil & filter change, lubricate all fittings, all lights, exhaust, belts, hoses, operate wheel chair lifts, check air filter (FORD), and check for tire rotation, pull wheels and check brakes, check wheels bearings, check ball joints.
- 24,000 Remove and replace rear axle fluid (DODGE), check wheel alignment.
- 25,000 Remove and replace rear axle fluid (FORD) OFC= oil & filter change, lubricate all fittings, inspect all lights , exhaust, belts, hoses, operate wheel chair lifts, check air filter (FORD) check for the rotation.

- 30,000 OFC= Oil & filter change, lubricate all fittings, inspect all lights, exhaust, belts, hoses, operate wheel chair lifts, check air filter (FORD) check for tire rotation, pull wheels and check brakes, check wheel bearings, check ball joints, transmission flush, fuel filter change (FORD)
- 35,000 OFC= Oil & filter change, lubricate all fittings, inspect all lights exhaust, belts, hoses, operate wheel chair lifts, check air filter (FORD) check for the tire rotation.
- 36,000 Remove and replace rear axle fluid (DODGE), check wheel alignment.
- 40,000 OFC = Oil & filter change, lubricate all fittings, inspect all lights exhaust, belts, hoses, operate wheel chair lifts, check air filter (FORD) check for the rotation, pull wheels and check wheel bearings , check ball joints.
- 45,000 Tune up, remove and replace rear axle fluid (FORD), OFC = oil & filter change, lubricate all fittings, inspect all lights, exhaust, belts, and hoses, operate wheel chairs lifts, and check air filter (FORD) check for tire rotation, transmission flush ,fuel filter change (FORD), check air filter (DODGE)
- 48,000 Remove and replace rear axle fluid (DODGE), check wheel alignment.
- 50,000 OFC = Oil & filter change, lubricate all fittings, inspect all lights, exhaust, belts, hoses, operate wheel chair lifts, check air filter (FORD) checks for tire rotation, pull wheels and check brakes, check wheel bearings, check ball joints, remove and replace rear axle fluid (FORD)
- 55,000 OFC= Oil & filter change, lubricate all fittings, inspect all lights, exhaust, belts, hoses, operate wheel chair lifts, check air filter (FORD) check for the rotation.

- 60,000 Remove Automatic Transmission Filter along with transmission Flush, OFC= oil & filter change, lubricate all fittings, inspect all lights, exhaust, belts, hoses, operate wheel chair lifts, check air filter (FORD) check for tire rotation, pull wheels and check brakes, check wheel bearings, check ball joints, remove and replace rear axle fluid (DODGE), check wheel alignment, fuel filter change (FORD), check air filter (DODGE).
- 65,000 OFC= Oil & filter change, lubricate all things, inspect all lights, Exhaust, belts, hoses, operate wheel chair lifts, check air filter (FORD) check for tire rotation.
- 70,000 OFC= Oil & filter change, lubricate all fittings, inspect all lights, exhaust, belts, hoses, operate wheel chair lifts, check air filter (FORD) check for tire rotation, pull wheels and check brakes, check wheel bearings, check ball joints.
- 72,000 Remove and replace rear axle fluid (DODGE), check wheel alignment.
- 75,000 OFC = Oil & filter change, lubricate all fittings, inspect all lights, exhaust, belts, hoses, operate wheel chair lifts, check air filter (FORD) check for tire rotation, transmission flush, fuel filter change (FORD), check air filter (DODGE), remove and replace rear axle fluid (FORD)
- 80,000 OFC = Oil & filter change, lubricate all fittings, inspect all lights, exhaust, pull wheels and check brakes, check wheel bearings, check ball joint belts, hoses, operate wheel chair lifts, check air filter (FORD) check for tire rotation, tune up.
- 84,000 Remove and replace rear axle fluid (DODGE), check wheel alignment.
- 85,000 OFC = Oil & filter change, lubricate all fittings, inspect all lights, exhaust, belts, hoses, operate wheel chair lifts, check air filter (FORD) check for tire rotation.

- 90,000 OFC = Oil & filter change, lubricate all fittings, inspect all lights exhaust, belts, hoses, operate wheel chair lifts, check air filter (FORD)
check for tire rotation, pull wheels and check brakes, check wheel bearings, check ball joints, transmission flush, fuel filter change (FORD),
fuel filter change (FORD), check air filter (DODGE)
- 95,000 OFC = Oil & filter change, lubricate all fittings, inspect all lights, exhaust, belts, hoses, operate wheel chair lifts, check air filter (FORD)
check for tire rotation.
- 96,000 Remove and replace rear axle fluid (DODGE), check wheel alignment.
- 100,000 OFC = Oil & filter change, lubricate all fittings, inspect all lights, exhaust, belts, hoses, operate wheel chair lifts, check air filter (FORD) check for tire rotation, pull wheels and check brakes, check wheel bearings, check ball joints, remove and replace rear axle fluid (FORD).
- 1 YR Coolant Flush

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.

2 Weeks or 50 Cycles	Outboard roll stop hinge (6 places)	* light oil
	Outboard roll stop springs (3)	* light oil
4 Weeks or 100 Cycles	* Perform all procedures listed in previous section(s) also	
	Transition plate hinge	* light oil
	Platform fold axles	* light oil
	Handrail(s) pivot points (option)	* light oil
1 Year or 1250 Cycles	* Perform all procedures listed in previous section(s) also	
	Inspect cotter pins on platform fold axles (2)	Replace if needed
	Inspect gas spring mounting hardware	Tighten or replace if needed
	Inspect roll stop for proper operation. Roll Stop must snap to vertical (UP) position.	Replace defective parts And/or relubricate.
	Inspect platform locking channels Mounting hardware for securement (8 carriage bolts)	Resecure or replace
	Inspect handrail(s) for proper operation	Replace defective parts And/or relubricate
	Hydraulic Fluid (Pump) – check level	Use Type A transmission Fluid (* See Systems Description for specifications Check fluid level with platform lowered fully. Fill the reservoir to within ½” from the top of the reservoir (breather cap hole)
Manual Back-up Pump (option) Check for proper operation.	Release valve must be tight. Tighten or replace leaky or Faulty hydraulic fittings. Check hydraulic fluid level. (*See Systems Descriptions for Priming and Flushing Procedures).	

Attachment number 4 \n

Chain Adjustment: Must have equal Tension and proper platform height

Adjust if needed. *See Roller Chain Assemblies In Systems Descriptions

General Inspection

1 Year
or
1250
Cycles

Remove header cover and inspect:

* Cylinder clevis lock nut and cylinder mounting hardware

Tighten or replace if needed. Note: Clevis lock nut must be replaced if loosened or removed.

* Hydraulic hoses, fitting and connections for wear, leaks or other damage

Resecure, replace or correct as needed.

* Chains, chain blots, UHMW rollers, axles and mounting hardware for wear, Misalignment or other damage.

Resecure, realign, replace or correct as needed.

Inspect power cable.

Resecure, repair or replace.

Make sure lift operates smoothly.

Realign horseshoe tubes, Apply *Light Grease or Otherwise correct as needed.

Mounting

Check to see that the lift is Securely anchored to the Vehicle and there are no Loose bolts, broken welds Or stress fractures.

Decals

Replace if worn, missing or Illegible.

Sun Grip

Replace if worn or missing.

DAILY INSPECTION

Pre-trip inspections are crucial to the success of the CCTS Transportation Preventive Maintenance Program. Each driver will inspect his or her vehicle before leaving the CCTS Transportation depot by completing the Pre-Trip Vehicle Inspection Form. The completed checklist must be submitted to the Maintenance Supervisor at the end of the driver's shift so that necessary maintenance can be noted and scheduled accordingly. Drivers must sign each checklist for each vehicle used that day.

PRE-TRIP INSPECTION

Under the Hood

Check for problems under the hood at the beginning of your inspection before starting the engine. It is easier and safer when the engine is cool.

Check the oil, radiator and battery fluid levels. If low, make a note of it on your inspection checklist. If any fluids are below the safe level, see the mechanic for assistance.

Also, check hoses for cracks or possible leaks and belts for any visible damage. Report any wear on the checklist, as soon as it begins to show.

Vehicle Interior

Since you will need to leave the vehicle compartment while the vehicle is running, it is a good idea to put down the hand brakes on the vehicle.

Begin while seated behind the steering wheel.

First, put on the parking brake.

Then, turn on the ignition.

Check the oil pressure, fuel and alternator gauges.

If the oil pressure light stays on or the gauge shows the oil pressure to be dangerously low, turn the motor off until the problem can be corrected.

If the alternator or generator light stays on, the battery may not be charging. To guard against the possibility of becoming stranded along the route by a dead battery, have the problem located and corrected right away.

Check the windshield wipers to make sure they are working and not worn or stripped.

Vehicle Exterior

Turn on all exterior lights. With the vehicle in park and the emergency brake still on, begin the exterior check from the front of the vehicle.

During the exterior inspection, be sure to note and report any evidence of fresh damage to the vehicle. Reporting such damage now may save you a lengthy and difficult explanation or report later. Space is provided for you on the Daily Vehicle Inspection Checklist to note and describe any exterior damage.

Check the headlights, signal lights, emergency flashers and clearance lights to make sure they are working. (You may need a co-worker's assistance).

Check the left front tire for any signs of road damage or under-inflation.

Check the air pressure with an air pressure gauge.

Take care to maintain your tires at the recommended pressure.

A soft tire is very susceptible to severe road damage.

An over-inflated tire causes a bumpier and less comfortable ride, especially for elderly or disabled passengers.

Check the condition of the side marker light.

Move to the back of the vehicle and inspect the rear left tire or duals for obvious damage.

Check the air pressure with an air pressure gauge.

While at the back of the vehicle, check the tail lights, the brake lights, turn signal lights, emergency flashers and any other clearance lights, reflectors or signs. (This will require assistance).

Make sure they are free of mud and dirt buildup.

Carry a rag with you to clean any dirty lights, which may be hard to see even after dark.

Check the right rear tire. If there are any other lights or outside signs for your boarding doors or lifts, make sure they are in place and clean.

Next, look under the vehicle. Make sure there are no foreign or unfamiliar objects hanging down or wedged underneath.

Also, check to see if there are any puddles or vehicle fluids under the vehicle. If the vehicle is leaking fluid, report it to your supervisor.

Move to the front of the vehicle and examine the right front tire in the same manner as the left tire and check the condition of the side marker light.

Adjust each of your mirrors so that you can see what you need to see from your normal driving position. When you are adjusting your mirrors, keep in mind what you want to be able to see within your safety zone.

Test your horn to make sure it works.

Turn the steering wheel gently to make sure it is not loose.

Push on the brake pedal. If the tension feels spongy or soft, note this on your checklist. Your brakes may need to be adjusted.

Check the blower fan to see if it works so you'll be able to use the heater, defroster or air conditioner.

Check the interior lights. If any lights are not working, note this on your checklist.

Note on your checklist anything in the interior of the vehicle that needs attention.

Safety Equipment

Check your emergency equipment to make sure it is in the right location and in working order.

Emergency equipment should include:

- A properly charged fire extinguisher
- Warning devices such as cones, triangles, flares
- A first aid kit
- Extra fuses
- A flashlight with fresh batteries

Look around the inside of your vehicle to make sure it is clean. Clear out trash, debris or loose items. Trash or debris left in the vehicle can be tossed about by careless passengers and can cause slips, falls and fires. A clean vehicle presents a professional image.

Check any special accessibility equipment if your vehicle is so equipped.

Examine tie downs for signs of damage or excessive wear. Make sure they can be properly secured to the floor.

Check all lifts and ramps by operating them through one complete cycle. Make sure they are functioning properly. (You may have to move the vehicle to ensure proper clearance while performing this part of the inspection.)

Make sure all doors and emergency exits are functional and unobstructed.

PRE-TRIP VEHICLE INSPECTION FORM

Date: _____/_____/_____

Fuel added: _____ gallons

Vehicle ID#: _____

Oil added: _____ quarts

Maintenance Reminder Box

Current Mileage: _____ **Maintenance due within 500 miles**

Maintenance due at: _____ **Maintenance past due!**

(According to Preventative Maintenance Schedule) (Miles)

Inspect each item below. If there is not a problem, place a check (✓) in the box next to the item. If there is a problem, an item needs maintenance or if damage is found, place an **x** in the box next to the item and include a description in the space provided to the right.

UNDER HOOD		SAFETY EQUIPMENT:	
Oil level		Fire extinguisher	
Radiator level		First aid kit	
Battery level		Back-up alarm	
Windshield wash level		Rear door alarm	
Engine/hoses/belts		Protective Kit	
EXTERIOR		(Bloodborne pathogen)	
Tires		Web cutter	
Turn signal			
Headlights		WHEELCHAIR LIFT	
Tail/brake lights		Driver must run one (1)	
Windshield wipers		full cycle	
Fresh body damage		Floor anchors clean	
Cleanliness		Manual jack handle	
INTERIOR		Restraints stored properly	
Brakes			
Steering		Straps & belts in good	
Transmission		working condition	
Mirror (adjust)			
Gauges/instruments		Complete operational	
Controls (equipment)		instructions on board	
Radio (two-way)			
Damage/cleanliness		All securement stations	
Horn		properly equipped	
Blower fan			

Time In: _____ Beginning Odometer Reading: _____

Time Out: _____ Ending Odometer Reading: _____

COMPLETE REVERSE SIDE

Maintenance Repair Request Form

VAN # _____ MILEAGE _____

- Air Conditioner _____
- Belts _____
- Brakes _____
- Battery _____
- Oil Change (Last Oil Change Mileage) _____
- Lights _____
- Lift _____
- Radiator _____
- Transmissions _____
- Tires _____
- Other: _____

Driver _____ Date in Garage _____

Date _____ Date out of Garage _____

***PLEASE NOTE THE SERVICE NEEDED IN THE SPACE PROVIDED.**

VEHICLE #	YEAR	MAKE	MODEL	VEHICLE ID NO.	SEAT CAP.	# WC	LIFT Y/N	DATE IN SERVICE	RADIO- SERIAL#	DATE OF NC INSP.	ODOMETER READING	OIL CHANGE	NC PLATE NUMBER
14229	2005	Dodge	MV	1D4GP24R15B114229			10-Mar	3/20/2004	Not equipped	Mar-10	156782	160198	54099S
1	2008	Ford	LV	1FD3E35L28DA32354	10	2	Y	4/7/2008	722AXW0181	May-10	36583	41109	97857S
2	2008	Ford	LV	1FT2S34L38DA63882	8	2	Y	6/20/2008	722AXY0451	May-10	28641	31003	99291S
3	2008	Ford	LV	1FT2S34LX8DA63880	8	2	Y	6/20/2008	722AXW0191	May-10	25607	26832	99293S
4	2008	Ford	LV	1FT2S34L98DA63885	8	2	Y	6/20/2008	722AXW0204	May-10	26552	26926	99289S
5	2008	Ford	LV	1FT2S34L18DA63881	8	2	Y	6/20/2008	722AXY0450	May-10	28275	27928	99292S
6	2008	Ford	LV	1FT2S34LO8DA63886	8	2	Y	6/20/2008	722AXW0171	May-10	32574	33441	99287S
7	2008	Ford	LV	1FT2S34L58DA63883	8	2	Y	6/20/2008	722AXW0170	May-10	27952	31271	99290S
007	2009	Dodge	MV	2D8HN44E39R612652				3/26/2009	Not equipped	Mar-10	5120	5611	18991-T
8	2008	Ford	LV	1FT2S34L78DA63884	8	2	Y	6/20/2008	722AXW0159	May-10	29521	29908	99288S
26664	2002	Dodge	LV	2B7LB31Z2K126664	14	3	Y	2/5/2003	760SAYEXS20	Oct-09	213846	216898	73462S
26689	2002	Dodge	LV	2B7LB31Z42K126689	8	2	Y	2/5/2003	760SAYEX47	Oct-09	211394	214321	71239S
26704	2002	Dodge	CV	2B7LB31Z72K126704	13			2/5/2003	760SAYEU54	Oct-09	97549	99288	46067S
26717	2002	Dodge	CV	2B7LB31Z52K126717	13			2/5/2003	760SAYEU75	Aug-09	111382	113581	46068S
26718	2002	Dodge	CV	2B7LB31Z72K126718	13			2/5/2003	760SAYEV46	Nov-09	127812	130126	46077S
26719	2002	Dodge	CV	2B7LB31Z92K126719	13			2/5/2003	760SAW3320	Aug-09	105581	106867	46076S
26729	2002	Dodge	LV	2B7LB31Z12K126729	11	2	Y	2/5/2003	760SAYEU65	Oct-09	198750	200677	46075S
26741	2002	Dodge	CV	2B7LB31Z22K126741	13			2/5/2003	760SAYEX68	Aug-09	104651	109396	46074S
26743	2002	Dodge	LV	2B7LB31Z62K126743	14	3	Y	2/5/2003	760SAYEU72	Aug-09	220193	223219	46073S
26844	2003	Dodge	LV	2D7LB31Z83K526844	14	3	Y	3/20/2004	760SAYEV39	Jan-10	190566	195336	54103S
26922	2003	Dodge	CV	2D7LB31Z23K526922	13			3/20/2004		Nov-09	89612	93220	54095S
26940	2003	Dodge	LV	2D7LB31Z43K526940	11	2	Y	3/20/2004	760SAYEV35	Jan-10	166805	168578	54100S
26942	2003	Dodge	LV	2D7LB31Z83K526942	11	2	Y	3/20/2004		Jan-10	147845	150757	54102S
26981	2003	Dodge	LV	2D7LB31Z73K526981	7	4	Y	3/20/2004		Dec-09	161144	163009	54101S
26992	2003	Dodge	CV	2D7LB31Z13K526992	13			3/20/2004		Nov-09	100613	102323	54097S
79462	2000	Dodge	LV	2B6LB31Z3YK179462	11	2	Y	7/1/2001	760SAYEV30	Nov-09	251160	254298	64944S

84395R													
40709S													
15274S													
40711S													
n/a													
46069S													
46072S													
40949S													
73119S													
87459S													

29866	1998	Dodge	MV	2B4FP2539WR529866	7			7/1/2001	Not equipped	Mar-10	246903	249056	
55075	2001	Dodge	SV	2B6LB31Z61K55075	14			7/1/2001	760SAYEV36	Jun-09	108830	110916	
66630	1999	Dodge	CV	2B6LB31Z7XK566630	14			7/1/2001	760SAYEU87	Nov-09	116454	117675	
50862	1994	Dodge	SV	2B5WB35Y6RK550862	14			7/1/2001	Surplus 08-08	May-10	139561	144176	
50863	1994	Dodge	SV	2B5WB35Y6RK550863	14			7/1/2001	Retired-DSS	May-05	132836	0	
79480	2000	Dodge	LV	2B6LB31Z5YK179480	11	2	Y	7/1/2001	ed 2-08 surplus	Dec-08	200528	199713	
42871									Surplus 08-08				
26700	2002	Dodge	LV	2B7LB31ZX2K126700	9	2	Y	2/5/2003	Retired-GS	Nov-08	197177	197659	
26756	2002	Dodge	LV	2B7LB31Z42K126756	11	2	Y	2/5/2003	760SAYEV45	Oct-08	195905	198653	
79453	1999	Dodge	LV	2B6LB31Z2YK179453	11	2	Y	7/1/2001	Retired-GS	Jan-09	249974	252794	
26716	2002	Dodge	LV	2B7LB31Z32K126716	11	2	Y	2/5/2003	heriff Dept. 07-0	Oct-08	182919	185397	

VEHICLE #	YEAR	MAKE	MODEL	VEHICLE ID NO.	SEAT CAP.	# WC	LIFT Y/N	DATE IN SERVICE	RADIO- SERIAL#	DATE OF NC INSP.	ODOMETER READING	OIL CHANGE	NC PLATE NUMBER
14229	2005	Dodge	MV	1D4GP24R15B114229			10-Mar	3/20/2004	Not equipped	Mar-10	156782	160198	54099S
1	2008	Ford	LV	1FD3E35L28DA32354	10	2	Y	4/7/2008	722AXW0181	May-10	36583	41109	97857S
2	2008	Ford	LV	1FT2S34L38DA63882	8	2	Y	6/20/2008	722AXY0451	May-10	28641	31003	99291S
3	2008	Ford	LV	1FT2S34LX8DA63880	8	2	Y	6/20/2008	722AXW0191	May-10	25607	26832	99293S
4	2008	Ford	LV	1FT2S34L98DA63885	8	2	Y	6/20/2008	722AXW0204	May-10	26552	26926	99289S
5	2008	Ford	LV	1FT2S34L18DA63881	8	2	Y	6/20/2008	722AXY0450	May-10	28275	27928	99292S
6	2008	Ford	LV	1FT2S34LO8DA63886	8	2	Y	6/20/2008	722AXW0171	May-10	32574	33441	99287S
7	2008	Ford	LV	1FT2S34L58DA63883	8	2	Y	6/20/2008	722AXW0170	May-10	27952	31271	99290S
007	2009	Dodge	MV	2D8HN44E39R612652				3/26/2009	Not equipped	Mar-10	5120	5611	18991-T
8	2008	Ford	LV	1FT2S34L78DA63884	8	2	Y	6/20/2008	722AXW0159	May-10	29521	29908	99288S
26664	2002	Dodge	LV	2B7LB31Z2K126664	14	3	Y	2/5/2003	760SAYEXS20	Oct-09	213846	216898	73462S
26689	2002	Dodge	LV	2B7LB31Z42K126689	8	2	Y	2/5/2003	760SAYEX47	Oct-09	211394	214321	71239S
26704	2002	Dodge	CV	2B7LB31Z72K126704	13			2/5/2003	760SAYEU54	Oct-09	97549	99288	46067S
26717	2002	Dodge	CV	2B7LB31Z52K126717	13			2/5/2003	760SAYEU75	Aug-09	111382	113581	46068S
26718	2002	Dodge	CV	2B7LB31Z72K126718	13			2/5/2003	760SAYEV46	Nov-09	127812	130126	46077S
26719	2002	Dodge	CV	2B7LB31Z92K126719	13			2/5/2003	760SAW3320	Aug-09	105581	106867	46076S
26729	2002	Dodge	LV	2B7LB31Z12K126729	11	2	Y	2/5/2003	760SAYEU65	Oct-09	198750	200677	46075S
26741	2002	Dodge	CV	2B7LB31Z22K126741	13			2/5/2003	760SAYEX68	Aug-09	104651	109396	46074S
26743	2002	Dodge	LV	2B7LB31Z62K126743	14	3	Y	2/5/2003	760SAYEU72	Aug-09	220193	223219	46073S
26844	2003	Dodge	LV	2D7LB31Z83K526844	14	3	Y	3/20/2004	760SAYEV39	Jan-10	190566	195336	54103S
26922	2003	Dodge	CV	2D7LB31Z23K526922	13			3/20/2004		Nov-09	89612	93220	54095S
26940	2003	Dodge	LV	2D7LB31Z43K526940	11	2	Y	3/20/2004	760SAYEV35	Jan-10	166805	168578	54100S
26942	2003	Dodge	LV	2D7LB31Z83K526942	11	2	Y	3/20/2004		Jan-10	147845	150757	54102S
26981	2003	Dodge	LV	2D7LB31Z73K526981	7	4	Y	3/20/2004		Dec-09	161144	163009	54101S
26992	2003	Dodge	CV	2D7LB31Z13K526992	13			3/20/2004		Nov-09	100613	102323	54097S
79462	2000	Dodge	LV	2B6LB31Z3YK179462	11	2	Y	7/1/2001	760SAYEV30	Nov-09	251160	254298	64944S

Attachment number 4 in

Vehicle Roster Key	PM Due	Current or Overdue	Retired
St.Van	IWC Van	Loaner	



SECURITY

Purpose

The overall purpose of **Cabarrus County Transportation**'s Security Program is to optimize -- within the constraints of time, cost, and operational effectiveness -- the level of protection afforded to **Cabarrus County Transportation**'s vehicles, equipment, facilities, passengers, employees, volunteers and contractors, and any other individuals who come into contact with the system both during normal operations and under emergency conditions.

The security of passengers and employees is paramount to promoting the objectives of FTA, NCDOT and their partner organizations in developing a Security Program. **Cabarrus County Transportation** will take all reasonable and prudent actions to minimize the risk associated with intentional acts against passengers, employees and equipment/facilities. To further this objective, **Cabarrus County Transportation** has developed security plans and procedures and emergency response plans and procedures. The plans have been coordinated with local law enforcement, emergency services and with other regional transit providers, which addresses the conduct of exercises in support of their emergency plans, and assessment of critical assets and measures to protect these assets.

Goals

The Security Program provides **Cabarrus County Transportation** with a security and emergency preparedness capability that will:

1. The Security Program's number one goal is the protection and safety of system employees, Passengers, vehicles and equipment.
2. Ensure that security and emergency preparedness are addressed during all phases of system operation, including the hiring and training of agency personnel; the procurement and maintenance of agency equipment; the development agency policies, rules, and procedures; and coordination with local public safety and community emergency planning agencies.
3. Promote analysis tools and methodologies to encourage safe system operation through the identification, evaluation and resolution of threats and vulnerabilities, and the on-going assessment of agency capabilities and readiness.
4. Create a culture that supports employee safety, equipment/facility protection and security and safe system operation (during normal and emergency conditions) through motivated compliance with agency rules and procedures and the appropriate use and operation of equipment.

Objectives

In this new environment, every threat cannot be identified and resolved, but **Cabarrus County Transportation** can take steps to be more aware, to better protect passengers, employees, facilities

and equipment, and to stand ready to support community needs in response to a major event. To this end, our Security Program has five objectives:

1. Achieve a level of security performance and emergency readiness that meets or exceeds our requirements
2. Increase and strengthen community involvement and participation in the safety and security of our system
3. Develop and implement a vulnerability assessment program, and based on the results of this program, establish a course of action for improving physical security measures and emergency response capabilities
4. Expand our training program for employees, volunteers and contractors to address security awareness and emergency management issues
5. 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 (2) 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

Facility (Worksite): _____

Location: _____

Date: _____

Inspection No.: _____

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 environs? _____

What physical security measures are present? _____

Yes No

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

Emergency Management

Before Disaster Strikes

- Develop a workable Plan
 - Work with your colleagues and counterparts in the police department, fire department, health department, public buildings department, and emergency management office to develop a plan that will be successful
 - Review your plan regularly and update it when your system changes or new threats emerge
 - Plan for the worst. Determine what you will do if...
 - Normal communication system (television, web, radio, telecommunication) are not available
 - Electrical power is cut off
 - There are massive deaths or injuries
 - There are air-borne chemical or biological hazards
- Practice, Practice, Practice
 - Conduct regular emergency/disaster drills (not just fire drills) to keep skills sharp and your plan up-to-date
 - Build interagency relationship; every level of transit leadership should personally know his/her counterparts in the agencies and organizations who will be responding to an emergency situation
- Some Things that Really Matter
 - Put the resources in place to execute your plan – people, equipment, facilities
 - Identify alternative means of transportation for the transit-using public in case one or more of your primary modes is disabled
 - Radio communication capability is essential because cell phones are not reliable during the emergencies; be sure you have multiple communication systems, in case one or more is inoperative
 - Conduct criminal and credit background checks on every employee
 - Make sure every employee has a photo identification and require that it be displayed at all times

Emergency Response

- Establish Command Central
 - Immediately set up a joint operations center so that your key responders can talk to each other face-to-face and make joint decisions

Although it was not clear at the outset whether there was a terrible accident or a terrorist incident, the command center leadership made the decision to respond to the situation as a terrorist attack. As a result, the NYC transit authority immediately evacuated all trains, passengers and transit employees from the World Trade Center area – and there were no transit-related deaths or serious injuries and no equipment losses as a result of the collapsed building.

- **Improvise!**
 - Be ready and willing to improvise; even a good plan can't anticipate everything
- NYC Transit made the decision to let everyone leave the city for free; this decision made the evacuation process quicker and built tremendous goodwill with the public.**

In the Aftermath

- **Communicate with the Public**
 - Use your website to communicate your service plans and availability with the public on a real-time basis.
- NYC Transit has been getting 10 million hits a day, compared to a usual 200,000 hits, and updates its site every 2 hours even if no substantive changes to service have been made.
 - Work with local television and radio stations to get information about closings and alternative routes to the public
- **Restore Public Confidence**
 - Increase law enforcement visibility; put a uniformed officer on every train, if possible, to reassure the public and deter potential threats
 - Tell people – with brochures, ads, and announcement – how they can help enhance security

Emergency Evacuation and Fire Prevention Plan Training

Date: _____ Location: _____

Instructor: _____ Title: _____

Emergency Evacuation Plan Elements to be Reviewed

- Emergency Escape Procedures
- Escape Route Assignments
- Special Procedures for Personnel to Operate Critical Equipment
- Procedures to Account for Employees
- Special Rescue and Medical Personnel
- Employee Training Programs

Fire Prevention Plan Elements to be Reviewed

- Major Workplace Fire Hazards**
- Fire Prevention Practices
- Fire Equipment Maintenance Personnel
- Means of Reporting Fires and other Emergencies
- Alarm Systems
- Personnel Responsible for Control of Fuel Source Hazards
- Proper Maintenance Procedures
- Proper Housekeeping

Other Elements to be Reviewed

- Names and Titles of Emergency and Fire Prevention Plan Coordinators
- Emergency and Fire Prevention Plan Availability

Employees Trained

Name/SS#	Work Location/Unit	Job Title	Signature

Instructor's Signature: _____

External 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 a large number of casualties, the following information should be obtained by the person receiving the information:

1. Name of person making notification and from what telephone number.
2. Location of emergency including address.
3. Estimated number of casualties.
4. Type of emergency (fire, explosion, plane crash, natural, weather related, etc.).
5. Time call received.
6. Estimated time of emergency event occurrence.

The person receiving the call shall then notify the Executive Director and/or Safety Director.

Activation of Emergency Action Plan

If the decision is made to implement the External Emergency Plan, the following actions shall be taken:

Executive Director Will:

1. Act under guidance of trained experts when available.
2. Organize the Emergency Action Plan.
3. Assess the situation and make appropriate decisions for passenger and employee safety as situation demands.
4. Be responsible for the notification of the “all clear”.
5. Provide information for media release.

INTERNAL EMERGENCY PLAN

Activation of Internal Emergency Plan

1. The Dispatcher should be notified promptly of any promptly of any emergency situation.
2. Dispatcher will call “911” to notify County Communications of situation giving as much information as possible.
3. The dispatcher will keep records of all incoming calls that involve the emergency and relay them to the Executive Director.
4. If the Executive Director implements evacuation, see Evacuation Plan.

Executive Director Will:

1. Initiate Emergency Action Plan if deemed necessary and be the contact at the [*Disaster Operations (Board Room).*]
2. Provides a means to inform staff of the emergency and provide updates.
3. Provide the news media with information release.
4. Provide personnel to assist Emergency Operations.
5. Provide agencies with vehicle layouts and/or blueprints of the affected area.

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:

- | | |
|----------------|-----------------------|
| _____ Calm | _____ Nasal |
| _____ Angry | _____ Stutter |
| _____ Excited | _____ Lisp |
| _____ Slow | _____ Rasp |
| _____ Rapid | _____ Deep |
| _____ Soft | _____ Ragged |
| _____ Loud | _____ Clearing Throat |
| _____ Laughter | _____ Deep Breathing |
| _____ Crying | _____ Cracking Voice |
| _____ Normal | _____ Disguised |
| _____ Distinct | _____ Accent |
| _____ Slurred | _____ Familiar |

If voice is familiar, whom did it sound like?

Background Sounds:

- | | |
|------------------------|-------------------------|
| _____ Street noises | _____ Factory machinery |
| _____ Television | _____ Animal noises |
| _____ Voices | _____ Clear |
| _____ PA System | _____ Static |
| _____ Music | _____ Local |
| _____ House noises | _____ Long Distance |
| _____ Motor | _____ Booth |
| _____ Office Machinery | _____ Other |

Threat Language:

- | | |
|---------------------------------|----------------------------|
| _____ Well Spoken
(Educated) | _____ Incoherent |
| _____ Foul | _____ Taped |
| _____ Irrational | _____ Message
by threat |

Remarks: _____

PUBLIC TRANSPORTATION EMERGENCY RESPONSE MUTUAL AID AGREEMENT

WHEREAS, the purpose of this pre-disaster agreement between the agencies is to provide for immediate assistance to protect life and property;

WHEREAS, this Agreement is authorized under **Cabarrus County Transportation** *which is activated only in the event of a proclamation of an emergency by the local and/or state government approving authority;*

WHEREAS, each agency that becomes a party to this Agreement shall be termed a Signatory Agency;

WHEREAS, a Signatory Agency asking for assistance from any other Signatory Agency will hereinafter be referred to as a Requesting Agency;

WHEREAS, the Signatory Agency agreeing to assist another Signatory Agency asking for assistance hereunder will hereinafter be referred to as a Responding Agency;

WHEREAS, it is necessary and desirable that this Agreement be executed for the exchange of mutual aid; with the intent to supplement not supplant agency personnel.

NOW, THEREFORE, it is hereby agreed by the parties hereto that:

1. Each Signatory Agency has authority hereunder to furnish available resources and services to a Requesting Agency to assist in the prevention, response, recovery and mitigation of proclaimed emergencies/disasters. Any such Responding Agency shall have complete and sole discretion to determine what resources and services are available for its response to any such request. The Responding Agency may limit its response to provision of personnel, equipment, and materials it has determined to be qualified, appropriate, and/or necessary to its response to a Requesting Agency. The Responding Agency shall have no responsibilities or incur any liabilities because it declines to provide resources and/or services to any individual or entity including any Signatory Agency.
2. Resources of the Responding Agency that are made available to the Requesting Agency shall, whenever possible, remain under the control and direction of the Responding Agency. The Requesting Agency shall coordinate the activities and resources of all Responding Agencies.
3. The Responding Agency shall retain the right to withdraw some or all of its resources at any time. Notice of any such intention to withdraw resources shall be communicated to the Requesting Agency's authorized representative not less than five (5) business days before actual withdrawal except the period for prior notice of intent to withdraw resources may be shortened, or completely dispensed with, under emergent circumstances.
4. The Requesting Agency shall be obligated to reimburse any Responding Agency at its usual and customary rates for its actual costs incurred in the provision of available resources and services in response to a request for assistance including, but not limited to, actual costs of labor, equipment, materials, and related expenses as well as for loss or damage to equipment. The Responding Agency shall submit an itemized invoice specifying all reimbursable costs to the Executive Head of the Requesting Agency within sixty (60) days after completion of work. Unless otherwise agreed,

- the Requesting Agency shall fully reimburse the Responding Agency for legitimate invoiced costs within ninety (90) days after its receipt of any such invoice.
5. Any dispute regarding reimbursable costs that is not resolved by agreement of the Requesting and Responding Agencies involved with that particular invoice shall be decided in writing by the authorized representative of the Requesting Agency. The decision of the Requesting Agency shall be final and conclusive unless, within ten (10) days from the date the Responding Agency receives its copy of that decision, the Responding Agency mails or otherwise furnishes a written appeal to the authorized representative of the Requesting Agency. In connection with any such appeal, the Responding Agency shall be afforded an opportunity to be heard and to offer evidence in support of its position. The decision of the authorized representative of the Requesting Agency shall be final subject to appeal to the *Cabarrus County Courthouse*.
 6. All privileges, immunities, rights, duties, and benefits of officers and employees of the Responding Agency shall remain in effect while those officers and employees are performing functions and duties at the request of a Requesting Agency, unless otherwise provided by law. Employees of the Responding Agency shall remain employees of the Responding Agency while performing functions and duties at the request of a Requesting Agency.
 7. The Requesting Agency shall indemnify and hold any Responding Agency, and its agents, employees, and/or officers, harmless from and shall process and defend at its own expense any and all claims, demands, suits, penalties, losses, damages, or costs of whatsoever kind or nature (hereafter "claims") brought against any Responding Agency arising out of or incident to the execution, performance, or failure to perform of or under this Agreement; provided, however, that if such claims are caused by or result from the concurrent negligence of (a) a Requesting Agency, its agents, employees, and/or officers; and (b) a Responding Agency, its agents, employees, and/or officers, this indemnity provision shall be valid and enforceable only to the extent of the negligence of the Requesting Agency, its agents, employees, and/or officers; and provided further that nothing herein shall require the Requesting Agency to hold harmless or defend a Responding Agency, its agents, employees, and/or officers, from any claims arising from the sole negligence of a Responding Agency, its agents, employees, and/or officers.
 8. This Agreement shall be effective upon approval by two or more Signatory Agencies and shall remain in effect so long as two or more Signatory Agencies remain consenting parties to this Agreement.
 9. Upon execution of this Agreement, a Signatory Agency shall send an original or a certified copy of the executed agreement to the North Carolina Department of Transportation, Public Transportation Division.
 10. Any Signatory Agency to this Agreement may cancel its participation in this Agreement by giving written notice to the Signatory Agencies listed in this Agreement.
 11. This Agreement is supplemental to, and not a substitute for, pre-existing mutual aid agreements and is not intended to restrict the right of any Signatory Agency to negotiate additional mutual aid agreements with a Signatory Agency or others.
 12. This Agreement is for the benefit of the Signatory Agencies only and no other person or entity shall have any rights whatsoever under this Agreement as a third party beneficiary, or otherwise.

13. All rights and remedies provided in the Agreement are distinct and cumulative to any other right or remedy afforded by law or equity, and may be exercised independently, concurrently, or successively to such rights or remedies, and shall not be construed to be a limitation of any duties, obligations, rights and remedies of the parties hereto.

[System name],

Date

Signatory System name

Signatory Agency Authorized Representative

Date

Designated Primary Contact for this Signatory Agency:

Office:

Contact:

Phone Number

Emergency 24 Hour Phone Number: _____

Approved As To Form

Office of the Attorney General

Date

****Operated by Contractor or Services Outsourced****

MANAGEMENT REVIEWS

There must be an effective mechanism to monitor and document the contractor's activities. An acceptable program would consist of periodic written reports of activities submitted by the contractor to the grantee, supplemented by periodic oversight inspections by the grantee. The grantee must provide oversight in order to verify the contractor's compliance with FTA and NCDOT regulations and policies.



SAFETY DATA ACQUISITION/ANALYSIS

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 facility 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

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 FUNCTIONS ACTION PLAN

This plan lists the actions a system can use in developing and carrying out a safety and emergency response program. When all aspects are implemented, the action plan can help a system to address emergency and fire prevention requirements that will protect people, property and the environment.

Safety Functions of Facilities Manager

- Provide training to all employees for their roles in all safety and emergency plans
- Conduct quarterly drills to exercise the emergency response plans
- Annually conduct emergency rescue from confined space drill
- Conduct all other actions required in the system safety plan to implement, develop and maintain an effective Emergency Response Plan

Safety Functions of the Maintenance Manager

- Ensure maintenance personnel are trained in the proper procedures for chemical handling and storage procedures, potential ignition sources (such as boilers, gas fired equipment, welding, etc.) and their control procedures, and the type of fire protection equipment or systems installed to prevent or control ignitions or fires.
- Ensure that personnel are properly trained and equipped to carry out safety and emergency plans.
- Express responsibility for the maintenance for the maintenance of equipment and systems installed to prevent or control ignitions or fires. The manager is also responsible for the control of fuel source hazards. The manager should have written maintenance procedures available in the Maintenance Office.

Overall System Fire Prevention Functions

- The entire facility should be protected by an automatic water sprinkler system. Inspection and maintenance procedures are maintained by the maintenance manager.
- If smoking is permitted, designated smoking areas are established and regulations are located on bulletin boards throughout the facility.
- If welding and hot work are done at the system facility, a fire prevention plan for welding and hot work should be included in the system safety program.
- The alarm systems are maintained by the Maintenance Department. Each alarm is tested monthly; supervisors should be notified before the test.

SAFETY RESPONSIBILITIES – SPECIFIC POSITIONS

Agency Administrator/County Manager

Under the direction of the Agency Administrator/County Manager there is:

- An active Safety Committee, consisting of department heads and other designated persons, meeting on a scheduled basis.
- A thorough and effective Accident Investigation to include reporting and recording procedure, and a written report on actions taken to prevent recurrence of accidents, including action taken against individual violators of safety rules and practices.
- A training program for employees and supervisory personnel directly related to avoiding a possible injury or illness in the area of assigned operations.
- A periodic audit of all premises, equipment, and, materials so that recommendations can be developed to obtain compliance with established standards.
- A communications system established and maintained to ensure that all personnel responsible for safety matters are kept abreast of new standards or procedures published by the Department of Labor.
- Specific goals established for the safety program, with progress toward those goals measured on a monthly basis. Copies of monthly progress reports are forwarded to the Administrator/Director.

The seven steps to achieving your safety policy are accomplished through:

- A Safety Manual
- A Safety Coordinator/Officer
- A Safety Committee
- Employee Training and Supervision
- Employee Safety Meetings
- Accident Investigation
- Departmental Self-Inspection

Management

Management will demonstrate support for the safety program through every visible means, including:

- Providing a safe and healthful work place.
- Providing personal protective equipment as well as machine guards and safety devices commensurate with the state of the art.
- Reviewing accident records and accomplishments of the safety program with the Safety Committee.
- Evaluating effectiveness of the safety program.
- Participating directly and/or indirectly in safety activities as may be required to maintain the enthusiasm and interest off all concerned.
- Abiding by Safety rules and regulations when exposed to conditions governed by the rules.
- Directing that any flagrant disregard of safety rules and regulations by employees be grounds for dismissal as outlined in Personnel Policy.

Responsibility

The Agency Administrator/County Manager is directly responsible for all safety efforts in the organization. Enthusiasm and faith in the safety program must be such as to maintain the interest and support of all Department Heads and Supervisors. This attitude is reflected down through the Department Heads and Supervisors to the individual workers. The specific accident prevention duties include the following:

- Active participation and direction in the planning of details for accident prevention which will bring the best results for all employees. Expansion and adaptation of program and procedures to all departments within the organization.
- Demonstrated support of the program through personal participation and through approval of necessary expenditures for such items as personal protective equipment, mechanical guards, good lighting, good ventilation, and other physical improvements to the working environment, as well as expenditures for safety training materials, awards and incentives, etc.
- Continuing review of the effectiveness of accident prevention efforts in various sections and departments, with necessary follow-up and bolstering of efforts when required.

Safety Coordinator Responsibility

Implement and administer the safety program.

- Maintain records as necessary to comply with laws and objectives of the safety program. These records should include:
 - Copy of Report of Injury, illness or Accident
 - Supervisor's Accident Investigation Reports
 - Required OSHA forms
 - Minutes of all Safety Meetings
 - Safety Program status reports
- Submit status reports to Safety Committee
- Make periodic visits to all buildings/operations to assist and consult in developing safe work methods, accident investigations, training, and other technical assistance.
- Analyze accident reports and investigations weekly.
- Act as Chairperson of the Safety Committee.
- Promote "safety awareness" in all employees through stimulating educational training programs.
- Compliance with all OSHA, state and local laws, and established safety standards.
- Assist Supervisors in all matters pertaining to safety.
- Maintain contact with available sources of topical safety information such as American Society of Safety Engineers, National Safety Council, NALGESCO, NC Department of Labor, and NC Industrial Commission.
- Provide training programs for Supervisors.
- Represent management in the implementation of the Safety Policy.
- Recommend immediate corrective action in cases of hazardous operations.
- Submit a copy of Accident/Incident Reports to NCDOT/PTD Safety & Training Unit

Supervisors

Supervisors are the key persons in the scheme of loss control because of the close relationship with the employee and intimate knowledge of operating procedures.

Supervisors of each department are charged with the responsibilities of quality and quantity of production within the department, and therefore are responsible for the work conduct of same. Supervisors should be afforded the necessary tools and knowledge to carry out their duties with efficiency and safety.

Supervisors should:

- Have a thorough knowledge of System Safety Policy.
- Provide instruction and training to workers so that they conduct their job in a safe manner. [(See section on Training New Employees)]
- Make daily inspections of the department to ensure that no unsafe conditions or unsafe practices exist.
- Initiate immediate corrective action where unsafe conditions or practices are found. When a capital expenditure is required to make necessary corrections, a written report shall be submitted to the Agency Administrator/County Manager and the Safety Coordinator.
- Properly complete accident reports and investigate all accidents to determine what must be done to prevent recurrence of a similar accident.
- Be familiar with procedures that must be followed in case of an emergency.
- Enforce safety rules and regulations of the organization.
- Set a good example for safety by working in a safe manner and encouraging others to do so.

Employees

To assist the employee in developing keen “safety awareness” the following responsibilities are assigned:

- To abide by the safety rules and regulations of the organization.
- To regard the safety of fellow workers at all times.
- To report any unsafe condition to the Supervisor.
- To contribute ideas and suggestions for improving the safety of conditions or procedures to the Supervisor.
- To use individual knowledge and influence to prevent accidents.
- To attend safety training sessions.
- To report accidents and injuries immediately.

RELATIONSHIP BETWEEN SYSTEM SAFETY AND SYSTEM OPERATIONS

Management of Unsafe Conditions

- Eliminate hazards by removing the machines, tool, method, material, or structure that is causing the hazard through appropriate means. Contacting officials of OSHA, or EPA, may be necessary for proper disposal.
- Control the hazard by enclosing or guarding the point of hazard at the source.
- Train personnel on steps to take when confronted by a hazardous condition and provide procedures to safely avoid the hazard.
- Provide and ensure the use of personal protective equipment to shield employees from the hazard.

At no time should protective devices or safety practices be set aside to get the job done faster and cheaper. The price paid for such indiscretion may greatly exceed the anticipated gain from the action.

Designated Safety Official (*Risk Management*)

The Supervisor or Lead Safety Officer is the individual who is directly responsible for implementing the System Safety Program. It is the basic responsibility of the supervisor to plan and conduct safe operations. **It is also the duty and responsibility of each supervisor to fully orient and instruct all employees in safe practices and procedures.** He or she is expected to be a member of the safety and Accident Review Committee and be in charge of collecting and disseminating safety data. The supervisor or Lead Safety Officer 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 when on the job;
- 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; and
- Report to management any safety concerns or possible hazards.

Employees

It is the responsibility of each employee of the Transit System 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 supervisor of the Transit System 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.

Employees are required to identify, report and correct unsafe conduct and conditions. Under (OSHA) 29 CFR part 1910; employees have the right to report any unsafe working conditions without being subjected to any retaliation whatsoever. Each employee must be an integral part of the SYSTEM SAFETY PROGRAM.

All transit employees are required to attend safety meetings. Safety meetings involve employees in the Safety Program and are very useful ways of training employees. Safety meetings and committees are used to present information, discuss problems and new ideas and discuss recent

accidents and injuries. Safety meetings and commitment shall include, but shall not be limited to, the following:

1. Wearing the prescribed uniform and safety shoes as required.
2. Reporting promptly and in writing, to your supervisor, all injuries and illnesses associated with the jobs.
3. Reporting, no matter how slight, all fires, accidental damage to property, hazardous material spills and other emergency occurrences to your supervisor.
4. Disposing of all hazardous materials in an acceptable and lawful manner.
5. 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 your supervisor (49 CFR parts 40, 653, and 654).
6. Taking care not to abuse tools and equipment, so these items will be in usable condition for as long as possible, as well as ensure they are in the best possible condition while being used.

COMPUTER DATA ENTRY SAFETY PROCEDURES

The following actions can help to reduce muscle fatigue and tension while enabling maximum performance:

- Adjust seat height and backrest angle to fit the user in a seated position. Adjust footrest for proper height and angle.
- Screens should have adjustable height and tilt; screens should be arranged so that they are never higher than eye level for the users.
- Position documents roughly perpendicular to the line of sight using a document holder.
- Adjust keyboard to fit the operator. Keyboards should be detached in order to allow for positioning.
- Always use anti-glare screens.
- Users should maintain correct hand and wrist posture when entering data. Repetitive motion illness develops over an extended period of time. Learn work habits that reduce risks and be aware of early symptoms of the illness.
- A footstool may be used as a footrest for petite operators.
- Frequent work breaks should be taken after continuous work periods requiring more than five hours of screen viewing time, constant rapid muscular action, fixed positions on jobs that are highly repetitive.

OFFICE SAFETY PROCEDURES

The following suggestions can help to make your office environment a safe one:

- Don't place computers, calculators, or adding machines too close to the edge of the desk or other surfaces.
- Machines that tend to move during operation should be fastened down or secured with rubber feet or mats.
- Electric office machines should be equipped with three-prong electrical cords.
- Avoid stretching cords between desks or across aisles.
- Never store combustible office materials in HVAC closets or electrical rooms.
- Do not permit floor coverings to become tripping hazards.
- Keep floors clean. Clean up all spills on floors immediately. Pick up papers, pencils, clips and any objects that will cause tripping hazards.
- Place wastebaskets where they will not present a tripping hazard.
- Never stack anything so high as to obstruct vision. Make sure that stacks are not within 18 inches of ceiling sprinkler heads.
- Electrical cords and phone lines should be secured to prevent tripping hazards.
- Know where building emergency exits are located. These areas should not be used for storage.
- File drawers should be closed immediately after use so no one can run into or trip over them. Only one drawer should be opened at a time to prevent the cabinet from falling forward.
- Entryway steps should be marked with contrasting colors.
- Be sure all electrical equipment is grounded and the cord is in good condition. If a machine is shocking or smoking, unplug it and immediately report the defect.
- The use of portable electric, gas or other heating devices is prohibited.
- Be cautious as you approach doors that open in your direction.
- Slow your pace when approaching a blind corner in a hallway.
- Do not run in corridors.
- Office tables, chairs, and desks must be maintained in good condition and remain free from sharp corners, projecting edges wobbly legs, etc.
- Never use chairs, desks or other furniture as a makeshift ladder. Use a stepladder for climbing but do not use the top two steps.
- Do not lean forward in a roller chair to pick up an object.
- Keep the blades of paper cutters closed when not in use.
- Never run power cords under carpet or chair pads.

SAFE LIFTING PROCEDURES

Preserve your back health by using the following lifting strategies:

- Before lifting a load, think of other means of moving it using a device that can help you to pull, push or roll the load.
- Have firm footing and make sure the standing surface that you are on is not slippery.
- Determine the best way to hold the load using handles, gripping areas or special lifting tools. Get a firm grip on the load.
- Keep your back straight by tucking your chin in.
- Tighten your stomach muscles and lift with your legs.
- Lift the load slowly.
- Hold the load as close to the body as possible; be sure you position the load close to the body before lifting.
- Do not twist during your lift or when moving the load. Turn with your feet rather than your back.
- Set the load down gently, using your legs and keeping your back as straight as possible.
- Be sure your fingers are out of the way when putting the load down and when moving the load through tight spaces.
- Ask for help if you need it and use lifting tools and devices whenever they are available.

HAZARD IDENTIFICATION AND ANALYSIS METHODOLOGY

Hazard Assessment Matrix

One way to conduct hazard assessments is to use a “**Hazard Assessment Matrix**”. The Matrix condenses “hazard assessment” into a chart and prioritizes those hazards that are evaluated. Two hazard severity categories are used to designate the magnitude of the “worst case” potential effects of the hazard are as follows:

- **Category I – Critical**
Hazard can result in severe injuries or death to passengers, employees, or others who encounter the Transportation System and/or cause major property damage.
- **Category II – Marginal**
Hazard can result in minor injury or negligible property damage.

After hazards are assessed for their potential severity, they can be examined to determine the probability that they may lead to an accident. As an increase in knowledge about safety is established through the course of the System Safety Program, prior accident information will be factored into the probability analysis if it is appropriate to do so.

A Frequent
The hazard is likely to cause an accident on a recurrent basis.

B Remote
An accident is unlikely but possible during the life of the hazard.

HAZARD ASSESSMENT MATRIX		
Frequency of Occurrence	Hazard Categories	
	Critical I	Marginal II
A Frequent	I A	II A
B Remote	I B	II B

Hazard Risk Index	
I A	Unacceptable or Undesirable (Management Decision Necessary)
II A, I B	Acceptable with Management Review
II B	Acceptable without Management Review

Hazard Analysis

Date of Hazard Analysis: _____

Hazard Risk Index	Criteria
I A	Unacceptable or Undesirable (Management Decision Necessary)
II A, I B	Acceptable with Management Review
II B	Acceptable without Management Review

Prepared By: _____ Date: _____

SAFETY TERMS AND DEFINITIONS

ACCIDENT

**An unforeseen event or occurrence that results in death, injury, or property damage –
System Safety Program Training Participant’s Guide**

An incident involving a moving vehicle. Includes collisions with another vehicle, object or person (except suicides) and derailment/left roadway. This also includes Personal Casualties incidents on the vehicle and entering/exiting the vehicle. – *Federal Transit Administration (FTA) - Safety Management Information Statistics (1999 SAMIS Annual Report) (2000)* <http://transit-safety.volpe.dot.gov/publications/default.asp>

Occurrence in a sequence of events that produces unintended injury, death or property damage. Accident refers to the event, not the result of the event. – *National Safety Council (NSC), National Safety Council Statistics Glossary [online] (Research & Statistics, 25 July 2000[15 March 2002]);* <http://www.nsc.org/lrs/glossary.htm>

HAZARD

Any real or potential condition that can cause injury, death or damage to or loss Of equipment or property

- theoretical condition
- identified before an incident actually occurs

FTA - Implementation Guidelines for State Safety Oversight of Rail Fixed Guideway Systems (1996) <http://transit-safety.volpe.dot.gov/publications/default.asp>

INCIDENT

An unforeseen event or occurrence which does not necessarily result in death, injury, contact or property damage - FTA - Implementation Guidelines for State Safety Oversight of Rail Fixed Guideway Systems (1996)
<http://transit-safety.volpe.dot.gov/publications/default.asp>

Collisions, personal casualties, derailments/left roadway, fires, and property damage greater than \$1,000 associated with transit agency revenue vehicles and all transit facilities - *FTA - Safety Management Information Statistics (1993 SAMIS Annual Report) (1995)* <http://transit-safety.volpe.dot.gov/publications/default.asp>

RISK

Probability of an accident multiplied by the consequences of an accident (often in \$) - *System Safety Program Training Participant's Guide*

Exposure or probable likelihood of a hazard (accident, crisis, emergency or disaster) occurring at a system. Risk is measured in terms of impact and vulnerability - *FTA - Critical Incident Management Guidelines (1998)*

<http://transit-safety.volpe.dot.gov/publications/default.asp>

SAFETY

Freedom from those conditions that can cause death, injury, occupational illness, damage to or loss of equipment or property, or damage to the environment – *Military Standard 882-D*

Freedom from danger - *FTA - Implementation Guidelines for State Safety Oversight of Rail Fixed Guideway Systems (1996)*

<http://transit-safety.volpe.dot.gov/publications/default.asp>

SECURITY

Precautions taken to guard against crime, attack, sabotage, espionage, etc. – *The Learning Network, Inc., A-Z Dictionary [online](2000-2002[15 March 2002])*

<http://www.infoplease.com>

Freedom from intentional danger - *FTA - Implementation Guidelines for State Safety Oversight of Rail Fixed Guideway Systems (1996)*

<http://transit-safety.volpe.dot.gov/publications/default.asp>

SYSTEM SECURITY

All activities associated with providing security to transit patrons and securing transit property including supervision and clerical support. Includes patrolling revenue vehicles and passenger facilities during revenue operations; patrolling and controlling access to yards, buildings and structures; monitoring security devices; and, reporting security breaches – *US Department of Transportation, Bureau of Transportation Statistics, Transportation Expressions [online](1996[15 March 2002])*

<http://www.bts.gov/btsprod/expr/expsearch.html>

**** Operated by Contractor or Services Outsourced****

MANAGEMENT REVIEWS

There must be an effective mechanism to monitor and document the contractor's activities. An acceptable program would consist of periodic written reports of activities submitted by the contractor to the grantee, supplemented by periodic oversight inspections by the grantee. The grantee must provide oversight in order to verify the contractor's compliance with FTA and NCDOT regulations and policies.

POTENTIAL WORK SITE HAZARDS IDENTIFICATION

Policy

- A. The designated Supervisor at EACH Employee work site shall identify at least ANNUALLY any potential Occupational Safety or Health Hazards at that work site.
 - 1. Any time a new substance, process, procedure, or piece of equipment is introduced and presents a potential hazard or a hazard is identified during a Safety Inspection, an updated Identification must be completed IMMEDIATELY.
- B. A copy of the completed Hazards Identification shall be posted at the work site and must be reviewed with any new employee assigned to that work site BEFORE the new employee begins to work and will be recorded in the employee's training record.

A copy of the completed Hazards Identification must also be forwarded to the applicable Program Manager/Director and Safety Officer for review action and for file for follow-up inspections.

HAZARDS IDENTIFICATION

Work Site Name _____ (Center/Office)

Location _____

Potential Hazards	Employee Action to be Followed
1.	
2.	
3.	
4.	
5.	

Completed by: _____ **Work Site Supervisor** _____ **Date**

REVIEW ACTION

- A. _____ No remediation action possible
- B. _____ Remediation to be done

Hazard	Action	Schedule	Responsibility
1.			
2.			
3.			
4.			
5.			

C. Comments: _____

By: _____ Date _____
 Program Manager/Director

_____ Date _____
 Safety Officer

FOLLOW-UP ABATEMENT ACTION

Hazard	Abatement Action Completed	Date	Completed By
1.			
2.			
3.			

Submitted by: _____ Date _____
 Position

Reviewed by: _____ Date _____
 Position

_____ Date _____
 Safety Officer

Comments: _____

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

Date: _____

Address: _____

Meeting Chairman: _____

Attendance should be documented.

Other Persons Present: _____

Formal Presentation (Name of presenter and topic): _____

Other Subjects Discussed: _____

Reports on Weekly Meetings: _____

Employees' Comments/Suggestions: _____



CABARRUS COUNTY
BOARD OF COMMISSIONERS
WORK SESSION

JUNE 6, 2016
4:00 P.M.

AGENDA CATEGORY:

Discussion Items for Action at June 20, 2016 Meeting

SUBJECT:

Finance - FY17 Economic Development Allocation

BRIEF SUMMARY:

Pursuant to changes to N.C. General Statute 158-7.1, the County must conduct a separate public hearing for economic development appropriations. A funding plan is approved during the public hearing when each new economic incentive is approved, however, in the past a hearing has not been required for the County's annual appropriation for the contribution to the Cabarrus Economic Development Corporation.

To ensure compliance with N.C. General Statute 158-7.1, the Finance Department is requesting a public hearing for the FY17 economic development appropriation to the Cabarrus Economic Development Corporation.

REQUESTED ACTION:

Motion to suspend the Rules of Procedure.

Motion to schedule a public hearing on Monday, June 20, 2016 at 6:30 P.M. or as soon thereafter as persons may be heard.

EXPECTED LENGTH OF PRESENTATION:

SUBMITTED BY:

Susan Fearington, Finance Director

BUDGET AMENDMENT REQUIRED:

No

COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:

ATTACHMENTS

[SL 2015-277](#)

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2015**

**SESSION LAW 2015-277
SENATE BILL 472**

AN ACT TO AUTHORIZE LOCAL GOVERNMENTS TO APPROPRIATE MONEY FOR HISTORIC REHABILITATION AND TO CLARIFY AND STANDARDIZE THE REQUIREMENTS FOR APPROPRIATING FUNDS FOR LOCAL ECONOMIC DEVELOPMENT.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 158-7.1 reads as rewritten:

"§ 158-7.1. Local development.

(a) Economic Development. – Each county and city in this State is authorized to make appropriations for the purposes of aiding and encouraging the location of manufacturing enterprises, making industrial surveys and locating industrial and commercial plants in or near such city or in the county; encouraging the building of railroads or other purposes which, in the discretion of economic development purposes. These appropriations must be determined by the governing body of the city or of the county commissioners of the county, will to increase the population, taxable property, agricultural industries and industries, employment, industrial output, or business prospects of any the city or county. These appropriations may be funded by the levy of property taxes pursuant to G.S. 153A-149 and 160A-209 and by the allocation of other revenues whose use is not otherwise restricted by law. The specific activities listed in subsection (b) of this section are not intended to limit the grant of authority provided by this section.

(b) Specific Activities. – A county or city may undertake any of the following specific economic development activities. (This listing is not intended to limit by implication or otherwise the grant of authority set out in subsection (a) of this section). The activities listed in this subsection may be funded by the levy of property taxes pursuant to G.S. 153A-149 and G.S. 160A-209 and by the allocation of other revenues whose use is not otherwise restricted by law. activities under this section:

- (1) A county or city may acquire and develop land for an industrial park, to be used for manufacturing, assembly, fabrication, processing, warehousing, research and development, office use, or similar industrial or commercial purposes. A county may acquire land anywhere in the county, including inside of cities, for an industrial park, while a city may acquire land anywhere in the county or counties in which it is located. A county or city may develop the land by installing utilities, drainage facilities, street and transportation facilities, street lighting, and similar facilities; may demolish or rehabilitate existing structures; and may prepare the site for industrial or commercial uses. A county or city may convey property located in an industrial park pursuant to subsection (d) of this section.
- (2) A county or city may acquire, assemble, and hold for resale property that is suitable for industrial or commercial use. A county may acquire such property anywhere in the county, including inside of cities, while a city may acquire such property inside the city or, if the property will be used by a business that will provide jobs to city residents, anywhere in the county or counties in which it is located. A county or city may convey property acquired or assembled under this subdivision pursuant to subsection (d) of this section.
- (3) A county or city may acquire options for the acquisition of property that is suitable for industrial or commercial use. The county or city may assign such



an option, following such procedures, for such consideration, and subject to such terms and conditions as the county or city deems desirable.

- (4) A county or city may acquire, construct, convey, or lease a building suitable for industrial or commercial use.
- (5) A county or city may construct, extend or own utility facilities or may provide for or assist in the extension of utility services to be furnished to an industrial facility, whether the utility is publicly or privately owned.
- (6) A county or city may extend or may provide for or assist in the extension of water and sewer lines to industrial properties or facilities, whether the industrial property or facility is publicly or privately owned.
- (7) A county or city may engage in site preparation for industrial properties or facilities, whether the industrial property or facility is publicly or privately owned.
- (8) A county or city may make grants or loans for the rehabilitation of commercial or noncommercial historic structures, whether the structure is publicly or privately owned.

(c) Public Hearing. – Any appropriation or expenditure pursuant to ~~subsection (b)~~ of this section must be approved by the county or city governing body after a public hearing. The county or city shall publish notice of the public hearing at least 10 days before the hearing is held. If the appropriation or expenditure is for the acquisition of an interest in real property, the notice shall describe the interest to be acquired, the proposed acquisition cost of such interest, the governing body's intention to approve the acquisition, the source of funding for the acquisition and such other information needed to reasonably describe the acquisition. If the appropriation or expenditure is for the improvement of privately owned property by site preparation or by the extension of water and sewer lines to the property, the notice shall describe the improvements to be made, the proposed cost of making the improvements, the source of funding for the improvements, the public benefit to be derived from making the improvements, and any other information needed to reasonably describe the improvements and their purpose.

(d) Interests in Real Property. – A county or city may lease or convey interests in real property held or acquired pursuant to subsection (b) of this section in accordance with the procedures of this subsection. A county or city may convey or lease interests in property by private negotiation and may subject the property to such covenants, conditions, and restrictions as the county or city deems to be in the public interest or necessary to carry out the purposes of this section. Any such conveyance or lease must be approved by the county or city governing body, after a public hearing. The county or city shall publish notice of the public hearing at least 10 days before the hearing is held; the notice shall describe the interest to be conveyed or leased, the value of the interest, the proposed consideration for the conveyance or lease, and the governing body's intention to approve the conveyance or lease. Before such an interest may be conveyed, the county or city governing body shall determine the probable average hourly wage to be paid to workers by the business to be located at the property to be conveyed and the fair market value of the interest, subject to whatever covenants, conditions, and restrictions the county or city proposes to subject it to. The consideration for the conveyance may not be less than the value so determined.

(d1) Repealed by Session Laws 1993, c. 497, s. 22.

(d2) Calculation of Consideration. – In arriving at the amount of consideration that it receives, the Board may take into account prospective tax revenues from improvements to be constructed on the property, prospective sales tax revenues to be generated in the area, as well as any other prospective tax revenues or income coming to the county or city over the next 10 years as a result of the conveyance or lease provided the following conditions are met:

- (1) The governing board of the county or city shall determine that the conveyance of the property will stimulate the local economy, promote business, and result in the creation of a substantial number of jobs in the county or city that pay at or above the median average wage in the county or, for a city, in the county where the city is located. A city that spans more than one county is considered to be located in the county where the greatest population of the city resides. For the purpose of this subdivision, the median average wage in a county is the median average wage for all insured industries in the county as computed by the Department of Commerce.

Attachment number 1 \n

Division of Employment Security, for the most recent period for which data is available.

- (2) The governing board of the county or city shall contractually bind the purchaser of the property to construct, within a specified period of time not to exceed five years, improvements on the property that will generate the tax revenue taken into account in arriving at the consideration. Upon failure to construct the improvements specified in the contract, the purchaser shall reconvey the property back to the county or city.

(e) Local Government Budget and Fiscal Control Act. – All appropriations and expenditures pursuant to ~~subsections (b) and (c)~~ of this section shall be subject to the provisions of the Local Government Budget and Fiscal Control Acts of the North Carolina General Statutes, respectively, for cities and counties and shall be listed in the annual financial report the county or city submits to the Local Government Commission. The budget format for each such governing body shall make such disclosures in such detail as the Local Government Commission may by rule and regulation direct.

(f) Limitation. – At the end of each fiscal year, the total of the following for each county and city may not exceed one-half of one percent (0.5%) of the outstanding assessed property tax valuation for the county or city as of January 1 preceding the beginning of the fiscal year:

- (1) The investment in property acquired at any time under subdivisions (b)(1) through (b)(4) of this section and owned at the end of the fiscal year.
- (2) The amount expended during the fiscal year under subdivisions (b)(5) and (b)(7) of this section.
- (3) The amount of tax revenue that was taken into account under subsection (d2) of this section and was expected to be received during the fiscal year.

The Local Government Commission shall review the annual financial reports filed by counties and cities to determine if any county or city has exceeded the limit set by this subsection. If the Commission finds that a county or city has exceeded this limit, it shall notify the county or city. A county or city that receives a notice from the Commission under this subsection must submit to the Commission for its review and approval any appropriation or expenditure the county or city proposes to make under this section during the next three fiscal years. The Commission shall not approve an appropriation or expenditure that would cause a county or city to exceed the limit set by this subsection.

(g) Repealed by Session Laws 1989, c. 374, s. 1.

(h) Economic Development Agreement. – Each economic development agreement entered into between a private enterprise and a city or county shall clearly state their respective responsibilities under the agreement. Each agreement shall contain provisions regarding remedies for a breach of those responsibilities on the part of the private enterprise. These provisions shall include a provision requiring the recapture of sums appropriated or expended by the city or county upon the occurrence of events specified in the agreement. Events that would require the city or county to recapture funds would include the creation of fewer jobs than specified in the agreement, a lower capital investment than specified in the agreement, and failing to maintain operations at a specified level for a period of time specified in the agreement."

SECTION 2. This act is effective when it becomes law.
In the General Assembly read three times and ratified this the 23rd day of
September, 2015.

s/ Daniel J. Forest
President of the Senate

s/ Tim Moore
Speaker of the House of Representatives

s/ Pat McCrory
Governor

Approved 10:34 a.m. this 20th day of October, 2015



CABARRUS COUNTY
BOARD OF COMMISSIONERS
WORK SESSION

JUNE 6, 2016
4:00 P.M.

AGENDA CATEGORY:

Discussion Items for Action at June 20, 2016 Meeting

SUBJECT:

Finance - Health Insurance Fund Budget Amendment

BRIEF SUMMARY:

Finance annually reviews revenues and expenditures of the Health Insurance Fund based on actual activity that has occurred in this fund. Revenue estimates for CIGNA pharmacy refund and fees received from Mt. Pleasant and WSACC for clinic use were under-budgeted for fiscal year 2016. Expenditures for minor office equipment, medical supplies and service contract are being revised due to the reopening of the Health and Wellness Clinic. The enclosed budget amendment reflects these revisions and appropriates fund balance to cover the shortfall. The use of fund balance is mainly due to the increase in medical claims during the last portion of fiscal year 2016.

REQUESTED ACTION:

Motion to approve the Health Insurance Fund budget amendment

EXPECTED LENGTH OF PRESENTATION:

SUBMITTED BY:

Susan Fearington, Finance Director

BUDGET AMENDMENT REQUIRED:

Yes

COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:

BUDGET AMENDMENT:

Date:	5/23/2016	Amount:	\$1,159,500
Dept. Head:	Suzanne Burgess - Assistant Finance Director	Department:	Finance
Internal Transfer Within Department Departments/Funds		Transfer Between Supplemental Request	
<p>Purpose: This budget amendment is to appropriate fund balance for the Health Insurance Fund due to an increase in medical claims during the last portion of fiscal year 2016. Revenues are being revised due to additional pharmacy refund and revenues received from Mt Pleasant (MP) and WSACC for clinic use. Expenditures are being revised for adjustments to medical supplies, minor office equipment and service contract for the reopening of the Health and Wellness Clinic.</p>			

Account Number	Account Name	Approved Budget	Inc Amount	Dec Amount	Revised Budget
61061917-6606-MP	Program Fees - MP	\$0.00	\$1,300.00	\$0.00	\$1,300.00
61061917-6606-WSACC	Program Fees	\$0.00	\$12,000.00	\$0.00	\$12,000.00
61061917-6804	Insurance Refunds	\$100,000.00	\$102,000.00	\$0.00	\$202,000.00
61061917-6901	Fund Balance Apprpr	\$41,103.60	\$1,044,200.00	\$0.00	\$1,085,303.60
					\$0.00
61091917-9331	Minor Office Equipment	\$13,010.00	\$6,500.00	\$0.00	\$19,510.00
61091917-9360	Medical Supplies	\$67,000.00	\$3,000.00	\$0.00	\$70,000.00
61091917-9570	Service Contracts	\$447,503.60	\$0.00	\$150,000.00	\$297,503.60
61091917-9645	Self Insured Claims	\$6,437,395.00	\$1,300,000.00	\$0.00	\$7,737,395.00
	Total				

ATTACHMENTS

- [Health Insurance Fund Budget Analysis](#)
-

CABARRUS COUNTY
 SELF INSURANCE
 FUND 610
 As of May 24, 2016
 FY 2016

ORG	OBJ	ACCOUNT DESCRIPTION	ORIGINAL BUDGET	TRANFRS ADJUST	REVISED BUDGET	YTD ACTUAL	ENCUMBRANCE	ESTIMATED						(OVER) / UNDER BUDGET	BA		
								COBRA	PREMIUMS	RETIREE PREMIUMS	UNUSED PREMIUMS	CLAIMS/ OTHER	IBNR			TOTAL	
61061917	6606	MP	-	-	-	(1,353.24)	-	-	-	-	-	-	(225.54)	-	(1,578.78)	(1,578.78)	1,350.00
61061917	6606	WSACC	-	-	-	(12,404.00)	-	-	-	-	-	-	(2,480.80)	-	(14,884.80)	(14,884.80)	12,400.00
61061917	6661	Insurance Premiums	(9,127,237.00)	-	(9,127,237.00)	(7,115,032.26)	-	(6,135.00)	(1,297,800.00)	(119,900.00)	(700,000.00)	-	-	-	(9,238,867.26)	(111,630.26)	-
61061917	6701	Interest on Investments	(4,000.00)	-	(4,000.00)	(3,858.10)	-	-	-	-	-	-	(1,500.00)	-	(5,358.10)	(1,358.10)	-
61061917	6804	Insurance Refunds	(100,000.00)	-	(100,000.00)	(202,850.35)	-	-	-	-	-	-	-	-	(202,850.35)	(102,850.35)	102,000.00
61061917	6902	Contribution From GF	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
61061917	6901	Fund Balance Appropriated	-	(41,104.00)	(41,104.00)	-	-	-	-	-	-	-	-	-	-	-	1,043,750.00
61061918	6661	Insurance Premiums - Dental	(401,556.00)	-	(401,556.00)	(343,610.94)	-	(115.00)	(68,600.00)	-	-	-	-	-	(412,325.94)	(10,769.94)	-
		Total 6 Revenues	(9,632,793.00)	(41,104.00)	(9,673,897.00)	(7,679,108.89)	-	(6,250.00)	(1,366,400.00)	(119,900.00)	(700,000.00)	-	(4,206.34)	-	(9,875,865.23)	(243,072.23)	1,159,500.00
61091917	9331	Minor Office Equipment	-	13,010.00	13,010.00	18,567.14	-	-	-	-	-	-	800.00	-	19,367.14	(6,357.14)	6,500.00
61091917	9360	Medical Supplies	90,000.00	(23,000.00)	67,000.00	64,798.21	-	-	-	-	-	-	4,950.00	-	69,748.21	(2,748.21)	3,000.00
61091917	9401	B&E Rental	-	26,000.00	26,000.00	23,083.38	2,558.96	-	-	-	-	-	-	-	25,642.34	357.66	-
61091917	9412	Power	-	3,000.00	3,000.00	839.16	-	-	-	-	-	-	1,250.00	-	2,089.16	910.84	-
61091917	9445	Purchased Services	-	7,500.00	7,500.00	-	7,500.00	-	-	-	-	-	-	-	7,500.00	-	-
61091917	9485	Administration Fees	1,789,475.00	-	1,789,475.00	1,566,241.59	223,233.41	-	-	-	-	-	-	-	1,789,475.00	-	-
61091917	948501	Admin - HSA Origination Fee	320,000.00	10,500.00	330,500.00	327,000.00	-	-	-	-	-	-	1,200.00	-	328,200.00	2,300.00	-
61091917	948502	HRA Account - Gilsbar	80,000.00	(3,500.00)	76,500.00	53,905.02	-	-	-	-	-	-	18,000.00	-	71,905.02	4,594.98	-
61091917	948503	Federal PPACA Fees	59,300.00	(843.00)	58,457.00	58,456.64	-	-	-	-	-	-	-	-	58,456.64	0.36	-
61091917	9570	Service Contracts	450,000.00	(2,496.00)	447,504.00	197,563.90	66,086.01	-	-	-	-	-	15,226.00	-	278,875.91	168,628.09	(150,000.00)
61091917	9605	Consultants	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
61091917	9645	Self-Insured Hospital Claims	6,442,462.00	(5,067.00)	6,437,395.00	5,775,741.39	-	-	-	-	-	-	1,600,000.00	350,000.00	7,725,741.39	(1,288,346.39)	1,300,000.00
61091918	9485	Admin Fees - Dental	40,009.00	16,000.00	56,009.00	45,721.97	-	-	-	-	-	-	9,200.00	-	54,921.97	1,087.03	-
61091918	9645	Self-Insured Dental Claims	361,547.00	-	361,547.00	274,287.49	-	-	-	-	-	-	56,000.00	-	330,287.49	31,259.51	-
			9,632,793.00	41,104.00	9,673,897.00	8,406,205.89	299,378.38	-	-	-	-	-	1,706,626.00	350,000.00	10,762,210.27	(1,088,313.27)	1,159,500.00
		Total	-	-	-	(727,097.00)	(299,378.38)	6,250.00	1,366,400.00	119,900.00	700,000.00	(1,702,419.66)	(350,000.00)	(886,345.04)	(845,241.04)	-	-



CABARRUS COUNTY
BOARD OF COMMISSIONERS
WORK SESSION

JUNE 6, 2016
4:00 P.M.

AGENDA CATEGORY:

Discussion Items for Action at June 20, 2016 Meeting

SUBJECT:

Finance - Update School Construction Fund Project Ordinance and Budget Amendment for Odell 3-5 Elementary School Sewer Extension Work

BRIEF SUMMARY:

The Cabarrus County Utility Capital Projects Fund has \$14,980 to allocate to the Odell 3-5 Elementary School for sewer extension work. Per discussions with Dave Burnett at Cabarrus County Schools, the school will partner with the City of Kannapolis to install a gravity sewer line and obtain the necessary easement at the Odell 3-5 school site.

After the transfer from the Cabarrus County Utility Fund is made to the School Construction Fund, the Utility Fund will be closed on June 30, 2016. The School Construction Project Ordinance is included for your approval. The Utility Fund Project Ordinance does not need to be updated.

REQUESTED ACTION:

Motion to approve the School Construction Project Ordinance and the related Budget Amendment.

EXPECTED LENGTH OF PRESENTATION:

SUBMITTED BY:

Susan Fearington, Finance Director

BUDGET AMENDMENT REQUIRED:

Yes

COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:

BUDGET AMENDMENT:

Date:	6/20/2016	Amount:	\$14,979.91
Dept. Head:	Susan Fearington	Department:	Finance - Utility & School Construction Fds
Internal Transfer Within Department Departments/Funds		Transfer Between Supplemental Request	
<p>Purpose: This budget amendment transfers funds from the Utility Capital Projects Fund to the School Construction Fund for sewer extension work to be completed at the new Odell 3-5 school. Making this transfer will allow the Utility Fund to be closed at June 30, 2016.</p>			

Account Number	Account Name	Approved Budget	Inc Amount	Dec Amount	Revised Budget
45194515-9830	Other Improvements	\$620,120.00		\$14,979.91	\$605,140.09
45194515-9708	Cont to Capital Proj F	\$0.00	\$14,979.91		\$14,979.91
					\$0.00
36467342-6910	Cont from Cap Proj Fd	\$312,173.75	\$14,979.91		\$327,153.66
36497342-9803	Utility Extensions	\$0.00	\$14,979.91		\$14,979.91
	Total				

ATTACHMENTS

- [School Construction Fund Project Ordinance](#)

CABARRUS COUNTY SCHOOL CONSTRUCTION PROJECT BUDGET ORDINANCE

BE IT ORDAINED by the Board of Commissioners of Cabarrus County, North Carolina that, Pursuant to Section 13.2 of Chapter 159 of the General Statutes of North Carolina, the following capital project ordinance is hereby adopted:

Section I.

- A. The project authorized is for the construction and renovations of Public Schools. Details of the projects are listed in section D. of this Project Ordinance.
- B. The officers of this unit are hereby directed to proceed with this capital project within the terms of the Generally Accepted Accounting Principles (GAAP) and the budget contained herein.
 - a. It is estimated that the following revenues will be available to complete capital projects as listed.

General Fund Contribution	\$4,948,299
Capital Reserve Contribution	\$19,755,175
Capital Projects Fund Contribution	\$2,753,931
TOTAL REVENUES	\$27,457,405

- C. The following appropriations are made as listed.

Odell Grades 3-5 Elementary School	\$22,516,035
Northwest Middle School Roof	\$981,732
Rocky River Elementary School Roof	\$708,370
Winecoff Elementary School Roof	\$733,320
Mt. Pleasant High School Roof	\$638,894
Jay M. Robinson High School Roof	\$1,151,094
Early College Site at RCCC	\$727,960
TOTAL EXPENDITURES	\$27,457,405

GRAND TOTAL – REVENUES	\$27,457,405
GRAND TOTAL – EXPENDITURES	\$27,457,405

Section II.

- A. Special appropriations to non-profit organizations shall be distributed after the execution of an agreement which ensures that all County funds are used for statutorily permissible public purposes.
- B. The County Manager or designee is hereby authorized to transfer appropriations within or between funds, or modify revenue and expenditure projections as contained herein under the following conditions:
 - 1. The Manager may transfer amounts between objects of expenditure and revenues within a function without limitation.
 - 2. The County Manager may transfer amounts up to \$500,000 between functions of the same fund.
 - 3. The County Manager may transfer amounts between contingency funds which are set aside for a specific project for budgetary shortfalls or upon the appropriate approval of a change order.
 - 4. The County Manager is authorized to transfer funds from the General Fund or Capital Reserve Fund to the appropriate fund for projects approved within the Capital Improvement Plan for the current fiscal year.
 - 5. Upon notification of funding increases or decreases to existing grants or revenues, or the award of grants or revenues, the Manager or designee may adjust budgets to match, including grants that require a County match for which funds are available.
 - 6. The Manager or designee may adjust debt financing from estimated projections to actual funds received.
 - 7. The County Manager may enter into and execute change orders or amendments to construction contracts in amounts less than \$90,000 when the appropriate annual budget or capital project ordinance contains sufficient appropriated but unencumbered funds.
 - 8. The County Manager may award and execute contracts which are not required to be bid or which G.S. 143-131 allows to be let on informal bids so long as the annual budget or appropriate capital project ordinance contains sufficient appropriated but unencumbered funds for such purposes.
 - 9. The County Manager may execute contracts with outside agencies to properly document budgeted appropriations to such agencies where G.S. 153 A-248(b), 259, 449 and any similar statutes require such contracts.
 - 10. The County Manager may reject formal bids when deemed appropriate and in the best interest of Cabarrus County pursuant to G.S. 143-129(a).
 - 11. The County Manager may reduce revenue projections consistent with prevailing economic conditions, and also reduce expenditures correspondingly.

Section III.

This ordinance and the budget documents shall be the basis of the financial plan for the County of Cabarrus.

- a. The Finance Director is hereby directed to maintain within the Capital Project Fund sufficient detailed accounting records to satisfy the requirements of the law.
- b. The Finance Director is directed to report, at the request of the Board, on the financial status of each project element in Section I and on the total revenues received or claimed.
- c. Copies of this capital project ordinance shall be furnished to the Clerk to the governing Board, and to the Finance Director for direction in carrying out this project.
- d. At the completion of a construction project, all unrestricted excess funds are transferred to the General Fund and the portion of the Capital Project associated with the project is closed.

Adopted this the 20th day of June 2016.

CABARRUS COUNTY BOARD OF COMMISSIONERS

BY: _____
Stephen M. Morris, Chairman

ATTEST:

Clerk to the Board



CABARRUS COUNTY
BOARD OF COMMISSIONERS
WORK SESSION

JUNE 6, 2016
4:00 P.M.

AGENDA CATEGORY:

Discussion Items for Action

SUBJECT:

IAM - Rob Wallace Park Phase I Construction Bid Award

BRIEF SUMMARY:

On May 2, 2016 the County advertised the bid package for the construction of Rob Wallace Park Phase I. All bid documents and addendums have been posted on the Cabarrus County website at <https://www.cabarruscounty.us/government/departments/finance/purchasing-contract-administration/Pages/postings.aspx>

A pre-bid meeting was held on-site at the park on May 17, 2016. On May 27, 2016 at 10:00 AM sealed bids were collected. Amicus Engineers and Cabarrus County have reviewed the sealed bids and are recommending that the bid be awarded to Ike's Construction.

Due to PARTF Grant deadlines we are requesting the Board of Commissioners approve this bid award at the June work session and authorize the County Manager to execute the contract, subject to review or revision by the County Attorney.

REQUESTED ACTION:

Motion to suspend the Rules of Procedure.

Motion to approve the contract between Cabarrus County and Ike's Construction for a total of \$1,603,700 including the related budget revision and project ordinance; and authorize the County Manager to execute the contract on behalf of Cabarrus County, subject to review or revisions by the County Attorney.

EXPECTED LENGTH OF PRESENTATION:

10 Minutes

SUBMITTED BY:

Kyle Bilafer, Director of Infrastructure and Asset Management
Michael Miller, Asst. Director of Infrastructure and Asset Management

BUDGET AMENDMENT REQUIRED:

No

COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:



CABARRUS COUNTY

BOARD OF COMMISSIONERS WORK SESSION

**JUNE 6, 2016
4:00 P.M.**

AGENDA CATEGORY:

Discussion Items for Action at June 20, 2016 Meeting

SUBJECT:

IAM - Transfer of Surplus Vehicle to Georgeville Volunteer Fire Department

BRIEF SUMMARY:

The Georgeville Volunteer Fire Department has requested a surplus vehicle from Cabarrus County for replacing their surplus truck that was totaled in an accident last year. The vehicle requested for transfer is a 2001 Ford F150 4x4 (Asset # 1805, VIN# 1FTRX18W11NA1832) that was scheduled for surplus at the end of the month. The Infrastructure and Asset Management and Finance Departments have both reviewed the request and the vehicle is available for surplus transfer to the Georgeville Volunteer Fire Department per NCGS 153A-176, 160A-274 and 160A-280.

REQUESTED ACTION:

Motion to declare 2001 Ford F150 4x4 (Asset # 1805, VIN# 1FTRX18W11NA1832) surplus property and authorize disposition in accordance with the County policy.

EXPECTED LENGTH OF PRESENTATION:

5 Minutes

SUBMITTED BY:

Kyle Bilafer, Director of Infrastructure and Asset Management

BUDGET AMENDMENT REQUIRED:

No

COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:

ATTACHMENTS

- [Georgeville Volunteer Fire Department Request Letter](#)
-

Georgeville Volunteer Fire Department

6916 NC Hwy 200
Concord, NC 28025
(704)782-3370

This letter is requesting transfer of a surplus vehicle to Georgeville Volunteer Fire Department. We are requesting a surplus one pickup from the Sheriff's Office. This vehicle would replace our support vehicle that was totaled last year in an accident, and be used to respond as a support unit to incidents and for general transportation for department business including training and meetings. In our on-going efforts to increase the effectiveness of our department and provide better service for the citizens we serve, all of our excess funding is going towards replacing all of our outdated equipment and expanding our fire station. These projects have, and will continue to affect our budget, however we see them as being worthwhile projects that will better serve our citizens as well as creating a safer work environment for our volunteers.

We understand that this vehicle is available at the county garage and would sincerely appreciate your consideration for this request. We appreciate your willingness in considering this request and your continued support as we strive to partner with you to provide the best possible service.

Sincerely,
Chief Byron Blackwelder
Georgeville Fire Department



CABARRUS COUNTY
BOARD OF COMMISSIONERS
WORK SESSION

JUNE 6, 2016
4:00 P.M.

AGENDA CATEGORY:

Discussion Items for Action at June 20, 2016 Meeting

SUBJECT:

IAM - Transfer of Surplus Vehicle to Odell Volunteer Fire and Rescue Department

BRIEF SUMMARY:

The Odell Volunteer Fire and Rescue Department has requested two surplus vehicles from Cabarrus County for daily operations in providing services to the citizens within the fire district. The vehicles requested for transfer are two Ford Crown Vic cars that were scheduled for surplus at the end of the month. The Infrastructure and Asset Management and Finance Departments have both reviewed the request and two vehicles are available for surplus transfer to the Odell Volunteer Fire and Rescue Department per NCGS 153A-176, 160A-274 and 160A-280.

REQUESTED ACTION:

Motion to declare two vehicles surplus property and authorize disposition in accordance with the County policy.

EXPECTED LENGTH OF PRESENTATION:

5 Minutes

SUBMITTED BY:

Kyle Bilafer, Director of Infrastructure and Asset Management

BUDGET AMENDMENT REQUIRED:

No

COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:

ATTACHMENTS

- [Surplus Request Letter](#)
-

Odell Volunteer Fire & Rescue Inc.

9051 Davidson Hwy.
Concord, NC 28027
(704)788-3004

This letter is to request a transfer of surplus equipment to Odell Fire & Rescue. We are requesting a surplus two cars from the Sheriff's Office. These vehicle would replace our vehicle used to respond to incidents and for general transportation for department business including training and meetings. The current vehicle is experiencing major mechanical issues limiting the usefulness of this vehicle.

In our on-going efforts to increase the effectiveness of our department and provide better service to the citizens we serve, all of our excess funding is going to pay for our second station and equipment. This project has, and will continue to affect our budget, however we see it as an extremely worthwhile project that will reduce response times and provide quicker service to our citizens

We understand that this vehicle is available at the county garage and would sincerely appreciate your consideration for this request. We appreciate your willingness in considering this request and your continued support as we strive to partner with you to provide the best possible service.

Sincerely,
Chief Jacob Williams



CABARRUS COUNTY
BOARD OF COMMISSIONERS
WORK SESSION

JUNE 6, 2016
4:00 P.M.

AGENDA CATEGORY:

Discussion Items for Action at June 20, 2016 Meeting

SUBJECT:

Planning and Development (Soil and Water) - Urban Agriculture Conservation Initiative Grant Proposal

BRIEF SUMMARY:

The Soil and Water Conservation District intends to submit a proposal to the National Association of Conservation Districts for a grant of up to \$50,000. The funding is intended to accelerate conservation planning focused on underserved populations and urban agriculture. The majority of this funding would be budgeted for support staff, including consultants and contractors.

The project funding period is August 1, 2016 - June 30, 2017. While a financial or in-kind grant match is not required, additional funding may be requested from the County's Trust Fund Supporting Local Food Economy. Partnerships with local, regional and state agencies and organizations will advance conservation on urban agricultural projects, including public and private gardens and farms. These partnerships are key to the long-term sustainability of this proposed project beyond the one-year funding period.

Cabarrus Soil and Water Conservation District has been a leader in the state on community conservation. This grant proposal complements the grant-funded Green Growth Pilot Project that is underway with District leadership. The District holds an agricultural conservation easement on a 20-acre urban farmstead where conservation can be demonstrated to groups. The District also owns a 35-acre conservation field school on land previously owned by an African American farmer.

This grant will enable the Conservation District to continue its leadership role in a major metropolitan area located in a state where the population is

projected to double by mid-century. Conservation planning in conjunction with this project would accelerate ongoing Conservation District efforts to preserve farmland and conserve soil, water, plant and wildlife resources in support of a healthy local food system.

The conservation and urban agriculture emphases of this proposal supports goals of both the Board of Commissioners and the Conservation District board by improving the quality of life for county citizens through the stewardship of natural resources. This project proposal also supports the Countywide Farmland Protection Plan adopted in 2006 and the Inventory of Significant Natural Areas of Cabarrus County. Any contracts or cooperative agreements associated with a successful grant proposal will be brought to the Board of Commissioners for approval.

REQUESTED ACTION:

Motion to authorize Cabarrus Soil and Water Conservation District board and staff to submit an Urban Agriculture Conservation Initiative grant proposal for up to \$50,000 in funding to the National Association of Conservation Districts.

EXPECTED LENGTH OF PRESENTATION:

10 Minutes

SUBMITTED BY:

Dennis E. Testerman, Senior Resource Conservation Specialist

BUDGET AMENDMENT REQUIRED:

No

COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:



CABARRUS COUNTY
BOARD OF COMMISSIONERS
WORK SESSION

JUNE 6, 2016
4:00 P.M.

AGENDA CATEGORY:

Discussion Items for Action at June 20, 2016 Meeting

SUBJECT:

BOC - General Budget Discussion

BRIEF SUMMARY:

This is an opportunity for general budget discussion and/or direction from the Board.

REQUESTED ACTION:

For discussion at the work session.

EXPECTED LENGTH OF PRESENTATION:

15 Minutes

SUBMITTED BY:

BUDGET AMENDMENT REQUIRED:

No

COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:



CABARRUS COUNTY

BOARD OF COMMISSIONERS REGULAR MEETING

**JUNE 20, 2016
6:30 P.M.**

MISSION STATEMENT

THROUGH VISIONARY LEADERSHIP AND GOOD STEWARDSHIP, WE WILL ADMINISTER STATE REQUIREMENTS, ENSURE PUBLIC SAFETY, DETERMINE COUNTY NEEDS, AND PROVIDE SERVICES THAT CONTINUALLY ENHANCE QUALITY OF LIFE

CALL TO ORDER BY THE CHAIRMAN

PRESENTATION OF COLORS

INVOCATION

A. APPROVAL OR CORRECTION OF MINUTES

1. Approval or Correction of Meeting Minutes

B. APPROVAL OF THE AGENDA

C. RECOGNITIONS AND PRESENTATIONS

1. EMS – Concord High School CTE Recognition
2. EMS – Mission Lifeline Gold Award
3. Human Resources – Recognition of Sergeant Charlene Coker on Her Retirement from Cabarrus County Sheriff's Office
4. Human Resources – Recognition of Lieutenant Jeffrey "Scott" Mason on His Retirement from Cabarrus County Sheriff's Office
5. Human Resources – Recognition of Jail Detention Officer Mark Cornish on His Retirement from Cabarrus County Sheriff's Office
6. Active Living and Parks – Park and Recreation Month Proclamation
7. DHS – Vulnerable Adult and Elder Abuse Awareness Month Proclamation

D. INFORMAL PUBLIC COMMENTS (Each speaker is limited to 3 minutes)

E. OLD BUSINESS

F. CONSENT AGENDA

(Items listed under Consent are generally of a routine nature. The Board may take action to approve/disapprove all items in a single vote. Any item may be withheld from a general action, to be discussed and voted upon separately at the discretion of the Board.)

1. Active Living and Parks – Addendum to Fees and Charges Policy for the School Park Reservation Policy
2. BOC – NACo Voting Credentials – 2016 Annual Conference
3. County Manager – Memorandum of Understanding for the Early College
4. County Manager – Proposed Lease of Property at the Concord Senior Center
5. County Manager – Right of First Refusal for School Property
6. DHS – FY17 HCCBG Funding Plan
7. Finance – Health Insurance Fund Budget Amendment
8. Finance – Update School Construction Fund Project Ordinance and Budget Amendment for Odell 3-5 Elementary School Sewer Extension Work
9. DHS – Transportation System Safety Plan
10. IAM – Transfer of Surplus Vehicle to Odell Volunteer Fire and Rescue Department
11. IAM – Transfer of Surplus Vehicle to Georgeville Volunteer Fire Department
12. Planning and Development (Soil and Water) – Urban Agriculture Conservation Initiative Grant Proposal
13. Sheriff's Office – Request to Award a Service Weapon to Sergeant Charlene Coker Upon Retirement
14. Sheriff's Office – Request to Award a Service Weapon to Lieutenant Scott Mason Upon Retirement
15. Tax Administration – Refund and Release Report – May 2016

G. NEW BUSINESS

1. CCS – Design Changes for STEAM Magnet Program at Royal Oaks Elementary
2. Finance – FY17 Economic Development Allocation – Public Hearing 6:30 P.M.
3. County Manager – Adoption of the FY17 Cabarrus County Budget – Public Hearing 6:30 P.M.

H. APPOINTMENTS TO BOARDS AND COMMITTEES

1. Appointments – Adult Care Home Community Advisory Committee

2. Appointments – Board of Equalization and Review
3. Appointments – Cabarrus County Planning and Zoning Commission
4. Appointments – Cabarrus County Tourism Authority
5. Appointments – Centralina Workforce Development Board
6. Appointments – Juvenile Crime Prevention Council (JCPC)
7. Appointments – Public Health Authority of Cabarrus County
8. Appointments and Removals – Transportation Advisory Board

I. REPORTS

1. County Manager – Monthly New Development Report
2. County Manager - Monthly Reports on Building Activity
3. EDC - May 2016 Monthly Summary Report
4. Finance – Monthly Financial Update
5. BOC - Receive Updates from Commission Members Who Serve as Liaisons to Municipalities or on Various Boards/Committees
6. Request for Applications for County Boards/Committees

J. GENERAL COMMENTS BY BOARD MEMBERS

K. WATER & SEWER DISTRICT OF CABARRUS COUNTY

L. CLOSED SESSION

M. ADJOURN

IN ACCORDANCE WITH ADA REGULATIONS, ANYONE WHO NEEDS AN ACCOMMODATION TO PARTICIPATE IN THE MEETING SHOULD NOTIFY THE ADA COORDINATOR AT 704-920-2100 AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING.

Scheduled Meetings:

June 21	Cabarrus Summit	6:00 p.m.	Arena & Events Center
July 5	Work Session	4:00 p.m.	Multipurpose Room
July 18	Regular Meeting	6:30 p.m.	BOC Meeting Room
August 1	Work Session	4:00 p.m.	Multipurpose Room
August 15	Regular Meeting	6:30 p.m.	BOC Meeting Room

Mission: Through visionary leadership and good stewardship, we will administer state requirements, ensure public safety, determine county needs, and provide services that continually enhance quality of life.

Vision: Our vision for Cabarrus is a county where our children learn, our citizens participate, our dreams matter, our families and neighbors thrive, and our community prospers.

Channel 22 Broadcast Schedule

Cabarrus County Board of Commissioners' Meetings

The most recent Commissioners' meeting is broadcast at the following days and times. Agenda work sessions begin airing after the 1st Monday of the month and are broadcast for two weeks up until the regular meeting. Then the regular meeting begins airing live the 3rd Monday of each month and is broadcast up until the next agenda work session.

Sunday - Saturday	1:00 P.M.
Sunday - Tuesday	6:30 P.M.
Thursday & Friday	6:30 P.M.



CABARRUS COUNTY

BOARD OF COMMISSIONERS REGULAR MEETING

**JUNE 6, 2016
4:00 P.M.**

AGENDA CATEGORY:

Closed Session

SUBJECT:

Closed Session - Pending Litigation and Economic Development

BRIEF SUMMARY:

A closed session is needed to discuss matters related to pending litigation and economic development as authorized by NCGS 143-318.11(a)(3) and (4).

REQUESTED ACTION:

Motion to go into closed session to discuss matters related to pending litigation and economic development as authorized by NCGS 143-318.11(a)(3) and (4).

EXPECTED LENGTH OF PRESENTATION:

15 Minutes

SUBMITTED BY:

Mike Downs, County Manager

BUDGET AMENDMENT REQUIRED:

No

COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:



**CABARRUS COUNTY BOARD OF COMMISSIONERS
CHANGES TO THE AGENDA
JUNE 6, 2016**

ADDITIONS:

3-2 BOC – NCACC Video Update Pg. 287

SUPPLEMENTAL:

4-12 IAM – Rob Wallace Park Phase I Construction Bid Award Pg. 288

- Bid tabulation
- Memo
- Budget revision
- Construction and renovation project budget ordinance

UPDATED:

4-3 BOC – Resolution Amending the Cabarrus County Board of Commissioners' Meeting Schedule for Calendar Year 2016

- Resolution
(Already included in the Agenda)

CABARRUS COUNTY



BOARD OF COMMISSIONERS WORK SESSION

**JUNE 6, 2016
4:00 P.M.**

AGENDA CATEGORY:

Discussion Items - No Action

SUBJECT:

BOC - NCACC Video Update

BRIEF SUMMARY:

The North Carolina Association of County Commissioners (NCACC) has requested counties view the following video update.

REQUESTED ACTION:

Receive input.

EXPECTED LENGTH OF PRESENTATION:

5 Minutes

SUBMITTED BY:

Megan Smit, Clerk to the Board

BUDGET AMENDMENT REQUIRED:

No

COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:

Wallace Park Bid Tab (5/27/16)

	Heratland	Ike's	JD Goodrum
Base Bid	\$1,701,253.00	\$1,550,000.00	\$1,914,000.00
Alt. 1	\$0.00	\$5,000.00	\$0.00
Alt. 2	\$0.00	\$2,000.00	\$0.00
Alt. 3	\$0.00	\$0.00	\$300.00
Alt. 4	\$0.00	\$0.00	\$4,500.00
Alt. 5	\$0.00	\$0.00	\$0.00
Alt. 6	\$0.00	\$0.00	\$0.00
Alt. 7	\$0.00	\$0.00	\$230.00
Alt. 8	\$0.00	\$0.00	\$0.00
Alt. 9	\$0.00	\$18,700.00	\$0.00
Alt. 10	\$0.00	\$0.00	\$0.00
Alt. 11	\$0.00	\$0.00	\$0.00
Alt. 12	\$0.00	\$0.00	\$0.00
Alt. 13	\$0.00	\$0.00	\$0.00
Alt. 14	\$0.00	\$0.00	\$0.00
Alt. 15	\$0.00	\$0.00	\$0.00
Alt. 16	\$0.00	\$0.00	\$0.00
Alt. 17	\$0.00	\$0.00	\$11,150.00
Alt. 18	\$0.00	\$0.00	\$0.00
Alt. 19	\$0.00	\$0.00	\$0.00
Alt. 20	\$0.00	\$0.00	\$0.00
Alt. 21	\$11,500.00	\$28,000.00	\$31,000.00

Total Including all Alternates:	\$1,712,753.00	\$1,603,700.00	\$1,961,180.00
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Memorandum

To: Board of County Commissioners

From: Pamela S. Dubois, Deputy County Manager

Date: June 6, 2016

Subject: Budget Revision for Rob Wallace Park

The County advertised for bids for the construction of phase I for the park. The bid recommended totals \$1,603,700. The County has \$1,037,163 in funds available to fund the contract which leaves a shortfall of \$566,537.

In analyzing the activities of the funds history, we found two transactions that removed funds from the project. The first was during the FY2014 budget process when the majority of the board approved to terminate and reallocate the remaining funds in the project. The amount of funds reallocated totaled \$1,488,328. These funds were then used to fund current expense and capital needs for Cabarrus County and Kannapolis City Schools. The new Board restored \$1,000,000 in December 2014. We are now asking for the balance of these funds to be restored. Also in FY2012, the first debt payment was made out of these funds to pay for the land purchase of the park. Since then, all other debt payments have been paid from the General Fund. We would like for this project to be reimbursed for that payment also. This totals \$608,328.

In addition, the County sold a parcel of the park land and received \$402,195. We would like to allocate \$293,986 for the future purchase of land and \$108,209 for the construction of the park.

Together, this would provide a total of \$716,537 for the construction of phase I at the park.

Date: 6/6/2016

Amount: \$1,010,523

Dept. Head: Pamela S. Dubois

Department: Construction Renovations Fund

Internal Transfer Within Department

Transfer Between Departments/Funds

Supplemental Request

Purpose:

To request to reinstate funds eliminated from the project during the FY2014 budget (\$488,328), reimburse the first debt payment made in FY2012 (\$120,000), and allocate funds from the sale of a parcel of land (\$293,986 for future land purchase and \$108,209 for construction) for the project at Rob Wallace Park

Account Number	Account Name	Approved Budget	Inc Amount	Dec Amount	Revised Budget
00161710-6445	Medicaid Hold Harmless	\$250,000.00	\$608,328.00		\$858,328.00
00191960-9708	Cont. to Capital Proj	\$2,152,823.00	\$608,328.00		\$2,761,151.00
					\$0.00
34368140-6801-0618	Sales of fixed Assets	\$20,000.00	\$402,195.00		\$422,195.00
34368140-6902-0618	Cont. from General Fd	\$0.00	\$608,328.00		\$608,328.00
34398140-9801-0618	Land Acquisition	\$3,421,393.83	\$293,986.00		\$3,715,379.83
34398140-9830-0618	Other Improvements	\$1,691,672.26	\$566,537.00		\$2,258,209.26
34398140-9660-0618	Contingency	\$0.00	\$150,000.00		\$150,000.00
	Total				

CABARRUS COUNTY CONSTRUCTION AND RENOVATION PROJECT BUDGET ORDINANCE

BE IT ORDAINED by the Board of Commissioners of Cabarrus County, North Carolina that, Pursuant to Section 13.2 of Chapter 159 of the General Statutes of North Carolina, the following capital project ordinance is hereby adopted:

Section I.

- A. The project authorized is the various County construction and renovation related projects. Details of the projects are listed in section C. of this Project Ordinance.
- B. The officers of this unit are hereby directed to proceed with this capital project within the terms of the Generally Accepted Accounting Principles (GAAP) and the budget contained herein.
- C. It is estimated that the following revenues will be available to complete capital projects as listed.

Capital Projects Fund (Capital Reserve Fund)	\$5,115,164
Contribution from Convention/Visitors Bureau	\$150,000
Rental – Tower Lease	\$578,137
Lease Proceeds (Robert Wallace Park)	\$3,421,394
General Fund Contribution	\$3,814,334
Sale of Fixed Assets	\$423,417
Contributions and Donations	\$123,536
Park & Recreation Trust Fund(PARTF) Grant	\$350,000
TOTAL REVENUES	\$13,975,982

- D. The following appropriations are made as listed.

Downtown Parking Deck	\$96,000
Government Center Chiller Replacement	\$175,000
Tax Collector Renovation	\$163,500
Jail Camera Upgrade	\$47,000
LEC Law Enforcement Technology	\$700,000
Demolition of old Jail and new Parking	\$1,672,234
District Attorney Office Renovations	\$207,366
Northeast VFD Emergency Hydrants	\$40,000
EMS Harrisburg Fire Station	\$365,000
Emergency Communications Equipment	\$1,951,529

JM Robinson High School Wetlands Mitigation	\$100,000
DHS Child Support Renovations	\$123,889
Frank Liske Park Tennis Court Lighting	\$125,154
Frank Liske Park Overflow Parking	\$165,000
Rocky River School Park	\$250,846
Rocky River School Park Lighting	\$146,685
Robert Wallace Park	\$6,123,589
Cox Mill Elementary Park	\$244,583
Historic Courthouse Fountain	\$35,985
Kannapolis Library Renovations Program Room	\$71,313
Arena HVAC Equipment Replacement	\$1,037,789
Arena High Man Lift	\$133,520

TOTAL EXPENDITURES **\$13,975,982**

GRAND TOTAL – REVENUES **\$13,975,982**

GRAND TOTAL – EXPENDITURES **\$13,975,982**

Section II.

- A. Special appropriations to non-profit organizations shall be distributed after the execution of an agreement which ensures that all County funds are used for statutorily permissible public purposes.
- B. The County Manager or designee is hereby authorized to transfer appropriations within or between funds, or modify revenue and expenditure projections as contained herein under the following conditions:
 - 1. The Manager may transfer amounts between objects of expenditure and revenues within a function without limitation.
 - 2. The County Manager may transfer amounts up to \$500,000 between functions of the same fund.
 - 3. The County Manager may transfer amounts between contingency funds which are set aside for a specific project for budgetary shortfalls or upon the appropriate approval of a change order.
 - 4. The County Manager is authorized to transfer funds from the General Fund or Capital Reserve Fund to the appropriate fund for projects approved within the Capital Improvement Plan for the current fiscal year.
 - 5. Upon notification of funding increases or decreases to existing grants or revenues, or the award of grants or revenues, the Manager or designee may adjust budgets to match, including grants that require a County match for which funds are available.
 - 6. The Manager or designee may adjust debt financing from estimated projections to actual funds received.
 - 7. The County Manager may enter into and execute change orders or amendments to construction contracts in amounts less than \$90,000 when the appropriate annual budget or capital project ordinance contains sufficient appropriated but unencumbered funds.

8. The County Manager may award and execute contracts which are not required to be bid or which G.S. 143-131 allows to be let on informal bids so long as the annual budget or appropriate capital project ordinance contains sufficient appropriated but unencumbered funds for such purposes.
9. The County Manager may execute contracts with outside agencies to properly document budgeted appropriations to such agencies where G.S. 153 A-248(b), 259, 449 and any similar statutes require such contracts.
10. The County Manager may reject formal bids when deemed appropriate and in the best interest of Cabarrus County pursuant to G.S. 143-129(a).
11. The County Manager may reduce revenue projections consistent with prevailing economic conditions, and also reduce expenditures correspondingly.

Section III.

This ordinance and the budget documents shall be the basis of the financial plan for the County of Cabarrus.

- a. The Finance Director is hereby directed to maintain within the Capital Project Fund sufficient detailed accounting records to satisfy the requirements of the law.
- b. The Finance Director is directed to report, at the request of the Board, on the financial status of each project element in Section I and on the total revenues received or claimed.
- c. Copies of this capital project ordinance shall be furnished to the Clerk to the governing Board, and to the Finance Director for direction in carrying out this project.
- d. At the completion of a construction project, all unrestricted excess funds are transferred to the General Fund and the portion of the Capital Project associated with the project is closed.

Adopted this the 6th day of June, 2016.

CABARRUS COUNTY BOARD OF COMMISSIONERS

BY: _____
Stephen M. Morris, Chairman

ATTEST:

Clerk to the Board