Halifax County Board of Commissioners

Vernon J. Bryant, Chairman
J. Rives Manning, Jr., Vice-Chairman
Carolyn C. Johnson
Linda A. Brewer
Marcelle O. Smith
T. Patrick W. Qualls



Tony N. Brown County Manager Andrea H. Wiggins Clerk to the Board M. Glynn Rollins, Jr. County Attorney

Monday September 16, 2019 Regular Meeting 5:30 PM

Halifax County Historic Courthouse 10 North King Street, Post Office Box 38, Halifax, North Carolina 27839 252-583-1131/Fax: 252-583-9921

www.halifaxnc.com

The mission of the Halifax County Board of Commissioners is to provide leadership and support for an effective county government that seeks to enhance the quality of life for the people of Halifax County.

Call to Order Chairman Vernon J. Bryant

Invocation and Pledge of Allegiance

Adoption of the Agenda

Conflict of Interest Chairman Vernon J. Bryant

In accordance with the Halifax County Board of Commissioners Rules of Procedures and N. C. G. S. Sec. 153A-44, it is the duty of every member present to vote on all matters coming before the Board, unless there is a conflict of interest as determined by the Board or by law. Does any Board member have any known conflict of interest with respect to any matters coming before the Board today? If so, please identify the conflict and the remaining Board members will vote to consider the requested excuse.

1. Consent Agenda

County Commissioners

- A. 2019 Seniors Farmers Market Nutrition Program
- B. Halifax County 4-H Bus Replacement Grant
- C. Library Halifax Helps Grant
- 2. Special Recognition
 - A. Resolution Honoring Elijah Lee Child Abuse Awareness Day

County Commissioners

- 3. Agenda Items
 - A. NCDOT Weldon Passenger Rail Service and Station Update

North Carolina Department of Transportation Representatives

B. Public Health Services New Clinical Fee

Bruce L. Robistow, Health Director

- 4. Other Business County Commissioners
- 5. Closed Session County Commissioners
 - A. Closed Session
- 6. Adjourn Until The October 7, 2019 Regular Meeting

County Commissioners



TO: Halifax County Board of Commissioners

FROM: Rose Lewis, Aging Program Coordinator

SUBJECT: 2019 Seniors Farmers Market Nutrition Program

DATE: September 16, 2019 Regular Meeting

SUPPORTING INFORMATION:

1. The Division of Aging and Adult Services in collaboration with NC Department of Agriculture will fund the Seniors Farmers' Market Nutrition Program for four congregate sites in Halifax County. Halifax County Council on Aging will pick up the Seniors Farmers' Market Nutrition Program Vouchers and distribute to eligible congregate sites participants of the congregate sites listed as follows:

Halifax County Council on Aging Senior Nutrition Services Roanoke Rapids and Enfield location, Haliwa-Saponi Indian Tribe Senior Nutrition Services and Town of Scotland Neck Senior Nutrition Services.

2. Approximately 118 participants of the congregate sites listed above will receive a set of \$24.00 in vouchers to shop at certified Farmers' Markets for fresh fruits and vegetables. Congregate sites are encouraged to offer field trips to the Farmers' Markets for participants to redeem their vouchers.

ATTACHMENTS:

Description

No Attachments Available

TOTAL COST:\$2,832.00

COUNTY COST:\$0.00

REQUEST: Request the Board of Commissioners' approval to receive from the Division of Aging an estimated \$2,832.00 in Farmers' Market vouchers to help the participating seniors at the four congregate site programs with nutrition and stimulate business at the Farmers' Markets.



TO: Halifax County Board of Commissioners

FROM: Joe Long, Rural Life Center Director

SUBJECT: Halifax County 4-H Bus Replacement Grant

DATE: September 16, 2019 Regular Meeting

SUPPORTING INFORMATION:

Attached, please find a copy of the purposed grant application to receive additional funds to acquire new buses at the 4-H Rural Life Center.

ATTACHMENTS:

Description

- Halifax County Bus Replacement Application
- Halifax County Bus Replacement VWDiesel application

TOTAL COST:

COUNTY COST:

REQUEST: Permission to apply for and accept any monies, if awarded, from the Bus Replacement Grant.

2019 North Carolina VW Settlement Program

Phase 1 Diesel Bus and Vehicle Programs Application

Please note applications are not considered confidential business information. All rebate applications and associated documentation are public record per North Carolina General Statutes §132-1, except for "confidential" or "trade secret" data as defined and classified in North Carolina General Statutes §66-152(3) and must be indicated as such by the applicant at the time of the initial rebate application submittal.

Applicant Contact Information

Applicant Contact Information								
Project Title		NCID						
Bus Replacement		jblong3						
Organization Name		Organization Tax Identification Nu	ımber (TIN)					
Halifax County		56-6001836						
Organization Mailing Address								
P.O. Box 37								
City	State	Zip Code						
Halifax	NC	27839						
Authorized Representative Name								
Tony Brown								
Authorized Representative E-mail	Address	Authorized Representative Phone Number						
brownt@halifaxnc.com		(252) 583-1131						
Project Manager Name (primary	contact)							
Joe Long								
Project Manager E-mail Address		Project Manager Phone Number						
joe_long@ncsu.edu		(252) 583-5161						
Financial Contact Name								
Mary Duncan								
Financial Contact E-mail Address		Financial Contact Phone Number						
duncanm@halifaxnc.com		(252) 583-3771						

Project Details

Program Type	Eligible Applicant Type
Transit Bus Replacement (EMA-2b)	Government
Vehicle/Equipment Type	Project Type
Class 4-8 Transit Bus Replacement (EMA-2b)	Vehicle Replacement



Project Location (where equipment will be stored and/or used)

Street Address		
13763 Hwy. 903		
City	County	Zip Code
Halifax	Halifax	27839

Project Budget

Budget Item	Project Total	Requested Funds	Matching Funds (Your Org)	Other Funding	Other Funding (Specify)
New equipment/vehicle/engine	\$ 200,000.00	\$ 200,000.00	\$ 0.00	\$ 0.00	
Infrastructure costs (only for all-electric vehicle replacement or repower)*	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
Other	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
Total Project Budget	\$ 200,000.00	\$ 200,000.00	\$ 0.00	\$ 0.00	

^{*}Please include as an attachment, the itemized costs for any requested charging infrastructure costs associated with an all-electric replacement or repower project. One charger allowed per vehicle replacement or repower.



2019 North Carolina VW Settlement Program

Phase 1 Diesel Bus and Vehicle Programs Application

Project Details (Questions 1-5 are required. The applications with "see attached" in lieu of complete applications will NOT be considered. Optional attachments should use the naming structure detailed in the Required Attachments section.)

1. Please provide a detailed description of the proposed project.

1716 out of 3317

Halifax County has been developing recreational programming for county residents, most especially youth. In 1995 Halifax County hired a full time Director for the county owned and operated 4-H Rural Life Center. During that time, two buses were also purchased, a 1982 gas and then later a 1990 diesel. These buses have been used for many years to transport county youth for programming held at the Center and the surrounding communities. In the Fall of 2013, Halifax County began an initiative that may eventually lead to county wide parks and recreation. Through the efforts of county staff and guided by citizen stakeholders from across the county, in 2017 Halifax County was successful in obtaining a Parks and Recreation Trust Fund Grant along with a Kate B. Reynolds Charitable Trust Grant. As a result of this funding, new facilities were built at the 4-H Rural Life Center that included a basketball court, a frisbee golf course, a walking trail, a pond, and both a youth and adult fitness/playground. Some of the programming at the Center revolves around healthy eating and exercise as well as opportunities to learn about conservation, recycling, and the importance of environmental stewardship. With the news of the VW Settlement Program, Halifax County would like to continue to grow it's opportunities for it's citizens by replacing the 1990 diesel bus with one that is new, reliable, and most importantly, much more clean and efficient to operate. Halifax County has been phasing in new and better opportunities for county residents over the course of these many years and the opportunity to replace older inefficient equipment positions the county to continue the momentum already set forth.



The bus being replaced by this grant funding is older than any other bus in the county, including all three public school systems
and a local public charter school. It is the biggest offender in terms of Nitrogen Oxide pollution of any bus in Halifax County.
By replacing this bus, the DEQ can expect significant reductions in NO _X , CO ₂ , particulate matter and air toxic emissions. It also

helps to ensure that tier one counties are represented by NC in it's application process and distribution of funding through this VW settlement plan providing not only cleaner environments, but also environmental justice.

2. Explain how this request fits into North Carolina's Beneficiary Mitigation Plan.

3. What is the likelihood that the project will incentivize future indirect NOx and other emission reductions? That is, will this be the beginning or continuation of a transition of the fleet to an alternative fuel or electricity? If so, please provide details.

683 out of 1562

613 out of 1562

The other bus currently owned and operated by Halifax County for this programming is a gas bus and is even older than the one to be replaced by this grant opportunity. With regards to pollution, it is a larger offender as it is in a state of lesser operational ability. If funding became available, Halifax County would most certainly replace this bus and transition to a much cleaner and more efficient alternative. This would be of great benefit to a small tier one county like Halifax. Providing clean transportation would be a major benefit to all our citizens in regards to both the physical health of our population as well as the cleanliness of the environment we live in.



4. Are there any societal co-benefits of the project? Are there any "sensitive" populations including, be not limited to asthmatics, children, or the elderly that are likely to be directly benefited by the project?	ut
773 out of 791	
According to a recent study, from 2010-2014 there were a total of 329,119 asthma-related Emergency Department visits in NC. From this study, NC was divided into three regions where it was determined that the Eastern region of the state consistently had highest rates of Emergency Department visits. It was also determined that rural, tier one counties have the highest rates in the s This was the case for both youth and adults, and kids between 5 and 9 years old had the greatest increase in asthma-related emergency department visits. As a tier one county, Halifax county ranks 94th in the state in regard to health and this project wi greatly enhance the health of our citizens through a more efficient vehicle capable of providing cleaner transportation.	tate
5. Project Feasibility: Provide a description of how you as the applicant have the necessary technical,	
managerial, procurement, and financial capability and experience to execute on your proposed project. 370 out of 791	
Halifax County has much experience in working with grants, having dealt with DENR, USDA, Economic Development, EDA,	
PARTF, as well as many others. Halifax County has a tax collection rate of over 97% with a general fund budget of over \$44,000,000.00. The county is well positioned to operate grant funding on reimbursement terms as is required by most funding sources.	
6. Use this space for any additional information that you believe will be helpful in evaluating the projectional) 0 out of 791	et.



Certification

The undersigned is an official authorized to represent the applicant. The person signing this document must have the authority to legally bind the applicant or be the designated fiscal agent.

I certify that all proposed activities will be carried out; that all money received will be utilized solely for the purposes for which it is intended; that records documenting the planning process and implementation will be maintained and submitted when requested, and DEQ is hereby granted access to inspect project sites and/or records. It is understood that if this project is selected a contract with DEQ will be executed. I further attest that at least 70% of the equipment's operation will occur in North Carolina for the next 5 years.

Print Name of Authorized Representative	Title
Tony Brown	County Manager
Signature of Authorized Representative	Date
Document Signature Required	09/16/2019

Required Attachments

Please attach the following documents with the filenames as indicated in the parenthesis. If the filenames are other than provided in parenthesis, the application will be returned for corrections.

- 1. All applicants must download and complete the application worksheet titled 2019VWRFPDiesel.xls and rename to include your organization name and project title as follows:

 ([organization name] [project title] VWDiesel application.xls).
- 2. Any nonprofit applicants required to obtain a Charitable Solicitation License from the North Carolina Department of the Secretary of State must provide a copy of the license and name the file with your organization name and project title as follows:

 ([organization name] [project title] VWDiesel nonprofit license.pdf).
- 3. Save this file and rename to include your organization name and project title as follows: ([organization_name]_[project_title]_VWDiesel_application.pdf).
- 4. Optional attachments should be named to include your organization name, project title, general description as follows: ([organization name] [project title] VWDiesel support.pdf).
- 5. For projects requesting funding for charging infrastructure with an all-electric replacement or repower, please include an itemized budget. (One charger allowed for each vehicle replacement or repower requested.) Name this attachment to include your organization name and project title as follows: ([organization name] [project title] VWDiesel charging budget.pdf).

All files and any additional supporting documentation must be emailed to: svc.NCVWApplication@ncdenr.gov no later than 5:00 p.m. Eastern Time on September 30, 2019.

NCDEQ Internal Use On	nly		
Receipt Date and Time: Application ID: Assigned to:			



Instructions

Please completely read the Competitive Application and the instructions below before beginning this spreadsheet.

Applicants must completely fill out the sheet that corresponds to the category of their request. Incomplete applications will not be considered. NCDEQ may contact you or your organization for clarification and/or supplemental information so be sure that the contact information that you provide both here in this spreadsheet and in the Competitive Application is accurate; applicants will have 10 calendar days to respond to any such request for additional information.

If you are having trouble gathering all of the required information for this application, please contact NCDEQ well in advance of the deadline to submit as we may be able to provide some assistance. All questions regarding this spreadsheet should be emailed to: Daq.NC_VWGrants@ncdenr.gov with the subject line "Diesel Bus & Vehicle RFP".

This file, saved as "[organization name]_[project title]_VWDiesel_application.xls" should be emailed to: svc.NCVWApplication@ncdenr.gov with your accompanying completed and electronically signed PDF application.

Only complete this sheet for School Bus, Transit Bus, and Clean Heavy-Duty On-Road Replacement Programs Adobe application) Halifax County COPY AND PASTE ADDITIONAL COLUMNS AS NEEDED TO CAPTURE ALL ENGINEVEHICLE GROUPS

Organization Name (same as entered on Adobe application)
Project Title (same as entered on Adobe application) Halifax County Bus Replacement

Existing Vehicle/Engine Information											
Instructions/Units	Fleet Information	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10
w	hat is the vehicle's intended use?	Other									
	If selected other please describe	Used by our Recreationa	l Programs								
Co	ounty of Primary use	Halifax									
V	ehicle License Plate Number	77610-T									
V	ehicle Make	Chevrolet									
V	ehicle Model	Thomas									
V	ehicle Model Year	1990)								
V	ehicle Identification Number (VIN)	1GBM6P1F2LV106599									
Er	ngine Make	General Motors									
Er	ngine Model	40877100)								
Er	ngine Model Year	1989)								
Er	ngine Horsepower	175									
		08G0229945									
	lass of Equipment by GVWR (Gross										
Required for short-haul single/combo units Ve		Class 7: 26001-33000 lbs									
Must be Diesel Fu		Diesel	Diesel	Diesel	Diesel	Diesel	Diesel	Diesel	Diesel	Diesel	Diesel
	nnual Fuel Used	200									
	lling Hours	50)								
	nnual Vehicle Mileage	2000									
	otal Vehicle Mileage	175685									
Only if different from Total Vehicle Mileage To		175685									
(years) Re	emaining Vehicle Life	5									
Year in which vehicle would normally be retired/sold by the fleet owner if not for this grant	ormal Attrition Year	2024									

İ	Replacement/Repower Vehicle/Engine Information										
Instructions/Units	Fleet Information	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10
	New Vehicle Make	International									
Information not needed for repower requests	New Vehicle Model	RE 303									
	New Vehicle Model Year	2020									
May not be applicable for electric replacement	Engine Make	Cummins									
May not be applicable for electric replacement	Engine Model	L9									
May not be applicable for electric replacement	Engine Model Year	2019									
Must be a number, use "capacity" for electric replacement	Engine Horsepower/Capacity	300									
	Class of Equipment by GVWR										
	(Gross Vehicle Weight Rating)	Class 7: 26001-33000 lbs									
	Fuel Type	Diesel									
	Unit Replacement/Repower Cost	\$200,000.00									
	VW Funds Requested	\$200,000.00									
(gallons	Annual Diesel Reduced	500									
	County of Primary use	Halifax									

Only complete	this sheet for Cl	an Heavy-Duty Off-Ro	ad Equipment Program	request

COPY AND PASTE ADDITIONAL COLUMNS AS NEEDED TO CAPTURE ALL ENGINE/VEHICLE GROUPS

Organization Name (same as entered on Adobe application)

Project Title (same as entered on Adobe application)

	Existing Equipmer	nt/Engine Information									
Instructions/Units	Fleet Information	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10
	What is the vehicle's intended use?										
	If selected other please describe										
	County of Primary use										
	Class of Equipment by GVWR (Gross Vehicle Weight Rating)										
	Equipment Manufacturer										
	Equipment Model										
	Equipment Model Year										
	Equipment Identification Number										
	Engine Make										
	Engine Model										
	Engine Model Year										
	Engine Tier										
	Engine Horsepower										
	Engine Serial Number										
	Annual Hours of Operation										
	Total Hours of Operation										
	Lift Capacity (pounds)										
Must be Diesel	Fuel Type	Diesel	Diesel	Diesel	Diesel	Diesel	Diesel	Diesel	Diesel	Diesel	Diesel
	Annual Fuel Used										
(years)	Remaining Equipment Life										
Year in which Equipment would normally be retired/sold by the fleet owner if not for this grant.	Normal Attrition Year										

	Replacement/Repower I	Equipment/Engine Informa	tion	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
Instructions/Units	Fleet Information	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10
	Class of Equipment by GVWR										
	(Gross Vehicle Weight Rating)										
Information not required for repower requests	Equipment Make										
	Equipment Model										
	Equipment Model Year										
	Engine Make										
	Engine Model										
	Engine Model Year										
	Engine Tier										
	Engine Horsepower										
Forklifts only	Lift Capacity (pounds)										
	Fuel Type										
	Unit Replacement/Repower Cost										
	VW Funds Requested										
(gallons)	Annual Diesel Reduced										
	County of Primary use										



TO: Halifax County Board of Commissioners

FROM: Brenda Faithful, Library Director

SUBJECT: Library Halifax Helps Grant

DATE: September 16, 2019 Regular Meeting

SUPPORTING INFORMATION:

See attached the grant application and quotes for computers.

ATTACHMENTS:

Description

Halifax Helps Grant for computer purchases-Enfield Library

TOTAL COST:4,500.00

COUNTY COST:0.00

REQUEST: Approve the submission of the Halifax Helps application, the receipt of funds, if awarded, and authorize the appropriate staff to execute documents.

Halifax Helps Inc.

P. O. Box 545 208 W. Whitfield Street Enfield, NC 27823 (252) 445-5111

Grant Application

Instructions for completing application.

- (1) Please type application, if possible.
- (2) Individuals complete Sections A, C, D, and E.
- (3) Organizations complete Sections A, B, C, D, and E.
- (4) If you are requesting funds to purchase a specific item, please include a cost estimate and/or quote in addition to a detailed description of the item.
- (5) Mail your completed application to: Julia Allsbrook,

Halifax Helps Inc. P. O. Box 545,

Enfield, NC 27823-0545.

Application for Grant

PROFILE INFORMATION Name of Organization/Individual Lilly Pike Sullivan Municipal Library 103 S. E. Railroad St (Address) Cheryl S. Dickens (Zip Code) (State) Contact Person Cheryl S. Dickens Branch Manager (Title) Telephone Number 252-445-5203 252-382-0960 (Home) Email Address Cheryldickens@gmail.com Fax Number 252-445-4321 Individual Group Community The grant request is for: **ORGANIZATION INFORMATION** В. ✓ Non-Profit For Profit 501(c)(3) Organization is Purpose of the Organization The purpose of the library is to offer a wide variety of services to the general public such as computer usage, fax/copying service, and also book circulation. We serve as one of the many advocates for educational advancement in the community that urges the community

to strive for excellence in readi	ng and learning. We also as	ssist the public in job search	, resume
building and we provide space	for online students.		
	40000		
Number of individuals, families or g	roups served annually 12808		
Is organization a Halifax EMC mem	ber?	Yes	✓No
Geographic area served by the organ We serve the areas of Halifax			•
Approximate number of Halifax EM	C members served by the organi	ization.	
Does organization utilize volunteers' Explain:	?	✓Yes	No
We have volunteers to come in to assist us in the	everyday function of the library. Volunteers a	assist us in shelving books and putting books	back in order,
assisting patrons on the comp	uters and answering tech o	questions.	
Does your organization have a governormal control of the control o	ning body?	√ Yes	No
Please check the appropriate category	y:		,
Economic Development	Education	Emergency Response	
Energy Efficiency	Environment	Other	
Project Title/ItemRequested Techno	ology for the Community/4 I	Public Access Computers	
Describe the project and tell what spe The Lilly Pike Sullivan Library is dedicated to enrice			r minds in the
technology world. By offering p	patrons free access to publi	ic computers, our patrons a	re able
to perform job search, create r			
assignments, check email, alon			
4 public access computers. At	times there are patrons wa	aiting to use the computers.	With

more computers we will be able to serve more patrons without an exte	nded wait time.
Geographic area or individual's address to be served by project: This project will serve Halifax County and surrounding areas.	
Project Start Date December 2019 Project End Date Janua	ry 2020
Who will benefit from the project or grant? Individuals should describe circumstances additional sheet if necessary. This project will benefit those who do not have access to a computer or	
also target those who need assistance in job search and resume buildi	ng.
D. GRANT REQUEST	
Amount Needed for Total Project (Required)	\$ <u>4500.00</u>
What is the minimum amount of funding needed to implement the project?	\$ 2500.00
Amount Requested from Halifax Helps (Required)	\$ <u>4500.00</u>
Check One: ✓ Estimated cost for item to be purchased	\$ 4484.45
Proposed budget for program to be implemented (Budget Attached)	\$
When funding is needed December 2019 Is this a one-time project?	Yes No
Within what time frame will grant funds be spent? 3 months 6 months	9 months
1 year More than a year	ear
If more than a year, explain	
Will this project continue without additional funding?	Yes Vo
If yes, explain	

	· · · · · · · · · · · · · · · · · · ·	
Will individual or organization accept partial funding	g for the project?	✓ Yes
Will these funds, if awarded, be used to leverage other	er funds?	Yes No
Has your organization or individual previously receive	ved a grant from Halifax Helps?	Yes No
If yes, give date(s) and amount(s) of grants received.		
The library was awarded a Halifax Helps Grant in the year of 2014 in the	a amount of \$ 1000.00	
If individual or organization has previously received	a grant from Halifax Helps, pleas	e attach an activity sheet
detailing how the grant money was used. Is sheet atta		Yes No
Other sources of funding for the project:		
		\$
		\$
		\$
E. CERTIFICATION		
In submitting this application the applicant agrees that	at it will spend funds solely for the	e purposes stated in the
application and will refund any unexpended portion of	of such funds, if any. The application	nt will provide a final
summary, in writing, at the end of the project to the l	naujax пеірs boara oj Directors.	
Lilly Pike Sullivan Municipal Library Name of Organization/Individual		
Traine of Organization marriadar		
Cheryl Dickens Digitally signed by Cheryl Dickens Date: 2019.09.03 09:51:51 -04'00'	9/3/2019	
Authorized Signature	Date	
Branch Manager		
Title		

ADDITIONAL SIGNATURES

(Organizations only!) A minimum of three additional signatures from the governing body is requ						
Name		Title				
Address	City	State	Zip			
Name		Title				
Address	City	State	Zip			
Name		Title				
Address	City	State	Zip			

HALIFAX HELPS GRANT

B. Purpose of the organization:

The purpose of the library shall be to provide information, cultural enrichment, recreation and the means of continuing education for people of all ages and interests.

Geographic area served: The library is open to all residents of Halifax County. Halifax EMC members served – 12808

Does your library have a governing body? Yes

C. Project Description: Education

The staff of the Lilly Pike Sullivan Memorial Library is requesting \$4,500.00 to purchase 4 public access computers for the enhancement of the technology area of the library which currently only houses 4 computers.

Free library computer usage with internet access is an integral part of a modern library service. Today, libraries are constantly seeing the request for digital learning and computer skills rising from the surrounding communities. It becomes harder to do essential everyday tasks offline such as job search/applying for jobs, creating resumes, homework, online classes, etc.

In a study done by the Bill & Melinda Gates Foundation and the Institute of Museum and Library Services shows that 40 percent of library computer users (an estimated 30 million people) received help with career needs. Among these users, 75 percent reported they searched for a job online. Half of these users filled out an online application or submitted a resume. 42 percent received help with educational needs. Among these users, 37 percent (an estimated 12 million students) used their local library computer to do homework for a class.

Having 4 additional public access computers added to the Lilly Pike Memorial Library will help reach even more people who are in need of basic computer and internet access.

Who will benefit from the project? The Enfield & surrounding communities.

D. Grant Request \$4,500.00

Proposed Budget

4 Computers \$4484.45



A quote for your consideration.

Based on your business needs, we put the following quote together to help with your purchase decision. Below is a detailed summary of the quote we've created to help you with your purchase decision.

To proceed with this quote, you may respond to this email, order online through your Premier page, or, if you do not have Premier, use this Quote to Order.

Quote No.	3000043586175.3	Sales Rep	Nanda Kishore G
Total	\$4,484.45	Phone	(800) 456-3355, 4162538
Customer#	530015716822	Email	Nanda_Kishore_G@Dell.com
Quoted On	Aug. 28, 2019	Billing To	JESSICA MCMILLAN
Expires by	Sep. 27, 2019	-	FRIENDS OF THE LIBRARY;
			1600 MAIN ST
			SCOTLAND NECK, NC 27874-1438

Message from your Sales Rep

Please contact your Dell sales representative if you have any questions or when you're ready to place an order. Thank you for shopping with Dell!

Regards, Nanda Kishore G

Shipping Group

Shipping To

Shipping Method Expedited Delivery

JESSICA MCMILLAN FRIENDS OF THE LIBRARY; **1600 MAIN ST**

SCOTLAND NECK, NC 27874-1438

(919) 971-5533

Product	Unit Price	Qty	Subtotal
OptiPlex 5060 SFF	\$1,027.78	4	\$4,111.12
Dell Adapter - DisplayPort to VGA	\$19.99	4	\$79.96

DBC as low as \$135.00 / month^	Subtotal: Shipping: Estimated Tax:	\$4,191.08 \$0.00 \$293.37
	Total:	\$4,484.45

Special lease pricing may be available for qualified customers and offers. Please contact your DFS Sales Representative for details.

Shipping Group Details

Shipping To

Shipping Method
Expedited Delivery

JESSICA MCMILLAN FRIENDS OF THE LIBRARY; 1600 MAIN ST SCOTLAND NECK, NC 27874-1438 (919) 971-5533

.,		
	04.	Cultinial

OptiPlex 5060 SFF Estimated delivery if purchased today: Aug. 30, 2019		\$1,027.78	Qty 4	Subtotal \$4,111.12
Description	SKU	Unit Price	Qty	Subtotal
OptiPlex 5060 Small Form Factor BTX	210-AOJY	-	4	-
Intel Core i5-8500 (6 Cores/9MB/6T/up to 4.1GHz/65W); supports Windows 10/Linux	338-BNZU	-	4	-
Win 10 Pro 64 English, French, Spanish	619-AHKN	-	4	-
No AutoPilot	340-CKSZ	-	4	-
8GB 2X4GB DDR4 2666MHz UDIMM Non-ECC	370-AEBL	-	4	-
3.5" 500GB 7200rpm SATA Hard Disk Drive	400-AWFO	•	4	-
No Additional Hard Drive	401-AANH	-	4	-
Intel Integrated Graphics, Dell OptiPlex	490-BBFG	-	4	-
No Media Card Reader	379-BBHM	-	4	-
ODD Bezel, Small Form Factor	325-BCXP	-	4	-
8x DVD+/-RW 9.5mm Optical Disk Drive	429-ABFH	-	4	-
No Wireless LAN Card	555-BBFO	-	4	-
No Wireless Driver	340-AFMQ	-	4	-
No PCIe add-in card	492-BBFF	-	4	-
OptiPlex 5060 Small Form Factor with 200W up to 85% efficient Power Supply (80Plus Bronze)	329-BDRI	-	4	-
Black Dell KB216 Wired Multi-Media Keyboard English	580-ADJC	-	4	-
Black Dell MS116 Wired Mouse	275-BBBW	-	4	•
No Cable Cover	325-BCZQ	-	4	-
No Additional Cable Requested	379-BBCY	•	4	-
Not selected in this configuration	817-BBBC	•	4	-
No Integrated Stand option	575-BBBI	-	4	-
OS-Windows Media Not Included	620-AALW	-	4	-
ENERGY STAR Qualified	387-BBLW	•	4	-
System Power Cord (Philipine/TH/US)	450-AAOJ	-	4	-
Safety/Environment and Regulatory Guide (English/French Multi- language)	340-AGIK	-	4	-
Documentation, English, French, Dell OptiPlex 5060 Small Form Factor	340-CDZF	-	4	-

Kit - Dell Adapter - DisplayPort to VGA	470-AANJ	-	4	-
Description	sku	Unit Price	Qty	Subtotal
Dell Adapter - DisplayPort to VGA Estimated delivery if purchased today: Aug. 30, 2019		\$19.99	Qty 4	\$79.96
Software for OptPlex Systems	658-BDVO	-	4 Oh:	- Subtotal
Dell Developed Recovery Environment	658-BCUV	-	4	-
Waves Maxx Audio	658-BBRB	-	4	-
Dell Client System Update (Updates latest Dell Recommended BIOS, Drivers, Firmware and Apps)	658-BBMR	-	4	-
Dell(TM) Digital Delivery Cirrus Client	640-BBLW	-	4	-
SupportAssist	525-BBCL	-	4	-
McAfee Small Business Security 30 Day Free Trial	650-0028	-	4	-
Microsoft Office Home and Business 2019	630-ABGK	-	4	-
Thank you choosing Dell ProSupport. For tech support, visit //support.dell.com/ProSupport or call 1-866-516-3115	989-3449	-	4	-
ProSupport: Next Business Day Onsite 5 Years	804-9072	-	4	-
ProSupport: 7x24 Technical Support, 5 Years	804-9052	-	4	-
Dell Limited Hardware Warranty Plus Service	804-9043	•	4	-
No Additional Video Ports	492-BCKH	-	4	-
Intel Standard Manageability	631-ABRK	•	4	-
No External ODD	429-ABGY	-	4	-
No Hard Drive Bracket for Small Form Factor, Dell OptiPlex	575-BBKX	-	4	-
Chassis Intrusion Switch SFF	461-AAEE	-	4	-
Fixed Hardware Configuration	998-CYYV	-	4	-
Desktop BTS/BTP Shipment	800-BBIP	-	4	-
Intel(R) Core(TM) i5 Processor Label	389-CGBB		4	-
No Intel Responsive	551-BBBJ	-	4	-
No CompuTrace	461-AABF	-	4	-
SFF EPA Regulatory LBL for Mexico	389-CXHV	_	4	_
Shipping Label for DAO CMS Essentials DVD no Media	658-BBTV	_	4	_
Ship Material for OptiPlex Small Form Factor	340-CDWZ 389-BBUU	-	4	_
TPM Enabled	329-BBJL	•	4	-
		-		•
Retail POD	389-BDQH	-	4	•

 Subtotal:
 \$4,191.08

 Shipping:
 \$0.00

 Estimated Tax:
 \$293.37

Total: \$4,484.45

Important Notes

Terms of Sale

Unless you have a separate written agreement that specifically applies to this order, your order will be subject to and governed by the following agreements, each of which are incorporated herein by reference and available in hardcopy from Dell at your request: Dell's Terms of Sale, which include a binding consumer arbitration provision and incorporate Dell's U.S. Return Policy and Warranty (for Consumer warranties; for Commercial warranties).

If this purchase includes software: in addition to the foregoing applicable terms, your use of the software is subject to the license terms accompanying the software, and in the absence of such terms, then use of the Dell-branded application software is subject to the Dell End User License Agreement - Type A and use of the Dell-branded system software is subject to the Dell End User License Agreement - Type S.

If your purchase is for Mozy, in addition to the foregoing applicable terms, your use of the Mozy service is subject to the terms and conditions located at https://mozy.com/about/legal/terms.

If your purchase is for Boomi services or support, your use of the Boomi Services (and related professional service) is subject to the terms and conditions located at https://boomi.com/msa.

If your purchase is for Secureworks services or support, your use of the Secureworks services (and related professional service) is subject to the terms and conditions located at https://www.secureworks.com/eula/eula-us.

If this purchase is for (a) a storage product identified in the DELL EMC Satisfaction Guarantee Terms and Conditions located at ("Satisfaction Guarantee") and (ii) three (3) years of a ProSupport Service for such storage product, in addition to the foregoing applicable terms, such storage product is subject to the Satisfaction Guarantee.

You acknowledge having read and agree to be bound by the foregoing applicable terms in their entirety. Any terms and conditions set forth in your purchase order or any other correspondence that are in addition to, inconsistent or in conflict with, the foregoing applicable online terms will be of no force or effect unless specifically agreed to in a writing signed by Dell that expressly references such terms.

Pricing, Taxes, and Additional Information

All product, pricing, and other information is valid for U.S. customers and U.S. addresses only, and is based on the latest information available and may be subject to change. Dell reserves the right to cancel quotes and orders arising from pricing or other errors. Please indicate any tax-exempt status on your PO, and fax your exemption certificate, including your Customer Number, to the Dell Tax Department at 800-433-9023. Please ensure that your tax-exemption certificate reflects the correct Dell entity name: **Dell Marketing L.P.**

Note: All tax quoted above is an estimate; final taxes will be listed on the invoice.

If you have any questions regarding tax please send an e-mail to Tax_Department@dell.com.

For certain products shipped to end-users in California, a State Environmental Fee will be applied to your invoice. Dell encourages customers to dispose of electronic equipment properly.

^Dell Business Credit (DBC):

OFFER VARIES BY CREDITWORTHINESS AS DETERMINED BY LENDER. Offered by WebBank to Small and Medium Business customers with approved credit. Taxes, shipping and other charges are extra and vary. Minimum monthly payments are the greater of \$15 or 3% of account balance. Dell Business Credit is not offered to government or public entities, or business entities located and organized outside of the United States.

*Dell Financial Services Lease:

- 1. This proposal is property of Dell Financial Services and contains confidential information. This proposal shall not be duplicated or disclosed in whole or part. Minimum transaction size \$500.
- 2. All terms are subject to credit approval, execution and return of mutually acceptable lease documentation.
- 3. Lease rates are based upon the final amount, configuration and specification of the supplied equipment. Interim rent may apply and be due in the first payment cycle.
- 4. The Lease Quote is exclusive of shipping costs, maintenance fees, filing fees, licensing fees, property or use taxes, insurance premiums and similar items, which shall be for Lessee's account.
- 5. This proposal is valid through the expiration date shown above, or, if none is specified, for 30 calendar days from date of presentation.



TO: Halifax County Board of Commissioners

FROM: Vernon J. Bryant, Chairman

PRESENTER: County Commissioners

SUBJECT: Resolution Honoring Elijah Lee Child Abuse Awareness Day

DATE: September 16, 2019 Regular Meeting

SUPPORTING INFORMATION:

Attached, please find a resolution honoring Elijah Lee Child Abuse Awareness Day.

ATTACHMENTS:

Description

Resolution Honoring Elijah Lee Child Abuse Awareness Day

TOTAL COST:

COUNTY COST:

REQUEST: Adopt the resolution honoring Elijah Lee Child Abuse Awareness Day.



RESOLUTION Elijah Lee Child Abuse Awareness Day

WHEREAS, Elijah Lee, a student at KIPP Gaston College Preparatory, is an advocate and voice for children experiencing child abuse by bringing child abuse awareness to light in Halifax County and the surrounding areas; and

WHEREAS, Elijah Lee began organizing an annual Child Abuse Awareness March in 2018 slated for the first Saturday in March at Centennial Park, Roanoke Rapids, North Carolina; and

WHEREAS, all children deserve to have safe, stable, nurturing homes and communities to foster healthy growth and development; and

WHEREAS, trauma during childhood affects a person for the rest of their life and these affects can be mentally, physically, and emotionally harmful; and

WHEREAS, effective child abuse prevention strategies succeed because of partnerships created among citizens, human services agencies, schools, faith communities, healthcare providers, civic organizations, law enforcement agencies, and the business community; and

WHEREAS, Elijah Lee believes that when one of us falls, we all fall and when one of us rises, we all rise; and

WHEREAS, the Halifax County Board of Commissioners would like to commend Elijah Lee for his inspiration, strong spirit, and for teaching us that we all must take a stand to help protect our children.

NOW, THEREFORE, BE IT RESOLVED, that the Halifax County Board of Commissioners proclaims the first Saturday in March as Child Abuse Awareness Day throughout Halifax County and encourages the entire community to support this cause by working together to prevent child abuse.

Adopted this 16th day of September, 2019

Vernon J Bryant, Chairman

Halifax County Board of Commissioners

Andrea H. Wiggins, MMC Alerk to the Board Halifax County Board of Commissioners



TO: Halifax County Board of Commissioners

FROM: Cathy A. Scott, Economic Development Director

PRESENTER: North Carolina Department of Transportation Representatives

SUBJECT: NCDOT - Weldon Passenger Rail Service and Station Update

DATE: September 16, 2019 Regular Meeting

SUPPORTING INFORMATION:

Representatives from the North Carolina Department of Transportation will provide a brief update to the Board of their efforts in collaboration with local leaders to support passenger rail service and a station location in Weldon.

ATTACHMENTS:

Description

No Attachments Available

TOTAL COST:0.00

COUNTY COST:0.00

REQUEST: No action requested.



TO: Halifax County Board of Commissioners

FROM: Bruce L. Robistow, Health Director

PRESENTER: Bruce L. Robistow, Health Director

SUBJECT: Public Health Services New Clinical Fee

DATE: September 16, 2019 Regular Meeting

SUPPORTING INFORMATION:

Halifax County Public Health System/Health Department would like to establish a new fee to provide the following service:

<u>Description</u> <u>Fee</u> Meningococcal B Vaccine (90620): \$184.00

Help protect against meningococcal disease caused by serogroup B. 2-Dose schedule

ATTACHMENTS:

Description

No Attachments Available

TOTAL COST:\$0.00 COUNTY COST:\$0.00

REQUEST: Approve new clinical fee.



TO: Halifax County Board of Commissioners

FROM: Tony N. Brown, County Manager

SUBJECT: Closed Session

DATE: September 16, 2019 Regular Meeting

SUPPORTING INFORMATION:

Attached, please find the Employee Performance Evaluation Report.

ATTACHMENTS:

Description

Employee Performance Evaluation Report

TOTAL COST:

COUNTY COST:

REQUEST:

County of Halifax, North Carolina

Employee Performance Evaluation Report

MANAGEMENT / ADMINISTRATIVE

Employee: _	Tony Brown		Position:	County Man	nager	SSN:			
Department: _	County Mana	ager's Office		Division:			N/A		*
Type of Evaluation	on: ("X" only o	ne) Probation	Annual	X Special 2-yr	F	Period of	3/12/2017	to	3/11/2019
Outstan	ding	Highly	Standard	Needs	Needs	Much	Llnos	ti of	
Performa	ance	Effective	Effective	Improvement	Improv	/ement	Unsa	เมราะ	actory
Consiste exceeds expe		Frequently exceeds overall expectations	Meets overall expectations	Work is frequently below standards	Work is co	onsistently andards			
5		4	3	2		1		0	
		Element (0 1 2 3 4		rate in the box	Rating	Weight	x Score	=	Total
A. Does the employ assistance?	ee have suffici	Knowledge and Exent knowledge to perform	orm most duties w						
C. Does the employ		e a thorough knowled dures and policies of							
Supervisor Com	ment:								
						15%	0.00		0.00
ELEMENT 2 - Pla A. Does the employ	•	rk plans that maintain	service levels ant	icinate financial					
needs, as well as co			0011100 101010, 0110	ioipato iiriarioiar					
B. Is the employee	able to revise th	ne workload, if necess	ary?						
Supervisor Com	ment:								
						15%	0.0		0.00
ELEMENT 3 - Co									
A. Does the employ department?	ee communica	te necessary informat	ion to others within	the .	2-07-				
B. Is the employee within the departme		nicate the goals and a visors?	ctivities of the orga	anization both					
Supervisor Com	ment:								
						10%	0.00		0.00
ELEMENT 4 - Hu									
subordinates?		sonnel policies and pr							
B. Does the employ	ee provide and	encourage staff deve	lopment opportuni	ties?					
Supervisor Comi	ment:								
						10%	0.00		0.00

Rate each statement for each Element (0 1 2 3 4 5) and enter the rate in the box	Rating	Weight	x Score	=	Total
ELEMENT 5 - Fiscal Management					
A. Is the employee able to develop realistic and responsible annual budgets?	3-14				
B. Is the employee able to work well within the department and with County Management in emergency or crisis budget situations?					
C. Does the employee meet County financial deadlines?					
Supervisor Comment:					
		20%	0.00		0.00
ELEMENT 6 - Public Relations and Communications					
A. Does the employee present a positive image to the public?	14 500				
B. Is the employee able to respond to a given situation with tact and patience?					
C. Is the employee able to respond constructively to criticism from the public and					
supervisors?					
D. Does the employee support departmental / community events?					
Supervisor Comment:					
		15%	0.00		0.00
ELEMENT 7 - Research and Analysis					G17612
A. Is the employee able to locate information resources necessary to perform the job?					
B. Is the employee able to take the information and use it to resolve or enhance a work situation?					
Supervisor Comment:					
- aportion commons					
		10%	0.00		0.00
ELEMENT 8 - Attendance and Punctuality					
A. Does the employee use leave time in an acceptable manner?					
B. Does the employee regularly attend meetings (boards, committees, training, staff meetings, etc.)?					
Supervisor Comment:		10			
		5%	0.00		0.00
ELEMENT 9 - Other					
A. B.					
c.					
Supervisor Comment:					
	ı	AND THE RESERVE OF THE PERSON NAMED IN		Г	
			0.0		0.00
		100%		34.63	

Total Score : 0.00

Supervisor's Overall Comments:	
Supervisor's Signature:	Date:
Reviewing Authority's Comments:	
Reviewing Authority's Signature:	Date:
Employee's Comments:	
Employee's Signature:	Date:

Employee's signature does not necessarily indicate agreement with the performance evaluation. It indicates only that the employee has seen the evaluation and has had an interview with his/her supervisor concerning the evaluation and goals and objectives for the next year.