

SLFRF Compliance Report - SLT-1353 - P&E Report - Q4 2023

Report Period : Quarter 4 2023 (October-December)

Recipient Profile

Recipient Information

| | |
|--|---|
| Recipient UEI | VAUSC2ZZKJ78 |
| Recipient TIN | 566000291 |
| Recipient Legal Entity Name | County Of Cumberland, North Carolina |
| Recipient Type | Metro City or County |
| FAIN | |
| CFDA No./Assistance Listing | |
| Recipient Address | 117 Dick Street |
| Recipient Address 2 | |
| Recipient Address 3 | |
| Recipient City | Fayetteville |
| Recipient State/Territory | NC |
| Recipient Zip5 | 28301 |
| Recipient Zip+4 | |
| Recipient Reporting Tier | Tier 1. States, U.S. territories, metropolitan cities and counties with a population that exceeds 250,000 residents |
| Base Year Fiscal Year End Date | 6/30/2024 |
| Discrepancies Explanation | |
| Who approves the budget in your jurisdiction? | Other (Specify) |
| Is your budget considered executed at the point of obligation? | Yes |
| Is the Recipient Registered in SAM.Gov? | Yes |

Project Overview

Project Name: COVID19 Vaccinations

| | |
|---|--|
| Project Identification Number | AR101 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.1-COVID-19 Vaccination |
| Status To Completion | Completed |
| Adopted Budget | \$72,086.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$72,086.00 |
| Total Cumulative Expenditures | \$72,086.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Cumberland County's self-funded claims costs for vaccinations. |
| Does this project include a capital expenditure? | No |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 1 Imp General Public |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Reimburse Cumberland County for self-funded claims for vaccinations. |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | Review of claims data from BCBS. |

Project Name: COVID Testing

| | |
|---------------------------------|--|
| Project Identification Number | AR102 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.2-COVID-19 Testing |
| Status To Completion | Completed |
| Adopted Budget | \$166,000.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$166,000.00 |
| Total Cumulative Expenditures | \$166,000.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Cumberland County's self-funded claims costs for COVID19 testing |

| | |
|---|---|
| Does this project include a capital expenditure? | No |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 1 Imp General Public |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Reimburse Cumberland County for self-funded claims for COVID19 testing. |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | Review of claims data from BCBS. |

Project Name: Medical Expense

| | |
|---|--|
| Project Identification Number | AR106 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.6-Medical Expenses (including Alternative Care Facilities) |
| Status To Completion | Completed |
| Adopted Budget | \$961,914.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$961,914.00 |
| Total Cumulative Expenditures | \$961,914.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Cumberland County's self-funded claims costs for COVID19 treatment |
| Does this project include a capital expenditure? | No |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 1 Imp General Public |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Cumberland County's self-funded claims costs for COVID19 treatment |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | Review of claims data from BCBS. |
| Does the project prioritize local hires? | Yes |
| Does the project have a Community Benefit Agreement, with a description of any such agreement? | No |

Project Name: Public Sector Staff Workforce: Rehiring Public Sector Staff

| | |
|---------------------------------|--|
| Project Identification Number | AR302 |
| Project Expenditure Category | 3-Public Health-Negative Economic Impact: Public Sector Capacity |
| Project Expenditure Subcategory | 3.2-Public Sector Workforce: Rehiring Public Sector Staff |
| Status To Completion | Completed 50% or more |
| Adopted Budget | \$11,435,245.00 |

| | |
|---|--|
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$11,435,245.00 |
| Total Cumulative Expenditures | \$11,435,245.00 |
| Current Period Obligations | \$285,522.09 |
| Current Period Expenditures | \$285,522.09 |
| Project Description | Salary and benefit cost to restore employment to pre-pandemic levels. |
| Does this project include a capital expenditure? | No |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Salary and benefit cost to restore employment level to pre-pandemic level. |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | Calculations followed per final rule. |
| Number of FTEs rehired by governments under this authority | 100 |

Project Name: COVID Small Business Assistance

| | |
|---|--|
| Project Identification Number | AR108 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.8-COVID-19 Assistance to Small Businesses |
| Status To Completion | Completed 50% or more |
| Adopted Budget | \$2,655,886.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$2,319,161.36 |
| Total Cumulative Expenditures | \$1,054,907.87 |
| Current Period Obligations | \$1,264,253.49 |
| Current Period Expenditures | \$315,875.52 |
| Project Description | Cumberland County has issued a request for applications, focused on for-profit small businesses located within the County. Eligible small businesses have an opportunity to receive a one-time amount up to \$50,000 to aid in COVID-19 recovery efforts. Higher priority is being given to eligible small businesses who employ one or more individuals of low to moderate income and/or whose business is located within a qualified census tract. |
| Does this project include a capital expenditure? | No |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 1 Imp General Public |
| Secondary Impacted and/or Disproportionately Impacted populations | 2 Imp Low or moderate income HHs or populations |
| | Cumberland County issued requests for applications, focused on for-profit small businesses located within the |

| | |
|---|--|
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | County. Eligible small businesses had the opportunity to receive a one-time amount up to \$50,000 to aid in COVID-19 recovery efforts. Higher priority is being given to eligible small businesses who employ one or more individuals of low to moderate income. |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | Applicants certified they had lost revenue. Application process addresses the hiring or keeping low to moderate income workers and reimbursement to cover that cost. |
| Number of small businesses served (by program if recipient establishes multiple separate small businesses assistance programs) | 72 |

Project Name: Provision of Government Services

| | |
|---------------------------------|--|
| Project Identification Number | AR610 |
| Project Expenditure Category | 6-Revenue Replacement |
| Project Expenditure Subcategory | 6.1-Provision of Government Services |
| Status To Completion | Completed |
| Adopted Budget | \$10,000,000.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$10,000,000.00 |
| Total Cumulative Expenditures | \$10,000,000.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | The funds were utilized to cover staffing/payroll costs of the Sheriff's Office and Detention Center. The funds will cover salaries and corresponding fringe benefit expenses for those employees beginning in April 2022 until available funds are exhausted. Covered salaries are based on Cumberland County's current pay schedule and the fringe benefits are based on the Board of Commissioner adopted benefits ordinance. |

Project Name: CCOVID Assistance to Nonprofits

| | |
|---------------------------------|--|
| Project Identification Number | AR109 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.9-COVID-19 Assistance to Non-Profits |
| Status To Completion | Cancelled |
| Adopted Budget | \$0.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | |
| Current Period Expenditures | |

| | |
|---|---|
| Project Description | Cumberland County has issued a formal request for proposals seeking the assistance of nonprofit entities to recommend ideas on how to best provide county citizens in need with supports/services to aid in COVID-19 recovery efforts. The highest ranked proposals will be considered for a subaward or contractual agreement. A sub-committee was established and is in the process of reviewing responses. It is anticipated that award recommendations will be made during August 2022. |
| Does this project include a capital expenditure? | No |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 1 Imp General Public |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | ARP project cancelled. |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | ARP project cancelled. |
| Number of Non-Profits served (by program if recipient establishes multiple separate non-profit assistance programs) | 0 |

Project Name: Board Meeting Room Update

| | |
|--|---|
| Project Identification Number | AR104 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.4-Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, Child care facilities, etc.) |
| Status To Completion | Not Started |
| Adopted Budget | \$3,000,000.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Board of Commissioner meetings are required to be open to the public. Sufficient space is not available in the current congregate meeting room to allow for social distancing between commissioners or in the employee/public seating area. Funds will be utilized to enhance airflow, provide commissioner and employee/public seating sufficient enough to provide for social distancing in a different meeting room that will allow for safety in this congregate setting. |
| Does this project include a capital expenditure? | Yes |
| What is the Total expected capital expenditure, including pre-development costs, if applicable | \$3,000,000.00 |
| Type of capital expenditures, based on the following enumerated uses | Improvements to existing facilities |

Project Name: Rental Assistance

| | |
|---|--|
| Project Identification Number | AR202 |
| Project Expenditure Category | 2-Negative Economic Impacts |
| Project Expenditure Subcategory | 2.2-Household Assistance: Rent, Mortgage, and Utility Aid |
| Status To Completion | Completed 50% or more |
| Adopted Budget | \$500,000.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$500,000.00 |
| Total Cumulative Expenditures | \$500,000.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Cumberland County plans to issue a request for applications tailored to those who had an existing rental lease and utilities, who were negatively affected by the pandemic, and who have been thus rendered unable to maintain their current rental lease and utility payments. Eligibility will be limited to providing rental and utility assistance to those who reside in a QCT, and/or those who qualify as low to moderate income households, without duplicating similar assistance that has already been provided to these households. |
| Does this project include a capital expenditure? | No |
| Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions | \$0.00 |
| Is a program evaluation of the project being conducted? | No |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 2 Imp Low or moderate income HHs or populations |
| Is a program evaluation of the project being conducted? | No |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Rental assistance to landlords and tenants who have defaulted in payment of rent in Cumberland County. |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | Rental assistance was provided to individuals who faced financial hardship due to COVID19. |
| Number of households served (by program if recipient establishes multiple separate household assistance programs) | 110 |

Project Name: First Time Home Buyers Program

| | |
|---------------------------------|--|
| Project Identification Number | AR218 |
| Project Expenditure Category | 2-Negative Economic Impacts |
| Project Expenditure Subcategory | 2.18-Housing Support: Other Housing Assistance |
| Status To Completion | Cancelled |

| | |
|---|---|
| Adopted Budget | \$0.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | |
| Current Period Expenditures | |
| Project Description | Cumberland County plans to issue a request for applications, with a focus on first-time home buyers of low to moderate income and/or those who have had an adverse economic impact as a result of COVID-19, and/or residents of a Qualified Census Tract (QCT). Eligible applicants may receive financial assistance in the household per person amounts that do not exceed the payment totals provided by the federal government within the COVID-19 Stimulus & Relief packages. |
| Does this project include a capital expenditure? | No |
| Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions | \$0.00 |
| Is a program evaluation of the project being conducted? | No |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 1 Imp General Public |
| Is a program evaluation of the project being conducted? | No |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | ARP project cancelled. |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | ARP project cancelled. |

Project Name: Shaw Heights Affordable Housing

| | |
|---------------------------------|--|
| Project Identification Number | AR215 |
| Project Expenditure Category | 2-Negative Economic Impacts |
| Project Expenditure Subcategory | 2.15-Long-Term Housing Security: Affordable Housing |
| Status To Completion | Not Started |
| Adopted Budget | \$12,700,000.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| | Cumberland County is in the planning phase of construction of affordable housing to be located within the Shaw Heights |

| | |
|--|---|
| Project Description | community, which is located within a Qualified Census Tract (QCT). This project is being explored in conjunction with the installation of a sanitary sewer system described in the Shaw Heights Sanitary Sewer System ARPA Project (AR505). The number of housing units is to be determined. The affordable housing units will provide for permanent housing options for those citizens who are within the low to moderate income range. Housing units are also planned for the County's Robins Meadow Housing project. |
| Does this project include a capital expenditure? | Yes |
| What is the Total expected capital expenditure, including pre-development costs, if applicable | \$10,000,000.00 |
| Type of capital expenditures, based on the following enumerated uses | Affordable housing, supportive housing, or recovery housing |
| Capital Expenditure Justification | Due to lack of affordable housing in the community, the project will develop additional housing units to support the needs of low to moderate income households. |
| Does the project prioritize local hires? | Yes |
| Does the project have a Community Benefit Agreement, with a description of any such agreement? | No |

Project Name: Homeless Shelter Property

| | |
|--|---|
| Project Identification Number | AR216 |
| Project Expenditure Category | 2-Negative Economic Impacts |
| Project Expenditure Subcategory | 2.16-Long-Term Housing Security: Services for Unhoused persons |
| Status To Completion | Cancelled |
| Adopted Budget | \$0.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | |
| Current Period Expenditures | |
| Project Description | Cumberland County is in the process of exploring potential property/building locations for a homeless shelter to be located within a qualified census tract. A previously issued needs assessment survey indicated the County is lacking in available temporary housing solutions and beds available for the homeless population. Although this item is budgeted utilizing a portion of ARPA funds currently, it is expected that this will be removed from consideration as we now understand with the Final Rule this type of project is not allowed. |
| Does this project include a capital expenditure? | No |
| What is the Total expected capital expenditure, including pre-development costs, if applicable | \$250,000.00 |
| Type of capital expenditures, based on the following | |

| | |
|---|-------------------------------------|
| enumerated uses | Improvements to existing facilities |
| Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions | \$0.00 |
| Is a program evaluation of the project being conducted? | No |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 1 Imp General Public |
| Is a program evaluation of the project being conducted? | No |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | 0 |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | 0 |

Project Name: Broadband Expansion

| | |
|--|---|
| Project Identification Number | AR521 |
| Project Expenditure Category | 5-Infrastructure |
| Project Expenditure Subcategory | 5.21-Broadband: Other projects |
| Status To Completion | Not Started |
| Adopted Budget | \$283,987.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Cumberland County has partnered with an internet service provider (Connect Holding II LLC) to expand fiber optic internet access into the more remote areas of the County. ARPA funds will provide for a portion of the project cost with the remaining required funds coming from the State of North Carolina and the internet service provider. A state grant has been awarded and the combined funds will provide access to approximately 758 locations. |
| Projected/actual construction start date | 6/30/2023 |
| Projected/actual initiation of operations date | 6/30/2024 |

Project Name: Shaw Heights Sanitary Sewer System Project

| | |
|---------------------------------|---|
| Project Identification Number | AR505 |
| Project Expenditure Category | 5-Infrastructure |
| Project Expenditure Subcategory | 5.5-Clean Water: Other sewer infrastructure |
| Status To Completion | Not Started |
| Adopted Budget | \$9,300,000.00 |

| | |
|-------------------------------|---|
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Cumberland County is in the process of exploring the addition of a sanitary sewer system located within the Shaw Heights community, which is located within a Qualified Census Tract (QCT). Failing septic systems has been an issue within this community and in order for the Shaw Heights Affordable Housing ARPA Project (AR215) to be the most successful, the installation and construction of new pipes, pump stations, and force mains for sewer systems is required. |

Project Name: Grays Creek Water Project

| | |
|---------------------------------|--|
| Project Identification Number | AR515 |
| Project Expenditure Category | 5-Infrastructure |
| Project Expenditure Subcategory | 5.15-Drinking water: Other water infrastructure |
| Status To Completion | Not Started |
| Adopted Budget | \$10,000,000.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | The Grays Creek area of Cumberland County has been tested and confirmed to have above normal/unsafe limits of contaminants within its ground water and wells that provide water to the schools, residences, and businesses in the area. Construction is planned to create a community water system to address the existing public health problems associated with consuming unsafe drinking water provided by the individual well. ARPA funds will assist in partially funding the initial phases of this water project. |

Project Name: Direct Costs to Administer ARPA Funds

| | |
|---------------------------------|-----------------------------|
| Project Identification Number | AR701 |
| Project Expenditure Category | 7-Administrative |
| Project Expenditure Subcategory | 7.1-Administrative Expenses |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$2,093,572.00 |
| Program Income Earned | \$0.00 |

| | |
|-------------------------------|--|
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$348,980.80 |
| Total Cumulative Expenditures | \$348,980.80 |
| Current Period Obligations | \$28,105.08 |
| Current Period Expenditures | \$28,105.08 |
| Project Description | Salary and benefit costs of ARPA program manager, ARPA Finance Accountant, supplies and materials, advertising and other operating costs, and transfer to the general fund for interest income earned. |

Project Name: NARCAN

| | |
|---|--|
| Project Identification Number | AR113 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.13-Substance Use Services |
| Status To Completion | Cancelled |
| Adopted Budget | \$0.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | |
| Current Period Expenditures | |
| Project Description | A subrecipient agreement is planned with Cape Fear Valley Health Center who will purchase NARCAN for distribution to the Sheriff's Office, Fire Districts, and other first responders. |
| Does this project include a capital expenditure? | No |
| Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions | \$0.00 |
| Is a program evaluation of the project being conducted? | No |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 1 Imp General Public |
| Is a program evaluation of the project being conducted? | No |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | ARP project cancelled. |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | ARP project cancelled. |

Project Name: Trade Job Training Program

| | |
|-------------------------------|-----------------------------|
| Project Identification Number | AR210 |
| Project Expenditure Category | 2-Negative Economic Impacts |

| | |
|---|---|
| Project Expenditure Subcategory | 2.10-Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment supports or incentives) |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$2,000,000.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$2,000,000.00 |
| Total Cumulative Expenditures | \$131,612.92 |
| Current Period Obligations | \$1,868,387.08 |
| Current Period Expenditures | \$93,557.35 |
| Project Description | A subrecipient agreement is planned with FTCC. The funds will be used to support the “Hope, Opportunity, Prosperity through Education” or HOPE Program, which seeks to increase the social and economic mobility of participants through accelerated training connected to high-demand employment opportunities in various trades through on-the-job training with local businesses. |
| Does this project include a capital expenditure? | No |
| Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions | \$1,800,072.00 |
| Is a program evaluation of the project being conducted? | Yes |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 2 Imp Low or moderate income HHs or populations |
| Is a program evaluation of the project being conducted? | Yes |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | The goal of the H.O.P.E Initiative is to increase social and emotional mobility of disproportionately impacted populations through workforce training programs that lead to high-quality post-secondary credentials or degrees aligned with in-demand employment opportunities that provide living wage employment opportunities. The program will focus primarily on preparing participants for careers in the skilled trades. |
| Brief description of recipient’s approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | The skilled trades shortage began before the pandemic, but COVID-19 exacerbated the problem. According to the US Bureau of Labor Statistics, nearly 9 million skilled labor jobs were lost during the pandemic and only about half been filled. |

Project Name: Community Paramedics Program

| | |
|---------------------------------|-----------------------------|
| Project Identification Number | AR112 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.12-Mental Health Services |
| Status To Completion | Cancelled |
| Adopted Budget | \$0.00 |
| Program Income Earned | \$0.00 |

| | |
|---|--|
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | |
| Current Period Expenditures | |
| Project Description | A subrecipient agreement is planned with Cape Fear Valley Health center who will provide a Community Paramedic Community Response Program. Cumberland County EMS Community Paramedics are uniquely suited to respond in the 911 environment to crisis mental health and substance abuse/overdose calls within the geopolitical boundaries of Cumberland County. The team will work alongside Licensed Clinical Social Workers (LCSW) that are healthcare practitioners trained in mental health, substance abuse counseling, and patient management. |
| Does this project include a capital expenditure? | No |
| Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions | \$0.00 |
| Is a program evaluation of the project being conducted? | No |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 1 Imp General Public |
| Is a program evaluation of the project being conducted? | No |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Project cancelled. |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | Project cancelled. |

Project Name: FSU Assistance to Small Businesses

| | |
|---------------------------------|---|
| Project Identification Number | AR230 |
| Project Expenditure Category | 2-Negative Economic Impacts |
| Project Expenditure Subcategory | 2.30-Technical Assistance, Counseling, or Business Planning |
| Status To Completion | Cancelled |
| Adopted Budget | \$0.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$0.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | |
| Current Period Expenditures | |
| | A subrecipient agreement is planned with Fayetteville State University (FSU). The funds will be used to support the Innovation and Entrepreneurship Hub, which seeks to |

| | |
|---|--|
| Project Description | increase access to technical assistance, counseling services to help local business meet their business planning needs. The hub will provide advisory services, education, entrepreneurial summits, and expositions to local businesses. |
| Does this project include a capital expenditure? | No |
| Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions | \$0.00 |
| Is a program evaluation of the project being conducted? | No |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 1 Imp General Public |
| Is a program evaluation of the project being conducted? | No |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | ARP project cancelled. |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | ARP project cancelled. |
| Number of small businesses served (by program if recipient establishes multiple separate small businesses assistance programs) | 0 |

Subrecipients

Subrecipient Name: Fayetteville Technical Community College

| | |
|---|--------------|
| TIN | |
| Unique Entity Identifier | hu25muvye8m4 |
| POC Email Address | |
| Address Line 1 | PO BOX 35236 |
| Address Line 2 | |
| Address Line 3 | |
| City | Fayetteville |
| State | NC |
| Zip | 28303 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: County of Cumberland

| | |
|---|-----------------|
| TIN | 566000291 |
| Unique Entity Identifier | vausc2zzkj78 |
| POC Email Address | |
| Address Line 1 | 117 Dick Street |
| Address Line 2 | |
| Address Line 3 | |
| City | Fayetteville |
| State | NC |
| Zip | 28302 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subawards

Subaward No: AR101

| | |
|--------------------------------|---|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$72,086.00 |
| Subaward Date | 3/3/2021 |
| Place of Performance Address 1 | 117 Dick Street |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | FAYETTEVILLE |
| Place of Performance State | NC |
| Place of Performance Zip | 28306 |
| Place of Performance Zip+4 | |
| Description | Reimbursement to Cumberland County for self funded claims for vaccinations. |
| Subrecipient | County of Cumberland |
| Period of Performance Start | 3/3/2021 |
| Period of Performance End | 11/5/2022 |

Subaward No: AR102

| | |
|--------------------------------|--|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$166,000.00 |
| Subaward Date | 3/1/2022 |
| Place of Performance Address 1 | 117 Dick Street |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Fayetteville |
| Place of Performance State | NC |
| Place of Performance Zip | 28302 |
| Place of Performance Zip+4 | |
| Description | Cumberland County's self-funded claims costs for COVID19 testing |
| Subrecipient | County of Cumberland |
| Period of Performance Start | 11/5/2022 |
| Period of Performance End | 11/5/2022 |

Subaward No: AR106

| | |
|---------------------|----------------|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$961,914.00 |

| | |
|--------------------------------|--|
| Subaward Date | 3/3/2021 |
| Place of Performance Address 1 | 117 Dick Street |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Fayetteville |
| Place of Performance State | NC |
| Place of Performance Zip | 28302 |
| Place of Performance Zip+4 | |
| Description | Cumberland County's self-funded claims costs for COVID19 treatment |
| Subrecipient | County of Cumberland |
| Period of Performance Start | 3/3/2021 |
| Period of Performance End | 11/5/2022 |

Subaward No: AR302

| | |
|--------------------------------|---|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$11,435,245.00 |
| Subaward Date | 3/3/2021 |
| Place of Performance Address 1 | 117 Dick St |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Fayetteville |
| Place of Performance State | NC |
| Place of Performance Zip | 28301 |
| Place of Performance Zip+4 | |
| Description | Salary and benefit cost to restore employment to pre-pandemic levels. |
| Subrecipient | County of Cumberland |
| Period of Performance Start | 3/3/2021 |
| Period of Performance End | 12/31/2026 |

Subaward No: DIRECT ADMIN

| | |
|--------------------------------|-----------------|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$0.00 |
| Subaward Date | 1/24/2022 |
| Place of Performance Address 1 | 117 Dick Street |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Fayetteville |
| Place of Performance State | NC |

| | |
|-----------------------------|---|
| Place of Performance Zip | 28302 |
| Place of Performance Zip+4 | |
| Description | Cumberland County's Direct Admin - Per the final rule, up to 10% of allocated funds can be used for direct admin. This period includes costs for salary and benefit costs of ARPA program manager, supplies and materials, advertising and other operating costs. |
| Subrecipient | County of Cumberland |
| Period of Performance Start | 1/24/2022 |
| Period of Performance End | 12/31/2026 |

Subward No: AR210

| | |
|--------------------------------|---|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$2,000,000.00 |
| Subaward Date | 2/20/2023 |
| Place of Performance Address 1 | PO Box 35236 |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Fayetteville |
| Place of Performance State | NC |
| Place of Performance Zip | 28303 |
| Place of Performance Zip+4 | |
| Description | The goal of the H.O.P.E. initiative is to increase social and economic mobility of disproportionately impacted populations through workforce training programs that lead to high-quality post-secondary credentials or degrees aligned with in-demand employment opportunities that provide living wage employment opportunities. The program will focus on preparing participants for careers in the skilled trades. |
| Subrecipient | Fayetteville Technical Community College |
| Period of Performance Start | 2/20/2023 |
| Period of Performance End | 3/31/2025 |

Expenditures

Expenditures for Awards more than \$50,000

Expenditure: EN-00841642

| | |
|--------------------|----------------------|
| Project Name | COVID19 Vaccinations |
| Subaward ID | SUB-0545367 |
| Subaward No | AR101 |
| Subaward Amount | \$72,086.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | County of Cumberland |
| Expenditure Start | 3/3/2021 |
| Expenditure End | 11/5/2022 |
| Expenditure Amount | \$72,086.00 |

Expenditure: EN-00847916

| | |
|--------------------|----------------------|
| Project Name | COVID Testing |
| Subaward ID | SUB-0548146 |
| Subaward No | AR102 |
| Subaward Amount | \$166,000.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | County of Cumberland |
| Expenditure Start | 3/3/2022 |
| Expenditure End | 11/5/2022 |
| Expenditure Amount | \$166,000.00 |

Expenditure: EN-00848397

| | |
|--------------------|----------------------|
| Project Name | Medical Expense |
| Subaward ID | SUB-0548299 |
| Subaward No | AR106 |
| Subaward Amount | \$961,914.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | County of Cumberland |
| Expenditure Start | 3/3/2021 |
| Expenditure End | 11/5/2022 |
| Expenditure Amount | \$961,914.00 |

Expenditure: EN-01358210

| | |
|--------------------|---|
| Project Name | Public Sector Staff Workforce: Rehiring Public Sector Staff |
| Subaward ID | SUB-0664312 |
| Subaward No | AR302 |
| Subaward Amount | \$11,435,245.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | County of Cumberland |
| Expenditure Start | 3/3/2021 |
| Expenditure End | 12/31/2026 |
| Expenditure Amount | \$11,435,245.00 |

Expenditure: EN-00434338

| | |
|--------------------|---------------------------------------|
| Project Name | Direct Costs to Administer ARPA Funds |
| Subaward ID | SUB-0335972 |
| Subaward No | DIRECT ADMIN |
| Subaward Amount | \$0.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | County of Cumberland |
| Expenditure Start | 1/24/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$0.00 |

Expenditure: EN-01676436

| | |
|--------------------|--|
| Project Name | Trade Job Training Program |
| Subaward ID | SUB-0758191 |
| Subaward No | AR210 |
| Subaward Amount | \$2,000,000.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | Fayetteville Technical Community College |
| Expenditure Start | 2/20/2023 |
| Expenditure End | 6/30/2023 |
| Expenditure Amount | \$131,612.92 |

Aggregate Expenditures for Awards less than \$50,000

Expenditure: EN-01248006

| | |
|--------------|---------------------------------|
| Project Name | COVID Small Business Assistance |
| | |

| | |
|---------------------------------|------------------------------|
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$1,054,907.87 |
| Total Period Obligation Amount | \$2,319,161.36 |

Expenditure: EN-00662324

| | |
|---------------------------------|---------------------------------|
| Project Name | COVID Small Business Assistance |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Period Expenditure Amount | \$0.00 |
| Total Period Obligation Amount | \$0.00 |

Expenditure: EN-01247701

| | |
|---------------------------------|------------------------------|
| Project Name | Rental Assistance |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$19,324.52 |
| Total Period Obligation Amount | \$19,324.52 |

Expenditure: EN-00305141

| | |
|---------------------------------|---------------------------------------|
| Project Name | Direct Costs to Administer ARPA Funds |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$0.00 |
| Total Period Obligation Amount | \$0.00 |

Expenditure: EN-00435006

| | |
|---------------------------------|---------------------------------------|
| Project Name | Direct Costs to Administer ARPA Funds |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$348,980.80 |
| Total Period Obligation Amount | \$348,980.80 |

Payments To Individuals

Expenditure: EN-01247708

| | |
|---------------------------------|-------------------|
| Project Name | Rental Assistance |
| Total Period Expenditure Amount | \$480,675.48 |
| Total Period Obligation Amount | \$480,675.48 |

Report

Revenue Replacement

| | |
|---|--|
| Is your jurisdiction electing to use the standard allowance of up to \$10 million, not to exceed your total award allocation, for identifying revenue loss? | Yes |
| Revenue Loss Due to Covid-19 Public Health Emergency | \$10,000,000.00 |
| Were Fiscal Recovery Funds used to make a deposit into a pension fund? | No |
| Please provide an explanation of how revenue replacement funds were allocated to government services | The funds have been utilized to cover staffing/payroll costs of the Sheriff's Office and Detention Center. The funds covered salaries and corresponding fringe benefit expenses for those employees beginning in April 2022 until available funds are exhausted. Covered salaries are based on Cumberland County's current pay schedule and the fringe benefits are based on the Board of Commissioner adopted benefits ordinance. |

Overview

| | |
|------------------------------|-----------------|
| Total Obligations | \$27,803,387.16 |
| Total Expenditures | \$24,670,746.59 |
| Total Adopted Budget | \$65,168,690.00 |
| Total Number of Projects | 20 |
| Total Number of Subawards | 6 |
| Total Number of Expenditures | 12 |

Certification

| | |
|-------------------------------------|--|
| Authorized Representative Name | Rayshonia Latrice Manuel |
| Authorized Representative Telephone | 910-678-7749 |
| Authorized Representative Title | ARPA Finance Accountant |
| Authorized Representative Email | rmanuel@cumberlandcountync.gov |
| Submission Date | 1/4/2024 2:54 PM |