

Division of Public Health

Agreement Addendum

FY 17-18

Women's and Children's Health Section /
Women's Health Branch

Master

Local Health Department Legal Name

DPH Section / Branch Name

151 Family Planning

Activity Number and Description

Joseph Scott, 919-707-5696
Joseph.Scott@dhhs.nc.gov

DPH Program Contact
(name, phone number, and email)

06/01/2017 – 05/31/2018

Service Period

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

07/01/2017 – 06/30/2018

Payment Period

- Original Agreement Addendum
 Agreement Addendum Revision # 1

I. Background: No change.

II. Purpose:
North Carolina Session Law 2017-57, Senate Bill 257, appropriated a significant portion of the Maternal and Child Health Block Grant (Title V funds) to special projects, creating a lack of funds for Agreement Addenda currently funded by the Maternal and Child Health Block Grant. Therefore, the Healthy Mothers Health Children Program is reducing the funding by a total of approximately \$2.2 million across three programs: the Maternal Health Program (Activity 101), the Family Planning Program (Activity 151), and the Child Health Program (Activity 351).

III. Scope of Work and Deliverables:
Due to this funding reduction, all local health departments have been asked to identify service areas within Activities 101, 151, and 351, for which, based on locally determined needs and circumstances, these required funding reductions will have the smallest impact to their counties' residents.

The Local Health Department has submitted its worksheet to DPH which identifies the amounts and service areas to be reduced. This information has been accepted by DPH and the attached Budgetary Estimate now reflects the reductions commensurate with the Local Health Department's revised allocation for Activity 151 Family Planning.

This funding reduction affects the payment period October 1, 2017 through May 31, 2018. All reductions impact the federal portion only; the state dollars will change based on the matching requirement.

IV. Performance Measures/Reporting Requirements: No change.

V. Performance Monitoring and Quality Assurance: No change.

VI. Funding Guidelines or Restrictions: No change.

Health Director Signature (use blue ink)

Date

Local Health Department to complete: (If follow-up information is needed by DPH)	LHD program contact name: _____ Phone number with area code: _____ Email address: _____
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