

REQUEST FOR BOARD ACTION

**HENDERSON COUNTY
BOARD OF COMMISSIONERS**

MEETING DATE: September 3, 2024

SUBJECT: American Rescue Plan – Approved Projects Update

PRESENTER: Samantha R. Reynolds, Finance Director

ATTACHMENTS: Yes
1. – American Rescue Plan – Approved Projects

SUMMARY OF REQUEST:

Attached for the Board’s review and approval is the American Rescue Plan approved projects update as of June 30, 2024. The update includes all approved projects to be funded by American Rescue Plan funds with the amount of funds currently encumbered and expended. Amounts expended and encumbered have been reported to the US Department of the Treasury via a State and Local Government Fiscal Recovery Funds Compliance Report for Quarter 2 2024.

BOARD ACTION REQUESTED:

Request that the Board consider approving the June 30, 2024, American Rescue Plan approved projects update as presented.

Suggested Motion:

I move that the Board of Commissioners approve the June 30, 2024 American Rescue Plan approved projects as presented.

SLFRF Compliance Report - SLT-0716 - P&E Report - Q2 2024

Report Period : Quarter 2 2024 (April-June)

Recipient Profile

Recipient Information

Recipient UEI	EXFKXBHH7EG7
Recipient TIN	566000307
Recipient Legal Entity Name	Henderson County, North Carolina
Recipient Type	Metro City or County
FAIN	
CFDA No./Assistance Listing	
Recipient Address	113 North Main Street
Recipient Address 2	
Recipient Address 3	
Recipient City	Hendersonville
Recipient State/Territory	NC
Recipient Zip5	28792
Recipient Zip+4	
Recipient Reporting Tier	Tier 2. Metropolitan cities and counties with a population below 250,000 residents that are allocated more than \$10 million in SLFRF funding, and NEUs that are allocated more than \$10 million in SLFRF funding
Base Year Fiscal Year End Date	6/30/2024
Discrepancies Explanation	
Is the Recipient Registered in SAM.Gov?	Yes

Project Overview

Project Name: ALL INCLUSIVE PLAYGROUND - JACKSON PARK

Project Identification Number	2056
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	Completed
Adopted Budget	\$400,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$400,000.00
Total Cumulative Expenditures	\$400,000.00
Current Period Obligations	
Current Period Expenditures	
Project Description	Handicap accessible playground equipment in Jackson Park.

Project Name: MILLS RIVER TOWER UPGRADE

Project Identification Number	9052
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	Completed less than 50%
Adopted Budget	\$150,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$28,300.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Upgrade cell tower in Mills River, NC for emergency communications.

Project Name: SELF-INSURANCE REIMBURSEMENT

Project Identification Number	9050
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.6-Medical Expenses (including Alternative Care Facilities)
Status To Completion	Completed 50% or more
Adopted Budget	\$607,237.00
Program Income Earned	\$0.00

Program Income Expended	\$0.00
Total Cumulative Obligations	\$559,822.00
Total Cumulative Expenditures	\$559,822.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	This project is to reimburse Henderson County's self insurance fund for claims paid out related to COVID-19 expenses.
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	This project reimburses Henderson County's self insurance fund for coverage paid out related to COVID-19 claims.
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	All reimbursements made to the County's self insurance fund were related to direct COVID-19 insurance claims.

Project Name: FOSTER CARE SERVICES

Project Identification Number	9047
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.13-Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System
Status To Completion	Completed
Adopted Budget	\$348,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$348,000.00
Total Cumulative Expenditures	\$348,000.00
Current Period Obligations	
Current Period Expenditures	
Project Description	To reimburse Henderson County for expenses incurred for foster care services during the COVID19 pandemic.
Does this project include a capital expenditure?	No
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	4 Imp HHs that experienced increased food or housing insecurity
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	These funds are to reimburse Henderson County for expenses incurred for foster care services during the COVID19 pandemic.
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	These funds are to reimburse Henderson County for expenses incurred for foster care services during the COVID19 pandemic.

Project Name: BROADBAND GREAT GRANT FUNDING

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Project Identification Number	9070
Project Expenditure Category	5-Infrastructure
Project Expenditure Subcategory	5.21-Broadband: Other projects
Status To Completion	Completed less than 50%
Adopted Budget	\$1,000,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$100,000.00
Total Cumulative Expenditures	\$50,000.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	To provide broadband to unserved or underserved areas within Henderson County.
Projected/actual construction start date	11/15/2023
Projected/actual initiation of operations date	11/15/2024

Project Name: EDNEYVILLE SEWER COLLECTION SYSTEM

Project Identification Number	2059
Project Expenditure Category	5-Infrastructure
Project Expenditure Subcategory	5.2-Clean Water: Centralized wastewater collection and conveyance
Status To Completion	Completed less than 50%
Adopted Budget	\$9,300,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$1,703,259.85
Total Cumulative Expenditures	\$410,764.85
Current Period Obligations	\$0.00
Current Period Expenditures	\$145,720.00
Project Description	Sewer Collection System for Edneyville Community.
Projected/actual construction start date	12/31/2023
Projected/actual initiation of operations date	12/31/2026
Location Type(for broadband, geospatial location data)	Address
Location Details	Edneyville/Cane Creek Community
Public Water System (PWS) ID Number	n/a
National Pollutant Discharge Elimination System (NPDES) Permit Number	Pending
Median Household Income of service area	\$65,508.00
Lowest Quintile Income of the service area	\$12,301.00

Project Name: STRYKER POWER LOAD SYSTEMS

Project Identification Number	9043
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	Completed
Adopted Budget	\$117,170.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$115,138.25
Total Cumulative Expenditures	\$115,138.25
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Stryker Power-LOAD Cot Fasteners are intended to aid in the loading and unloading of patients within ambulances. For use within Emergency Medical Service ambulances.

Project Name: FLETCHER EMS STATION

Project Identification Number	9027
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	Completed less than 50%
Adopted Budget	\$3,100,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$2,232,997.02
Total Cumulative Expenditures	\$2,022,834.31
Current Period Obligations	\$18,930.15
Current Period Expenditures	\$1,190,978.91
Project Description	Construction of Fletcher EMS Station

Project Name: VFW RENOVATION AND REPAIR

Project Identification Number	9040
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	Completed 50% or more
Adopted Budget	\$4,200,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$4,200,000.00
Total Cumulative Expenditures	\$4,172,060.08

Current Period Obligations	\$0.00
Current Period Expenditures	\$1,233,724.02
Project Description	Costs associated with the renovation and repair of the VFW building in Henderson County.

Project Name: ADVENT HEALTH - MONOCLONAL INFUSION CLINIC

Project Identification Number	9032
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.6-Medical Expenses (including Alternative Care Facilities)
Status To Completion	Completed
Adopted Budget	\$250,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$250,000.00
Total Cumulative Expenditures	\$18,247.69
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	To assist hospital in providing monoclonal antibody infusion medical care to appropriate patients suffering from COVID-19.
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	These funds are to assist hospital in providing monoclonal antibody infusion medical care to appropriate patients suffering from COVID-19. Contract provides funding for hospital staff and contracted services dedicated to infusion clinic.
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	These funds are to assist hospital in providing monoclonal antibody infusion medical care to appropriate patients suffering from COVID-19. Contract provides funding for hospital staff and contracted services dedicated to infusion clinic.

Project Name: PARDEE HOSPITAL - MONOCLONAL INFUSION CLINIC

Project Identification Number	9031
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.6-Medical Expenses (including Alternative Care Facilities)
Status To Completion	Completed
Adopted Budget	\$250,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$250,000.00

Total Cumulative Expenditures	\$33,391.17
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	To assist hospital in providing monoclonal antibody infusion medical care to appropriate patients suffering from COVID-19.
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	These funds are to assist hospital in providing monoclonal antibody infusion medical care to appropriate patients suffering from COVID-19. Contract provides funding for hospital staff and contracted services dedicated to infusion clinic.
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	These funds are to assist hospital in providing monoclonal antibody infusion medical care to appropriate patients suffering from COVID-19. Contract provides funding for hospital staff and contracted services dedicated to infusion clinic.

Subrecipients

Subrecipient Name: CHARTER COMMUNICATIONS

TIN	454608839
Unique Entity Identifier	FKP2W71T9GK7
POC Email Address	
Address Line 1	12405 POWERSCOURT DRIVE
Address Line 2	ST LOUIS
Address Line 3	
City	ST LOUIS
State	MO
Zip	63131
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: WGLA ENGINEERING PLLC

TIN	
Unique Entity Identifier	N8EHZATMVBJ8
POC Email Address	
Address Line 1	724 5TH AVENUE WEST
Address Line 2	
Address Line 3	
City	HENDERSONVILLE
State	NC
Zip	28739
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

Subawards

Subward No: 9070

Subaward Type	Contract: Definitive Contract
Subaward Obligation	\$100,000.00
Subaward Date	11/15/2023
Place of Performance Address 1	Hendersonville
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Hendersonville
Place of Performance State	NC
Place of Performance Zip	28792
Place of Performance Zip+4	
Description	Henderson County has had one internet service provider, Charter/Spectrum, successfully received GREAT Grant funding. The contract outlines Henderson County's responsibility as supporting the application with \$100,000 in ARP funds as matching dollars towards the project.
Subrecipient	CHARTER COMMUNICATIONS
Period of Performance Start	11/15/2023
Period of Performance End	9/20/2028

Subward No: 2059

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$1,703,259.85
Subaward Date	6/8/2022
Place of Performance Address 1	1 Historic Courthouse Square
Place of Performance Address 2	Suite 1
Place of Performance Address 3	
Place of Performance City	Hendersonville
Place of Performance State	NC
Place of Performance Zip	28791
Place of Performance Zip+4	
Description	Edneyville Sewer Collection System was Board approved, eligible via 5.2 - Clean Water: Centralized Wastewater Collection. Services provides are for engineering related to design, permitting and archeological services for the sewer collection system.
Subrecipient	WGLA ENGINEERING PLLC
Period of Performance Start	6/8/2022
Period of Performance End	12/31/2026

Subaward No: 278

Subaward Type	Direct Payment
Subaward Obligation	\$250,000.00
Subaward Date	8/18/2021
Place of Performance Address 1	Pardee Hospital
Place of Performance Address 2	800 North Justice Street
Place of Performance Address 3	
Place of Performance City	Hendersonville
Place of Performance State	NC
Place of Performance Zip	28791
Place of Performance Zip+4	
Description	To assist hospital in providing monoclonal antibody infusion medical care to appropriate patients suffering from COVID-19. Contract provides funding for hospital staff and contracted services dedicated to infusion clinic.
Subrecipient	a2Wt000000sm6S
Period of Performance Start	8/25/2021
Period of Performance End	12/31/2022
Primary Sector	health care
Purpose of Funds	To assist hospital in providing monoclonal antibody infusion medical care to appropriate patients suffering from COVID-19. Contract provides funding for hospital staff and contracted services dedicated to infusion clinic.

Subaward No: 262

Subaward Type	Direct Payment
Subaward Obligation	\$250,000.00
Subaward Date	9/15/2021
Place of Performance Address 1	Advent Health
Place of Performance Address 2	100 Hospital Drive
Place of Performance Address 3	
Place of Performance City	Hendersonville
Place of Performance State	NC
Place of Performance Zip	28792
Place of Performance Zip+4	
Description	To assist hospital in providing monoclonal antibody infusion medical care to appropriate patients suffering from COVID-19. Contract provides funding for hospital staff and contracted services dedicated to infusion clinic.
Subrecipient	a2Wt000000sm6X
Period of Performance Start	10/18/2021
Period of Performance End	12/31/2022

Primary Sector	health care
Purpose of Funds	To assist hospital in providing monoclonal antibody infusion medical care to appropriate patients suffering from COVID-19. Contract provides funding for hospital staff and contracted services dedicated to infusion clinic.

Expenditures

Expenditures for Awards more than \$50,000

Expenditure: EN-01976643

Project Name	BROADBAND GREAT GRANT FUNDING
Subaward ID	SUB-0850146
Subaward No	9070
Subaward Amount	\$100,000.00
Subaward Type	Contract: Definitive Contract
Subrecipient Name	CHARTER COMMUNICATIONS
Expenditure Start	11/30/2023
Expenditure End	11/30/2023
Expenditure Amount	\$50,000.00

Expenditure: EN-02232166

Project Name	EDNEYVILLE SEWER COLLECTION SYSTEM
Subaward ID	SUB-0924659
Subaward No	2059
Subaward Amount	\$1,703,259.85
Subaward Type	Contract: Purchase Order
Subrecipient Name	WGLA ENGINEERING PLLC
Expenditure Start	5/22/2024
Expenditure End	5/22/2024
Expenditure Amount	\$33,160.00

Expenditure: EN-02232167

Project Name	EDNEYVILLE SEWER COLLECTION SYSTEM
Subaward ID	SUB-0924659
Subaward No	2059
Subaward Amount	\$1,703,259.85
Subaward Type	Contract: Purchase Order
Subrecipient Name	WGLA ENGINEERING PLLC
Expenditure Start	6/3/2024
Expenditure End	6/3/2024
Expenditure Amount	\$15,940.00

Expenditure: EN-02232168

Project Name	EDNEYVILLE SEWER COLLECTION SYSTEM
Subaward ID	SUB-0924659
Subaward No	2059
Subaward Amount	\$1,703,259.85
Subaward Type	Contract: Purchase Order
Subrecipient Name	WGLA ENGINEERING PLLC
Expenditure Start	6/30/2024
Expenditure End	6/30/2024
Expenditure Amount	\$76,180.00

Expenditure: EN-02232169

Project Name	EDNEYVILLE SEWER COLLECTION SYSTEM
Subaward ID	SUB-0924659
Subaward No	2059
Subaward Amount	\$1,703,259.85
Subaward Type	Contract: Purchase Order
Subrecipient Name	WGLA ENGINEERING PLLC
Expenditure Start	4/24/2024
Expenditure End	4/24/2024
Expenditure Amount	\$20,440.00

Aggregate Expenditures for Awards less than \$50,000

Expenditure: EN-02036150

Project Name	EDNEYVILLE SEWER COLLECTION SYSTEM
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$265,044.85
Total Period Obligation Amount	\$0.00

Expenditure: EN-00453001

Project Name	PARDEE HOSPITAL - MONOCLONAL INFUSION CLINIC
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$33,391.17
Total Period Obligation Amount	\$0.00

Expenditure: EN-00025495

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Project Name	PARDEE HOSPITAL - MONOCLONAL INFUSION CLINIC
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$0.00
Total Period Obligation Amount	\$0.00

Expenditure: EN-00025494

Project Name	ADVENT HEALTH - MONOCLONAL INFUSION CLINIC
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$18,247.69
Total Period Obligation Amount	\$0.00

Payments To Individuals

Expenditure: EN-00894243

Project Name	SELF-INSURANCE REIMBURSEMENT
Total Period Expenditure Amount	\$559,822.00
Total Period Obligation Amount	\$559,822.00

Expenditure: EN-01168830

Project Name	FOSTER CARE SERVICES
Total Period Expenditure Amount	\$348,000.00
Total Period Obligation Amount	\$348,000.00

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	Revenue replacement funds have been tentatively allocated to fund a VFW renovation project, an EMS base project, a cell tower upgrade, Stryker Power load systems for EMS, an All Inclusive Playgroup Project and a Recreation Sports Complex.

Overview

Total Obligations	\$10,187,517.12
Total Expenditures	\$8,130,258.35
Total Adopted Budget	\$19,722,407.00
Total Number of Projects	11
Total Number of Subawards	4
Total Number of Expenditures	11

Have you expended \$750,000 or more in federal award funds during your most recently completed fiscal year?	Yes
Have you submitted a single audit or program specific audit report to the Federal Audit Clearinghouse (FAC)?	Yes

Certification

Authorized Representative Name	SAMANTHA REYNOLDS
Authorized Representative Telephone	(828) 697-4821
Authorized Representative Title	Finance Director
Authorized Representative Email	sreynolds@hendersoncountync.gov
Submission Date	7/31/2024 2:03 PM