



CITY OF ELIZABETH CITY COMMUNITY SUPPORT GRANT 2018-2019 APPLICATION

Investing in the enhancement and future of Elizabeth City

The City of Elizabeth City makes funds available to non-profit, tax exempt, government, or for-profit community support organizations that provide activities, programs, and services to citizens of Elizabeth City, but are beyond the City's ability to fully support. Proposals are sought, which place emphasis on enhancing the health and quality of life of our less fortunate citizens and improving the exposure and access for children to arts and sciences activities and opportunities.

Funds for this grant come from the City of Elizabeth City's General Fund. All Community Support Grant funding will occur during the award process in October. Off-budget funding may be granted in the rare instance that additional funds become available during the grant cycle. The City Council reserves the right to use part of or all of the discretionary funds available to them during the budget year. Money not used will be returned to the General Fund. Each Application must address only one project. Applicants may submit more than one Application as long as each is for a distinct project, with no duplication. Application responses must be individualized for each project.

Technical assistance may be available by contacting the City Manager's Office at (252) 337-6864 for an appointment.

GENERAL GUIDELINES

The City Council determined a priority of services based on the needs of the community. Applications shall be analyzed for funding in accordance with the following priority of needs based on service impacts to the community, duplication of services from other agencies, other sources of agency funding, and presentation critique:

- Arts and cultural activities, including creative and performance arts
- Scientific literacy and exploration
- Basic needs: food and clothing
- Housing/Shelter: non-financial assistance
- Health and medical treatment, including mental health
- Recreation and athletics/sports

The Community Support Grant is a reimbursable grant program. Grant awards are for allowable expenses incurred between October 1, 2016 and June 30, 2017. Invoices for expenses must be submitted to the City for payment. Expenses remaining after June 30, 2017 will not be paid with City of Elizabeth City grant funds.

APPLICATION SCHEDULE & DEADLINES

Applications must be received for time stamp no later than **4:00 p.m. on Friday, September 14, 2018**. Applications **MUST** be mailed or physically delivered to:

Angela Cole, Assistant to the City Manager
City of Elizabeth City
Administration Department
306 E Colonial Avenue, 2nd Floor
PO Box 347
Elizabeth City, North Carolina 27907-0347

Please be aware of the following important dates for the Fiscal Year 2016-2017 Community Support Grant program.

ACTION ITEM	DATE
Authorization to Open Application Process	August 13, 2018
Pre-Application Workshop	August 20, 2018
Pre-Application Workshop (Make Up Session)	On/By August 31, 2018
Application Filing Deadline	September 14, 2018
Presentations to Finance Committee	September 20, 2018
Committee Review & Evaluation	September 24-28, 2018
Call for Public Hearing	October 8, 2018
Council Deliberation & Decision	October 22, 2018
Award Notifications	October 31, 2018

All dates are subject to change. Changes to the schedule will be communicated by electronic mail.

APPLICANT ELIGIBILITY

Organizations that submit an application are required to meet the following criteria:

- Proposed use of funds must benefit residents of the city of Elizabeth City.
- Applicant organizations may be a non-profit, tax exempt 501(c)(3) organization, in good standing with the State of North Carolina, and having an active Board of Directors in compliance with IRS Section 501(c)(3); or may be an unincorporated non-profit association as defined by the North Carolina Secretary of State; or a for-profit business entity registered and in compliance with the North Carolina Secretary of State.
- Must have been programmatically operating for at least one (1) year prior to the application deadline.
- Any property taxes and liabilities due to the City of Elizabeth City must be paid in full.

RESTRICTIONS ON USE OF COMMUNITY SUPPORT GRANT FUNDS

The City of Elizabeth City will not fund the following:

- The duplication of services or programs offered by the City of Elizabeth City.
- Social functions, parties, receptions, fund-raising benefits, refreshments or beverages.
- Licensing fees of any kind.
- Underwriting, investments, bonds, or any financial obligation.
- Interest and/or depreciation on loans, fines, penalties, or costs of litigation.
- Retroactive funding or operating deficits.
- Office equipment or furniture, including computers.
- Purchases that would have been previously supported through government funding.

SUBMITTAL REQUIREMENTS

Applications must be complete at the time of submission. No additional information will be accepted after the deadline date and time unless specifically requested by the City. Applications may not be submitted by facsimile (fax) or by electronic mail (e-mail), since we require an original signature.

Submit one signed and notarized original, and one scanned copy of the entire original application on a flash drive. Please do not submit additional items other than the requested information. Brevity and clarity are appreciated. A cover letter is not required. Do not use staples to bind your documents. Original paper copy must be single-side (print only on one side of paper).

To have an application considered for funding, applicants must attend the pre-application workshop on **August 20, 2018** and also make a formal presentation to the City Council. The Council-adopted schedule of critical dates will be made available to applicants at the pre-application workshop.

APPLICATION FORMAT

The grant application consists of an application summary page and 15 narrative questions. **DO NOT CHANGE THE FORMAT OF THE APPLICATION SUMMARY PAGE.** The application is designed so that you can write as much as you need to answer the questions. However, please keep in mind that brevity will be appreciated by the Community Support Grants review panel. It is imperative that you review the Grant Instructions before preparing your submission. Only applications that are received on the Elizabeth City Community Support Grant Application for will be considered for funding.

After completing the application, please attach the following supporting documents in the order shown:

- a. Detailed current annual agency budget, including sources of funds. If you are an area-wide agency, please submit only the annual budget for the Elizabeth City office and the services it provides. If you do not have an Elizabeth City office or budget, please indicate the portion of your budget that is designated for or provided to Elizabeth City citizens.
- b. Detailed project/activity budget, including sources of funds.
- c. Copy of the organization's recent financial statements. These must include the Balance Sheet and Statement of Revenues and Expenditures.
- d. List of Officers and members of Board of Directors
- e. Resume of Director or President
- f. Copy of the organization's Constitution and By-Laws
- g. Minutes from the most recent Board of Directors annual general meeting
- h. Copy of the organization's IRS Letter of Determination certifying federal tax-exempt status, if applicable
- i. Copy of the for-profit organization's registration and most-recent certificate with the North Carolina Secretary of State, if applicable
- j. Copy of the most recent audit of your financial records, including the management letter. If no audit has been completed in the last two years, please explain why. Only one (1) copy of the audit is required.

NOTICE OF AWARD

The Community Support Grant application and review process is deliberate but fast-moving. So as to respect the programming and activity constraints of the applicants, City Council will make every effort to determine funding for all applicants by mid-October. The proposed Award Notification date for this year is **October 31, 2018**. Applicants will be informed by written correspondence from the City Manager.

NON-DISCRIMINATION POLICY

The City of Elizabeth City does not discriminate against any persons on the grounds of race, color, national origin, religion, sex, age, or disability.

PROVISIONS FOR PERSONS WITH DISABILITIES:

If any person with an interest in applying for Community Support Grant (CSG) funding is a person with a disability, as defined by Section 504 of the Rehabilitation Act of 1974, and who requires an accommodation to participate or take interest, that person must make a request for accommodation to Katherine Felton, Human Resource Director, (252) 335-2199 or email kfelton@cityofec.com. Such request shall include a description of the accommodation sought, along with a statement of the impairment that necessitates the accommodation. Any request for accommodation shall be reviewed and a response provided within five business days of receipt of such request. Notice of any accommodation granted will be promptly provided to the requester.



CITY OF ELIZABETH CITY COMMUNITY SUPPORT GRANT APPLICATION SUMMARY

Agency Information		Staff Use Only	
Organization Name: Healthy Carolinians of the Albemarle		Date & Time Submitted	
Address: PO Box 189, Elizabeth City, NC 27907			
Director's Name: Amy Underhill	Phone: 338-4448	Fax:	
Director's Title: Chair, HCOTA	E-mail: aunderhill@arhs-nc.org		
Website Address: http://www.arhs-nc.org/services/health/healthy-communities/carolinians/hcota/			
Tax I.D. Number: 566000798			
Are you tax exempt under IRS Tax Code 501(c)(3)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Please check one)			
Are you a for-profit entity registered with the NC Secretary of State? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Please check one)			
How long has your organization been in existence? <u>17</u> Years <u> </u> Months			
Who should we contact if we have questions concerning this application?			
Name: Amy Underhill	Phone: 338-4448	E-mail: aunderhill@arhs-nc.org	
Grant Request			
Has your organization received funding from Elizabeth City? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Please check one)			
If 'Yes' to the above question, please indicate amount, date and purpose. HCOTA received \$500 for our Golden Shoes program in 2017, \$500 for the Passport 2 Fitness program in 2014, \$1000 for our Healthy Living program in 2012, and \$500 for to assist in printing "Know Your Numbers" tracking cards in 2010.			
Total Grant Amount Requested: \$ 1600.00			
Summary Description of Grant Request (one or two sentences): HCOTA is requesting funding to initiate the Elizabeth City GetFit! program. This program is a partnership with the ECPRD and Pasquotank Cooperative Extension to promote physical activity by offering free fitness classes to anyone who works or resides in Elizabeth City.			
Total Number of Clients or Citizens Expected to be Benefit by this Grant: 250			

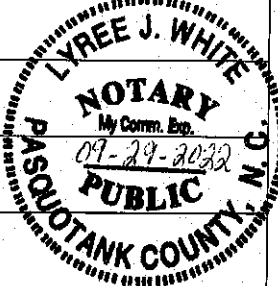
Indicate type of services to be provided:

- | | |
|---|---|
| <input type="checkbox"/> Basic needs (food, clothing) | <input type="checkbox"/> Scientific literacy and exploration |
| <input type="checkbox"/> Housing/shelter (non-financial assistance) | <input checked="" type="checkbox"/> Recreation and athletics/sports |
| <input type="checkbox"/> Medical or mental health | <input type="checkbox"/> Professional development and training |
| <input type="checkbox"/> Arts and cultural activities | <input type="checkbox"/> Other: |

Signatures and Conditions

We certify that to the best of our knowledge the information provided in this application is accurate and complete and is endorsed by the organization that we represent. If our organization receives funding through the City's Community Support Grant, we agree to the conditions below and to any other conditions approved by City Council.

Signatures of Two Authorized Officers from the Board of Directors

Authorized Official's Name: Amy Underhill	Title: Co-Chair, HCOTA	
Signature: <i>Amy Underhill</i>	Date: 9/11/18	
Authorized Official's Name: Amanda Betts	Title: Co-Chair, HCOTA	
Signature: <i>Amanda Betts</i>	Date: 9/11/18	

Conditions

- In the event that the funds are not used for the purpose as described in the application, or if there are misrepresentations in the application, all ineligible expenses as deemed by the City shall be repaid to the City of Elizabeth City.
- If there are any changes in the funding of the request from that described in the application, the funding recipient must provide written notification of these changes to the City Manager for approval by City Council.
- The organization will make or continue to make attempts to secure funding from other sources as indicated in its application.
- The organization will keep proper books of accounts of all receipts and expenditures relating to the purchase of the grant funding request. Records to justify expenditures must be maintained by the agency for a period of four years.
- If the purchase proposed in the organization's application is not started, or not completed, and municipal funds remain on hand, or the purchase is completed without requiring the full amount of municipal funds, or Council directs the funds be returned, these funds will be returned to the City through the City Manager.
- The City reserves the right to use materials relating to its support of this project in its promotional and advertising campaigns.
- The organization will hold the City of Elizabeth City harmless from any claim or liability that may arise or result from the operation of any program/project service(s) assisted by the City of Elizabeth City.

NARRATIVE QUESTIONS

- 1. Grant Request Budget Summary:** Provide a line-item budget for your grant request, using the categories listed below.

Category	Total Budget	Project/Activity-Specific Budget	City Funding Requested
Personnel Costs	\$2200	\$2200	\$0
Operational Costs	\$0	\$0	\$0
Supplies (healthy living brochures/information to be given out at kickoff)	\$200	\$200	\$200
Travel	\$200	\$200	\$0
Other-Fitness Instructor Fee (20 classes at \$50 per class)	\$1000	\$1000	\$1000
Other-Class Space	\$500	\$500	\$0
Other-Incentives	\$100	\$100	\$100
Other - Food (healthy meal served at kickoff)	\$200	\$200	\$200
Other - Advertising	\$100	\$100	\$100
Total Grant Request	\$4,400	\$4,400	\$1600

- 2. Description of Grant Request:** Please explain your request. Define the who, what, where, and how of the request. You should specifically describe and quantify the services or products to be provided with the grant funds and how these services will be delivered. Include how many clients will be served or participate in the project. If this is a project, state how long it will take to complete it. Where appropriate, please discuss how your grant request fits in with your long-term goals for your clients.

Elizabeth City Get FIT! (ECGF!) is a six-month fitness and walking program designed to increase the physical activity levels of adults who live or work in Elizabeth City. Healthy Carolinians of the Albemarle (HCOTA) is partnering with Elizabeth City Pasquotank Parks and Recreation and the Pasquotank Cooperative Extension, as well as various licensed fitness instructors in the area. ECGF! will consist of three components; a healthy living educational session, a variety of fitness classes offered free of charge to participants, and a walking program. Registration is required and participants are expected to engage in all three components. The Healthy Living Session will kick-off the program to include an overview of wellness, a fitness class, and a healthy

snack/meal. The program's goal is to increase physical activity by organizing a walking program and providing free weekly classes including Zumba, Kickboxing, Beginner's Boot Camp, Yoga, Line Dancing, and/or Weight Training. HCOTA staff will work with instructors and recreation department/cooperative extension staff to provide class locations and additional classes as funding allows.

3. **Work Schedule:** Provide a proposed schedule for the use of grant funds. The schedule should provide milestones and deadlines for accomplishment of tasks or the delivery of services. These projected milestones and deadlines are a basis for measuring actual progress during the term of the grant agreement. Generally, you should plan to complete all expenditures within 9 months of the start of your grant so that there is time to submit for reimbursement before the expiration of the grant.

This program will take place in January-June 2019, after the holidays when most are trying to become/stay healthy. Advertising and promotion of this program will begin in December with online registration.

4. **Need Justification:** Explain why your service or project is needed in the community.

According to the 2016 Community Health Assessment, Pasquotank County has an adult obesity rate of 32.5%, a rate higher than both the State and Region (Bertie, Camden, Chowan, Currituck, Gates, Pasquotank, and Perquimans). The CDC states exercise improves overall health and fitness reducing the risk for chronic diseases. Obesity and chronic disease rates, as well as the self-report behaviors, illustrate a need for and lack of physical activity in Pasquotank County. HCOTA wants to address this issue by providing this free program for residents to get physical activity and establish a healthier lifestyle.

5. **Agency Description:** Briefly describe the mission and activities of your organization, and explain how the activities to be funded in your grant request fit in with your other activities. Tell us about your agency mission and its activities to accomplish the mission. Explain how the activities to be funded by this grant fit in with your other activities.

Healthy Carolinians of the Albemarle (HCOTA) is a community-based network of agencies and citizens dedicated to improving the quality of life through health and wellness, where its main focus is to eliminate health disparities across the four counties of Pasquotank, Perquimans, Camden and Currituck by addressing emerging health trends. HCOTA is comprised of

community members and leaders, representatives of public health, hospitals, human services organizations, churches, schools and businesses who come together to organize and mobilize resources through collaboration. Through data provided by the Community Health Assessment, top health priorities are determined for each county and activities are created in order to address these priorities. Currently, obesity and chronic disease prevention are areas of focus. Elizabeth City GetFit! fits perfectly in these priority areas due to promoting physical activity and fitness. Other programs sponsored by HCOTA include:

- **Passport 2 Fitness: a physical activity program for families of school aged children**
- **Golden Shoes, a physical fitness and healthy eating event occurring annually**
- **Healthy Living: a six week program that educates the community about the connection between nutrition, physical activity and chronic disease using a self-management and social support framework**
- **A Local Fitness Activities Flyer**
- **County-specific walking brochures**

6. **Agency Experience:** Describe the experience of the organization in carrying out the type of activities proposed in this application and the length of time the organization has been involved in providing the proposed services. If the agency does not have prior experience in providing the proposed service, please indicate experience and successes in carrying out similar programs.

HCOTA is been initiating and promoting health and wellness type programs in the community for 16 years. The program has a large amount of buy-in from community partners, including both individual citizens and organizations, which share in the mission of HCOTA and feel that our community needs to be educated on the benefits of leading a healthy lifestyle.

HCOTA Co-Chairs have been successfully administering a Get Fit program in Chowan and Perquimans counties for the past 5 years.

7. **Return on Investment.** If City or other public monies have been used in previous years to fund a project of similar type, please report data demonstrating the success of previously funded efforts.

Currently, there are no funded programs of this type in Elizabeth City. HCOTA is hoping to reach a larger target population with funding provided by the City.

8. **Duplication of Services:** Describe how your request provides a public benefit not otherwise met in Elizabeth City. If other agencies are providing the same or similar services, please explain why your program should receive funding instead of utilizing other existing similar programs. If your program is a partnership with other local agencies, please explain.

Currently, there is no similar program available in this area. There are group fitness classes available but most charge a fee and this fee hinders many from participating. This program will provide citizens a cost free avenue to participate in physical fitness activities that they would not normally be able to participate in due to cost.

9. **Outreach:** Explain how you conduct outreach to potential clients, particularly the hard-to-reach component of your target population.

HCOTA hopes to target the entire City because physical activity and healthier eating habits should be a priority for all. HCOTA will lean on its partners to help advertise and promote this program and will also provide outreach to medical facilities and area fitness activities/facilities. HCOTA will also utilize social media in its efforts to promote this program.

10. **Agency Accessibility:** Describe the accessibility of your program and your location to your clients. For example, are you geographically easy to reach? How do your clients get to your facility? What are your hours of operation? Are your facilities handicap-accessible? Do you have bilingual staff? If your proposed activity will be conducted in locations away from your main facility, how will clients access the services?

HCOTA is located in the heart of Elizabeth City and is housed at Albemarle Regional Health Services. Hours of operation are Monday through Friday 8-5pm. Facilities are handicap-accessible and bilingual services are available. Elizabeth City GetFit! classes will be held throughout Elizabeth City at locations assessable to all residents.

11. **Performance Measures:** Describe how the grant request fits the needs of the population to be served, how the target population's needs are assessed, and what performance measures will be used to evaluate the success of the proposed project.

As stated earlier, the adult obesity rate is 32.5% in Pasquotank County. Participants will be given pre and post program surveys to evaluate success of program and document behavior changes. HCOTA staff will document and

track class attendance and miles/minutes walked during program. Incentives will be given at the end of program to the most active participants.

- 12. Funding Sources:** List all efforts to obtain funding for your program from other sources, including all pending or denied applications.

HCOTA has reach out

If funding is not granted, will the project or service go forward? Yes No X
Without funding, HCOTA will be unable to implement this program. HCOTA will continue to seek funds from other sources.

Will the project or service continue after the grant funds end? Yes X No
If yes, explain how funding will be provided after grant funding ends.

HCOTA is hoping to make this program and annual event and will continue to seek funding and resources in order to do this.

- 13. Volunteers:** Please describe how volunteers will be utilized for the proposed activity and estimate the amount of volunteer time to be dedicated to the activity.

The HCOTA partnership will be utilized to help promote the program and help with securing instructors for the fitness classes. An estimated 10 hours volunteer time is needed for this program.

- 14. Partnerships:** List all agencies or organizations with which you are collaborating regarding the services to be provided through this grant request. Briefly describe the extent of collaboration.

Elizabeth City Parks and Recreation – will assist with securing licensed fitness instructors and possibly provide class space as well as help advertise program

Pasquotank Cooperative Extension – will provide class space and help advertise program

HCOTA partners- assist with promoting the program

- 15. Federal and State Funds:**

State the amount of federal and/or funds (from all sources) received in FY 2014-15:
\$ 0

Does the amount of federal and/or funds (from all sources) that you expect to receive in FY 2015-16 exceed \$500,000? Yes No X

- 16. Additional Information:** Provide any other information that may be pertinent to this application but was not stated in previous questions.



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ARHS FINANCIAL SYS - LIVE DB |
YEAR-TO-DATE BUDGET REPORT

P 1
glytdbud

FOR 2019 02

ACCOUNTS FOR:	ORIGINAL APPROP	REVISED BUDGET	YTD ACTUAL	MTD ACTUAL	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
237 Healthy Carolinians							
L9 **KBR HCOTA Grant**							
41 REVENUES							
43730 414020 Albemarle Hospital	-3,000	-3,000	.00	.00	.00	-3,000.00	.0%
43730 429994 Carry Forward Local	0	-14,979	-14,978.89	.00	.00	-.11	100.0%
TOTAL REVENUES	-3,000	-17,979	-14,978.89	.00	.00	-3,000.11	93.3%
52 OPERATING EXPENSES							
53730 526315 Incentives	500	5,479	.00	.00	.00	5,479.00	.0%
53730 526347 Meeting Expenses	400	400	.00	.00	.00	400.00	.0%
53730 526380 Marketing	2,100	12,100	.00	.00	.00	12,100.00	.0%
TOTAL OPERATING EXPENSES	3,000	17,979	.00	.00	.00	17,979.00	.0%
TOTAL **KBR HCOTA Grant**	0	0	-14,978.89	.00	.00	14,978.89	100.0%
TOTAL Healthy Carolinians	0	0	-14,978.89	.00	.00	14,978.89	100.0%
TOTAL REVENUES	-3,000	-17,979	-14,978.89	.00	.00	-3,000.11	
TOTAL EXPENSES	3,000	17,979	.00	.00	.00	17,979.00	

Elizabeth City GetFit! (ECGF!) Detailed Project/Activity budget

Program Expenses (by category)		Program Revenue (by sources)	
Personnel costs(in-kind)	\$2200	ARHS (in-kind)	\$2200
HCOTA Staff time needed to:			
• Administer program			
• Advertise program			
• Secure Instructors			
• Schedule Classes			
• Attend classes to document attendance			
Travel (in-kind)	\$ 200	ARHS (in-kind)	\$ 200
Supplies	\$ 200	City of Elizabeth City	\$ 200
Brochures/Healthy living information to be given out at kickoff			
Other - Fitness Instructor Fee	\$1000	City of Elizabeth City	\$ 1000
20 classes at \$50 per class			
Class Meeting Space (in-kind)	\$ 500	ECPRD/ Pasq. Coop. Ext./ ARHS (in-kind)	\$ 500
Other - Incentives	\$ 100	City of Elizabeth City	\$ 100
Provided at end of program to most active participants			
Other - Food	\$ 200	City of Elizabeth City	\$ 200
Healthy snack/meal provided at kickoff			
Other- Advertising	\$ 100	City of Elizabeth City	\$ 100
Total Expenses	\$12,700	Total Revenue	\$12,700



ALBEMARLE REGIONAL HEALTH SERVICES
Partners in Public Health

Annual Budget for Albemarle Regional Health Services

The annual budget will be
provided upon request.



R. Battle Betts, Jr., MPA, Health Director
P.O. Box 189 • 711 Roanoke Avenue • Elizabeth City, North Carolina 27907-0189
Tel: 252-338-4400 • Fax: 252-338-4449 • www.arhs-nc.org



HCOTA PARTNERSHIP
Member E-mail List
Revised 1/18

Amy Underhill (Co-Chair) aunderhill@arhs-nc.org
Amanda Betts (Co-Chair) amanda.betts@arhs-nc.org
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Tammy Sawyer twsawyer@ecpps.k12.nc.us
Vickie Whitehurst Vickie.Whitehurst@area-F.hcqis.org
Zary Ortiz zortiz@albemarlehealth.org

Amy C. Underhill

Education

2005-2006 East Carolina University Greenville, N.C.
Master of Arts in Health Education and Health Promotion

1996 - 1999 East Carolina University Greenville, N.C.
Bachelor of Science in Community Health Education and Promotion

Professional experience

September 2000 – Present Albemarle Regional Health Services
Elizabeth City, N.C.

Healthy Communities Coordinator/ Health Education Supervisor

- Provide community presentations, trainings and activities on health promotion topics including, personal wellness, chronic disease prevention, nutrition, physical activity, HIV/AIDS and STD prevention, personal hygiene, childhood obesity prevention, and many other health topics. Schedule and coordinate health screenings and wellness seminars through the LifeQuest Worksite Wellness program. Provide contraceptive education, childbirth, Parenting and breastfeeding education in clinical settings. Work closely with schools, churches, worksites, businesses, and community groups to provide public health information. Participate in writing grants and overseeing grant programs. Attend job related trainings as well as serve on community and school committees. Directly responsible for overseeing, directing, organizing, and managing six health education staff members.

Professional memberships

Chair of Healthy Carolinians of the Albemarle, Regional Disparities Gap Coordinator, Chair of Currituck County Employee Wellness Committee, Board member for Currituck County Partners for Healthy Schools, Board member for Currituck County Juvenile Crime Prevention Council, Advisory Board member for Currituck County Cooperative Extension, Chair of Albemarle Regional Health Services Media Review Committee, Chair of Inter-County Wellness Committee, Chair of the Jeff Jones HIV Care Consortium, Albemarle Alliance for Family and Children Board member.

Specialized Trainings

2017 – Social Media Training
2017- Lifestyle Coach
2016- Quality Improvement Advisor
2011 – International Fitness Association Aerobic and Personal Trainer Certification
2008 - CPR/AED Certification
2005 - Tools for Schools
2003 - ITS/SIDS
2000 - Open Airways
1999 - Counseling Women Who Smoke
1999 - Road To Recovery
1999 - Teens Against Tobacco Use
1997 - Fresh Start Smoking Cessation
1997- First Aid and Safety

**BYLAWS
OF
Healthy Carolinians of the Albemarle**

ARTICLE I. NAME

This organization shall be known as Healthy Carolinians of the Albemarle (HCOTA).

ARTICLE II. VISION/MISSION

Healthy Carolinians of the Albemarle is to be a community based network of agencies and citizens dedicated to improving the quality of life through health and wellness in Pasquotank, Perquimans, Camden, and Currituck counties.

ARTICLE III. ROLES AND RESPONSIBILITIES

Section 1. Roles of the Partnership

- Increase healthy lifespan and improve quality of life
- Serve as a link between various aspects of the community
- Establish reasonable and measurable objectives
- Coordinate preventive health services and education
- Provide necessary support materials and secretarial assistance
- Consult with Fiscal Agent on necessary expenditures
- Approve Annual Budget
- Provide specialized technical assistance

Section 2. Roles of Coordinator

- Notify members of meeting dates, times, locations, and requests for funding
- Publicly speak for the Partnership
- Duties as assigned by Steering Committee
- Meet grant guidelines
- Identify areas of concern related to Vision and Mission

Section 3. Roles of the Chairperson

- Preside over Partnership meetings
- Plan meeting agenda with the assistance of Coordinator
- Appoint special or AD HOC committees as deemed necessary
- Publicly speak for the Partnership
- Represent Partnership at relevant governmental, community, and private sector meetings or appoint representative to attend such meetings

Section 5. Roles of Secretary

- Record minutes of all organization meetings
- Disseminate minutes to all members prior to the next meeting
- Correspond with members and community as needed
- Preside over meeting in the absence of Chairperson
- Submit meeting agenda and minutes to Coordinator

ARTICLE IV. MEMBERSHIP

The membership of the HCOTA Partnership will address county-specific issues to ensure adequate member representation. The Partnership membership goal is that of representation rather than of numbers. Partnership members will assist with identifying potential new members and the Coordinator and/or Officer will be responsible for contacting identified persons.

Section 1. Number

- The organization shall consist of forty (40) voting members with equal representation among all four (4) counties.
- A quorum shall be 5 voting members and chairperson and/or coordinator.
- General membership is unlimited and open to the public.

Section 2. Appointments and Removal

Nominations for membership shall be submitted by current partnership membership. Open discussion and vote will select new candidates. The partnership shall have the right to remove members for good cause shown through lack of participation in activities and/or lack of support of activities or for reasons deemed appropriate by partnership. A two-thirds (2/3) majority of those present is required for removal. Removal results when there are three consecutive absences without responding to the Partnership meeting notice by the date

given. The Coordinator will first make contact before removal via a courtesy letter asking to confirm continued interest.

Section 3. Proxies

Members representing organizations may designate a proxy to attend a meeting in his/her absence or submit a letter of proxy. The member is responsible for briefing the proxy on current issues under review, as well as the roles, responsibilities and other norms the organization may have adopted.

Section 4. Terms of Officers

The Steering Committee shall submit a slate of officers to the partnership. The length of any officer's term shall be set at 2 years starting in January of even numbered years. Election of these officers will be held in the fall of the odd numbered years.

ARTICLE V. STANDING COMMITTEES

Section 1. Steering Committee

- a. The Steering Committee shall be composed of the following:
 - Chairperson
 - Secretary
 - 3 At-Large Members
 - Coordinator

- b. The duties of the Steering committee are as follows:
 - Provide guidance and direction to the organization and standing committees based on the Community Needs Assessment, stated goals, objectives, and activities
 - Coordinate the administrative and operational functions of the organization
 - Assist the Chairperson in setting meeting agendas
 - Act as trouble-shooting group
 - Enforce removal of participants when warranted

- c. The Steering Committee shall meet as deemed necessary.

ARTICLE VI. MEETINGS

The organization meetings will be held monthly or as deemed necessary at alternating sites within Pasquotank, Perquimans, Camden, and Currituck counties at 12:00 pm. Meeting notices will be sent to members two weeks prior to meeting date with draft copy of Agenda and minutes of previous meeting.

ARTICLE VII. GOVERNANCE OF MEETINGS

Section 1. All organization meetings are officially open to the public.

Section 2. All meetings are conducted in accordance with these By-Laws and/or Robert's Rules of Order.

ARTICLE VIII. AMENDMENTS

These by-laws shall be amended by a two-thirds ($2/3$) vote of those present in person and voting at any meeting, provided that notice of the proposed amendment had been mailed or delivered to the membership at least three (3) working days before the scheduled meeting.

Meeting Name:	HCOTA Partnership Meeting	Facilitator:	Amy Underhill
Date of Meeting:	8/17/18	Time:	12:00 pm
Notes prepared by:	Amanda Betts	Location:	Hugh Cale



BUILDING HEALTHIER COMMUNITIES
in Pasquotank, Perquimans, Camden and Currituck Counties

MEETING NOTES 8/17/2018

Meeting Objectives		
<ul style="list-style-type: none"> • Share project updates • Agreement to which deliverable(s) to focus on between now and the next meeting. 		
Meeting Attendance		
Name	Agency	Email
Pamela Hurdle	Town of Hertford	townadmin@townofhertfordnc.com
Amy Underhill	ARHS	amy.underhill@arhs-nc.org
Amanda Betts	ARHS	Amanda.betts@arhs-nc.org
Ellen Owens	Pasquotank Extension	ehowens@ncsu.edu
Leslie Otts	DPI	Leslie.otts@dpinc.gov
Danielle Toupin	Elizabeth City Downtown Farmer's Market	danielle@downtownwaterfrontmarket.com
Approval of Prior Minutes		
Unfortunately, there were no minutes taken at the prior meeting.		
Agenda Items and Key Notes		
Topics and Points of Discussion		Carry-over Item?
The group's attendees introduced themselves.		
<p>Perquimans Get Fit: Amanda reported that funding had been received to continue the program and the next session would start in October. Kickoffs are planned for October 5th and 6th. The registration form is currently being created and will be sent out the first of September. Online registration and paper copies will be available.</p>		Yes
<p>Community Health Assessment Thanks to all who helped to secure surveys and focus groups for the CHA. The data is currently being analyzed and will be available on the new website HealthENC towards the end of December. The address is HealthENC.org. We will be working on setting up community presentations once all the data is processed.</p>		Yes
<p>Passport 2 Fitness: The Passport 2 Fitness program ended its season in June with only 6 participants receiving prizes this year. Amy discussed the possibility of the program having run its course and it may be time to stop it. The group discussed the potential of partnering with Active Routes to School and helping to promote school programs instead for</p>		Yes

this season. The JC Sawyer run club was discussed and the possibility of trying to initiate run clubs in other schools.

Action Plan Update:

Amy reviewed the action plans with the group and stated that we are currently on track with our objectives. It was discussed that if the CHA data remains the same, we may be able to keep our current action plans but will need to work on some long term goals.

Yes

Speedway 2 Healthy

Amy shared that JC Sawyer is still on board for having Speedway to Healthy. Ellen said she would check with Mason about possible fall dates and then check on bringing it back in the spring to another school. Once a date has been set, HCOTA will start recruiting volunteers.

Yes

New Business:

Amanda made the group aware that the City of Elizabeth City Community Benefits Grants were now available. The group discussed applying for funding to create a GetFit! program in Elizabeth City. Since this program is so successful in Perquimans and Chowan, and there seems to be a large need here in Elizabeth City, it was voted on to move forward with a grant proposal. Members then brainstormed possible class instructors and locations for fitness classes. Amanda and Amy stated they would form a steering committee to administer this program and if funding is secured, the group would be notified in order to move forward with the program.

No

Roundtable Community activities, announcements and events

- Drugs Uncovered will be held in Edenton on 9/4/18
- MayDay Event will be 9/15 at Waterfront Park in Elizabeth City
- Taste of Perquimans will be held on 9/22/18
- Elizabeth City Business Expo will be held 9/26/18
- City of Elizabeth City Health Fair is 9/27/18
- Pasquotank Cooperative Extension will host growing/cooking with herbs classes this fall

Action Items

	Owner	Due Date
1. Amy will send out minutes.	Amy	ASAP
2. Ellen will check on dates for Speedway to Healthy	Ellen	ASAP

Next Meeting

Date: 10/19/18	Time: 12:00pm	Location: TBA
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Adjournment



CINCINNATI OH 45999-0038

In reply refer to: 0248164841
Mar. 17, 2015 LTR 4076C 0
56-6000798 000000 00

00017627
BODC: TE

ALBEMARLE REGIONAL HEALTH SERVICES
PO BOX 189
ELIZABETH CTY NC 27907



010084

Federal Identification Number: 56-6000798
Person to Contact: B. Hall
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This responds to your request for information about your federal tax status. Our records do not specify your federal tax status. However, the following general information about the tax treatment of state and local governments and affiliated organizations may be of interest to you.

GOVERNMENTAL UNITS

Governmental units, such as States and their political subdivisions, are not generally subject to federal income tax. Political subdivisions of a State are entities with one or more of the sovereign powers of the State such as the power to tax. Typically they include counties or municipalities and their agencies or departments. Charitable contributions to governmental units are tax-deductible under section 170(c)(1) of the Internal Revenue Code if made for a public purpose.

ENTITIES MEETING THE REQUIREMENTS OF SECTION 115(1)

An entity that is not a governmental unit but that performs an essential government function may not be subject to federal income tax, pursuant to Code section 115(1). The income of such entities is excluded from the definition of gross income as long as the income (1) is derived from a public utility or the exercise of an essential government function, and (2) accrues to a State, a political subdivision of a State, or the District of Columbia. Contributions made to entities whose income is excluded income under section 115 may not be tax deductible to contributors.

TAX-EXEMPT CHARITABLE ORGANIZATIONS

An organization affiliated with a State, county, or municipal government may qualify for exemption from federal income tax under section 501(c)(3) of the Code, if (1) it is not an integral part of the government, and (2) it does not have governmental powers inconsistent with exemption (such as the power to tax or to exercise enforcement or regulatory powers). Note that entities may meet the requirements of both sections 501(c)(3) and 115 under certain circumstances. See Revenue Procedure 2003-12, 2003-1 C.B. 316.



ALBEMARLE REGIONAL HEALTH SERVICES
Partners in Public Health

Audit for Albemarle Regional Health Services

Due to the size and amount of paper required
to print the current audit, it will be
provided upon request.



R. Battle Betts, Jr., MPA, Health Director

P.O. Box 189 • 711 Roanoke Avenue • Elizabeth City, North Carolina 27907-0189
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