WILSON COUNTY, NORTH CAROLINA 2021-2022 BUDGET ORDINANCE

BE IT ORDAINDED by the Board of Commissioners of Wilson County, North Carolina:

Section 1. It is estimated that the following revenue sources will be available in the **General Fund** for the fiscal year beginning July 1, 2021, and ending June 30, 2022:

Property Taxes	\$ 53,820,000
Other Taxes	14,911,500
Intergovernmental	17,920,131
Sales and Services	7,119,667
Permits and Fees	1,142,000
Investment Income	100,000
Fund Balance Appropriated	13,850,531
Miscellaneous	140,000
Transfers from Other Funds	1,200
Total Estimated Revenues	\$109,005,029

Section 2: The following amounts are hereby appropriated in the **General Fund** for the operation of the county government and its activities for the fiscal year beginning July 1, 2021, and ending June 30, 2022, in accordance with the chart of accounts hereto established for Wilson County:

General Government	\$ 12,219,464
Public Safety	26,286,660
Environmental Protection	269,377
Human Services	34,349,091
Economic Development	4,418,226
Cultural and Recreation	2,429,724
Transportation	47,857
Education	27,158,671
Debt Service	1,825,959
Total Estimated Expenditures	\$109,005,029

Section 3: It is estimated that the following revenues will be available in the **Enhanced 911 Emergency Communications Fund** for the fiscal year beginning July 1, 2021, and ending June 30, 2022:

User Fees - Wireline	\$ 268,177
Interest Income	2,000
Fund Balance Appropriated	 306,614
Total Estimated Revenues	\$ 576,791

Section 4: The following amounts are hereby appropriated in the **Enhanced 911 Emergency Communications Fund** for the operation of the emergency communications center and its activities for the fiscal year beginning July 1, 2021, and ending June 30, 2022, in accordance with the chart of accounts hereto established for Wilson County:

Enhanced 911	\$ 576,791
Total Estimated Expenditures	\$ 576,791

Section 5: It is estimated that the following revenues will be available in the **Transportation Fund** for the fiscal year beginning July 1, 2021, and ending June 30, 2022:

Restricted Intergovernmental	\$ 564,000
Transportation Income	100,500
Fund Balance Appropriated	 17,983
Total Estimated Revenues	\$ 682,483

Section 6: The following amounts are hereby appropriated in the **Transportation Fund** for the operation of the transportation system and its activities for the fiscal year beginning July 1, 2021, and ending June 30, 2022, in accordance with the chart of accounts hereto established for Wilson County:

Total Estimated Expenditures	\$ 682,483
Capital Outlay	187,000
Operations	\$ 495,483

Section 7: It is estimated that the following revenues will be available in the **Fire District Fund** for the fiscal year beginning July 1, 2021, and ending June 30, 2022:

Tax Revenue	\$ 1,759,970
Other Taxes	381,962
Total Estimated Revenues	\$ 2,141,932

Section 8: The following amounts are hereby appropriated in the **Fire District Fund** for the operation of the county's fire districts and their activities for the fiscal year beginning July 1, 2021, and ending June 30, 2022, in accordance with the chart of accounts hereto established for Wilson County:

Volunteer Fire Districts

Bakertown	\$ 55,902
Beulah-Johnson	35,000
Contentnea	96,635
Crossroads	9,657
East Nash	125,976
Green Hornet-Nash	331,587
Lee Woodard	234,250

Moyton	126,065
Polly Watson-Wayne	247,924
Rock Ridge	147,919
Sanoca	124,500
Silver Lake-Nash	90,997
Sims-Nash	219,000
Toisnot	64,439
Tri County-Nash	228,806
West Edgecombe	3,275
Total Estimated Expenditures	\$ 2,141,932

Section 9: It is estimated that the following revenues will be available in the **Capital Reserve Fund** for the fiscal year beginning July 1, 2021, and ending June 30, 2022:

General Fund Contribution	\$ 350,000
Total Estimated Revenues	\$ 350,000

Section 10: The following amounts are hereby appropriated in the **Capital Reserve Fund** for operations and activities for the fiscal year beginning July 1, 2021, and ending June 30, 2022, in accordance with the chart of accounts hereto established for Wilson County:

Total Estimated Expenditures	\$ 350,000
Administration Building	\$ 50,000
EMS	200,000
Sheriff Training Center	\$ 100,000

Section 11: It is estimated that the following revenues will be available in the **Solid Waste District Fund** for the fiscal year beginning July 1, 2021, and ending June 30, 2022:

Total Estimated Revenues	\$ 1,884,529
Fund Balance Appropriated	52,0296
Solid Waste Income	548,500
Intergovernmental	-
Other Taxes	280,000
Property Taxes	\$1,004,000

Section 12: The following amounts are hereby appropriated in the **Solid Waste District Fund** for the operation of the county's solid waste activities for the fiscal year beginning July 1, 2021, and ending June 30, 2022, in accordance with the chart of accounts hereto established for Wilson County:

Operations	\$ 1,520,529
Capital	-
Transfer Cost	\$ 364,000
Total Estimated Expenditures	\$ 1,884,529

Section 13: It is estimated that the following revenues will be available in the **Landfill Financial Assurance Fund** for the fiscal year beginning July 1, 2021, and ending June 30, 2022:

Total Estimated Revenues	\$ 140,000
Fund Balance Appropriated	0
Contribution from Landfill	100,000
Investment Income	\$ 40,000

Section 14: The following amounts are hereby appropriated in the **Landfill Financial Assurance Fund** for the operation of the county's solid waste activities for the fiscal year beginning July 1, 2021, and ending June 30, 2022, in accordance with the chart of accounts hereto established for Wilson County:

Closure Costs Reserve	\$ 140,000
Total Estimated Expenditures	\$ 140,000

Section 15: It is estimated that the following revenues will be available in the **Landfill Fund** for the fiscal year beginning July 1, 2021, and ending June 30, 2022:

Intergovernmental	\$ 13,000
Other Taxes	115,000
Tipping Fees	1,300,000
Other Income	218,900
Investment Income	100,000
Fund Balance Appropriated	40,227
	\$1,787,127

Section 16: The following amounts are hereby appropriated in the **Landfill Fund** for the operation of the county's landfill activities for the fiscal year beginning July 1, 2021, and ending June 30, 2022, in accordance with the chart of accounts hereto established for Wilson County:

Operations	\$1,687,127
Capital	-
Transfer Cost	100,000
Total Estimated Expenditures	\$ 1,787,127

Section 17: It is estimated that the following revenues will be available in the **Water Districts Fund** for the fiscal year beginning July 1, 2021, and ending June 30, 2022:

Due From Districts	\$ 510,313
Total Estimated Revenues	\$ 510,313

Section 18: The following amounts are hereby appropriated in the **Water Districts Fund** for the water districts debt payments for the fiscal year beginning July 1, 2021, and ending June 30, 2022, in accordance with the chart of accounts hereto established for Wilson County:

Principal/Interest Payments	\$ 510,313
Total Estimated Expenditures	\$ 510,313

Section 19: It is estimated that the following revenues will be available in the **Southeast Water District** for the fiscal year beginning July 1, 2021, and ending June 30, 2022:

Charges for Services	\$1,091,200
Total Estimated Revenues	\$1,091,200

Section 20: The following amounts are hereby appropriated in the **Southeast Water District** for operations and activities for the fiscal year beginning July 1, 2021, and ending June 30, 2022, in accordance with the chart of accounts hereto established for Wilson County:

Total Estimated Expenditures	\$1,091,200
Debt	206,677
Operations	\$884,523

Section 21: It is estimated that the following revenues will be available in the **Southwest Water District** for the fiscal year beginning July 1, 2021, and ending June 30, 2022:

Total Estimated Revenues	\$1,625,968
Fund Balance Appropriated	0
Charges for Services	\$1,625,968

Section 22: The following amounts are hereby appropriated in the **Southwest Water District** for operations and activities for the fiscal year beginning July 1, 2021, and ending June 30, 2022, in accordance with the chart of accounts hereto established for Wilson County:

Operations	\$1,246,288
Capital	186,000
Debt	193,680
Total Estimated Expenditures	\$1,625,968

Section 23: It is estimated that the following revenues will be available in the **Internal Service Fund** for the fiscal year beginning July 1, 2021, and ending June 30, 2022:

Employee Medical

Premiums	\$7,882,845
Total Estimated Revenues	\$7,882,845

Section 24: The following amounts are hereby appropriated in the **Internal Service Fund** for the Employee Medical Insurance Fund for the fiscal year beginning July 1, 2021, and ending June 30, 2022:

Claims and Fees \$7,882,845

Total Estimated Expenditures \$7,882,845

Section 25: The **County-Wide** Ad Valorem Tax Rate and levy of 73¢ per \$100 valuation is hereby adopted.

Section 26: There is hereby levied Fire Tax District tax as the rates shown below adopted.

	Approved Tax Rate		
Fire Tax District	t Per \$100 Valuation		
Bakertown	6	cents	
Beulah-Johnson	8	cents	
Contentnea	8.32	cents	
Crossroads	10.1	cents	
East Nash	10.25	cents	
Green Hornet-Nash	7	cents	
Lee Woodard	11.2	cents	
Moyton	15	cents	
Polly Watson-Wayne	7.5	cents	
Rock Ridge	6.75	cents	
Sanoca	11.5	cents	
Silver Lake-Nash	9.45	cents	
Sims-Nash	7.4	cents	
Toisnot	1.5	cents	
Tri County-Nash	10	cents	
West Edgecombe	5	cents	

Section 27: Each **Volunteer Fire District** listed in Section 8 of this ordinance is recommended to follow the purchasing procedures set forth in G.S. 143-129. Documentation shall be sent to the County Manager prior to completion of purchases or contracts.

Section 28: The **Solid Waste District** tax rate and levy of 3.25ϕ per \$100 valuation is hereby adopted.

Section 29: There is hereby levied for fiscal year 2021-2022 permits and fees as follows:

AGRICULTURE CENTER

Rental Fee of the Auditorium	\$300 (per day)
Rental Fee of the Auditorium when you charge for Events	\$500
Deposit Fee	

Custodial Fee (covers set-up, take-down and clean-up)

•	150 in group	\$200
	151 to 250 in group	
	251 to 300 in group	

Rental fee payments are made by cash, check or money order and are required at the time of the event is reserved on the calendar and the application completed. The maximum capacity that the auditorium can hold is 300 people.

The deposit fee is due two weeks prior to the event. This will be refunded within two weeks following the event, if no damages are found to equipment, building or grounds and no evidence of alcoholic beverages.

DEVELOPMENT SERVICES	
Copy of the UDO Book	
PLANNING & ZONING FEE SCHEDU	LE
Zoning Certificate of Compliance Fee	\$25.00
Rezoning Application Fee	\$300.00 (less than 3 acres)
	\$500.00 (3-6 acres)
	\$1,000.00 (6+ acres)
Conditional District Rezoning Application Fee	\$325.00 (less than 3 acres)
	\$600.00 (3-6 acres)
	\$1,200.00 (6+ acres)
Special Use Permit Application Fee	\$250.00
Variance Application Fee	
Appeals of Administrative Decisions	\$250.00
Text Amendments Application Fee	\$300.00
Final (Minor) Subdivision Plat Review (3 or less lots)	
	+ \$10.00 per lot
Recombination (no new lots created)	\$50.00
Survey Boundary Line (survey only)	n/c
Preliminary (Major) Subdivision Plat Review Fee (3+ lots)	\$50.00
	+ \$10.00 per lot
Final (Major) Subdivision Plat Review Fee	\$30.00 + \$5.00 per lot
Manufactured Home Park Plan Review Fee	\$150.00 + \$10.00 per space
Application to Develop in Flood Hazard Area Review Fee	\$35 NN
Limited or Extended Home Occupation Permit Application Fee	
Sign Permit Application Fee	

Road Sign Fee (new streets)	\$100.00
3 ()	+ \$3.00 per letter
Road Name Change Petition	\$250.00
5	+\$3.00 per letter

All planning and zoning fees are due at time of submission or provision of service, except for zoning certificate of compliance, due at time of issuance of the permit.

COMMERCIAL BUILDING PERMIT FEES

A. **NEW CONSTRUCTION, ADDITIONS.** Permit fee shall be determined by multiplying the area of the building by the per square foot rate from Table B. **

0-5000 sq. ft. -- Area x Table B rate = Fee 5001 – 15000 sq. ft. Area x Table B rate x .75 = Fee 150001 sq. ft. and above Area x Table B rate x .50 = Fee

TABLE B – Per Square Foot Rate		
BUILDING	\$0.14	psf
ELECTRICAL	\$0.10	psf
MECHANICAL	.\$0.09	psf
PLUMBING	.\$0.09	psf
FIRE SPRINKLERS	.\$0.02	psf
		٠.

Alterations and/or repairs shall be based on 50% of fees for new Construction.

COMMERCIAL ELECTRICAL PERMIT FEES (FOR STAND ALONE PERMITS)

A.	Services, Motor Control Centers and SwitchgearUp to 100 am	o - \$50.00
	Over 100 up to 200 am	p - \$75.00
	Over 200 an	np \$75.00
	Plus \$20.00 per 100 amp	
B.	Generators and Transfer Switch\$150.00 FARM SE	ERVICES:
	Bulk Barns – Rate for service plus \$10.00 per barn	
	Animal Barns and Shelters, Equipment shops and shelters and crop storage/p	rocessing
	buildings (such as sweet potato storage and packaging) - Rate for size of se	rvice plus
	\$.025 per square foot of building area.	
C.	SOLAR FARMS\$1,000.00 per N	/lega Watt
D.	Additional wiring not involving service	\$50.00
E.	MINIMUM FEE NOT SPECIFIED	\$50.00

^{**} MINIMUM OF ANY FEE SHALL BE \$75.00**

COMMERCIAL MECHANICAL PERMIT FEES (FOR STAND ALONE PERMITS)

A.	New installation and change outs for package units, unit heaters, radiant heaters, etc.;
В.	
C.	Gas Piping
D.	Kitchen Hoods, Paint Spray Booths, or other exhaust systems\$75.00
E.	Fuel Storage tanks and dispensers\$75.00 (per tank)
	& \$25.00 (per dispenser)
F.	Gas Piping\$50.00
	plus \$10.00 for each appliance or equipment connected
G.	Fire Sprinkler SystemsSee Commercial Fee Schedule for New Construction
Н.	Fire Pumps\$100.00
I.	Standpipe without sprinklers\$100.00
	MINIMUM MECHANICAL FEES SHALL BE \$50.00
	COMMERCIAL PLUMBING PERMIT FEES
A.	Installation of new fixtures, water heaters, etc
_	Each additional fixture \$10.00
B.	Water and Sewer Service Piping
	Water Only \$50.00 Sewer Only \$50.00
C.	Minimum permit fee for unspecified work\$50.00
	William politic foo for unoposition work
	FIRE PREVENTION INSPECTION FEES
A.	Alcohol Board of Control Licensing Inspection\$50.00
B.	Assisted Living Facilities, Family Care Homes\$50.00
C.	Day Care Centers\$50.00
D.	Fireworks Display\$100.00
E.	Foster Home\$30.00
F.	Temporary Tent Permit\$50.00
G.	Miscellaneous Fire Inspections not covered above\$50.00
	DEGIDENTIAL DINI DINO DEDMIT FEED

RESIDENTIAL BUILDING PERMIT FEES

A. For all one and two-family dwellings including site built and modular, additions, and alterations, the estimated construction cost shall be based on a rate of \$88.00 per square foot of habitable space. Attached carports, garages, decks, porches, and storage/utility rooms shall be estimated at \$25.00 per square foot.

DETACHED accessory buildings such as carports, garages, storage buildings and sheds shall be estimated at \$25.00 per square foot.

	CONSTRUCTION COST Up to \$5000.00 \$5001.00 to \$9999.99 \$10,000.00 to \$19,999.99 \$20,000.00 to \$29,999.99 \$30,000.00 to \$39,999.99 \$40,000.00 and above	\$50.00 \$75.00 \$90.00 \$100.00 \$125.00 \$3.00 per \$1000.00 or part thereof
B.	Manufactured (Mobile) Homes	Single Wide \$75.00 Double Wide \$125.00 Triple Wide \$150.00
	*Trade permits per trade permit fee schedule.	
C.	Demolition Permits	
D.	Swimming Pools	•
E.	Miscellaneous permits not covered above	
	RESIDENTIAL ELECTRICA	AL PERMIT FEES
A.	New Construction, Manufactured Homes, Ser	vices Changes:
	Up to 200 amp	\$75.00
	400 amp	\$100.00
	Above 400 amp	\$100.00
		plus \$20 per 100 amp above 400 amp
В.	Additional wiring, alterations, & repairs NOT r	equiring service changes\$50.00
С.	Generator and Transfer Switch Installations	\$100.00
D.	Solar Panel Installations	·
		plus \$5.00 per Module (panel)
	RESIDENTIAL MECHANIC	
A.	NEW CONSTRUCTION, ADDITIONS, CHAN	GE OUTS: (includes duct and gas piping)
	1. Package Units	\$60.00 per unit
		\$75.00 per system
		g\$100.00
B.	EXTENSION OR REPLACE DUCT ONLY	•
C.	MANUFACTURED HOMES	
D.	GAS PIPING	
	(for other than new construction or if installed	by other than same mechanical contractor)
	RESIDENTIAL PLUMBING	
A.	New Construction & Additions	
	Single Family & Each Unit of Duplex (up to 2	
	Additional Bath	
B.	Single Bath Addition, Kitchen, Addition/Alt	eration, Laundry Addition, Water Heater

C. Installation or Replacement of Water and/o Water and Sewer					960 00
Water Only					•
Sewer Only					
D. Miscellaneous Plumbing Work Not Covered	d Above				\$50.00
E. Manufactured Homes					\$50.00
DEPARTMENT OF SOCIAL SERVICES					
COUNTY	FEES				
Fee for Child Support Services for Non-Public Ass					
Fee for Employees for Replacement of ID Badges Fee for NSF for Returned Checks					
Sliding Fee For Coun					
Client Name: Case Number:					
Annual Household Income in Dollars (Round gross to closest amount)	Nι		People i Fee in I	n the Ho Dollars	me
For Individual Counseling	1	2	3	4	5
9,000 and below	1	1	1	1	1
10,000 – 19,000	2	2	2	2	2
20,000 – 29,000	3	3	3	2	2
30,000 – 39,000	4	4	4	3	3
40,000 – 49,000	4	4	4	3	3
50,000 and up	5	5	4	3	3
For Group Counseling	1	2	3	4	5
9,000 and below	1	1	1	1	1
10,000 – 19,000	1	1	1	1	1
20,000 – 29,000	2	2	2	2	2
30,000 – 39,000	3	3	3	3	2
40,000 – 49,000	4	3	3	3	3
50,000 and up	5	5	5	4	4
					_
For Family Counseling	1	2	3	4	5
For Family Counseling 9,000 and below	1	2	3	4	5
	1 2	1 2	1 1	1 1	1 1
9,000 and below	1	1	1	1	1

40,000 – 49,000	4	4	4	3	3
50,000 and up	5	5	4	4	4

Sliding Fee Scale For Evaluation

Client Name: Case Number:

Case Number.							
Annual Household Income in Dollars (Round gross to closest amount)	Number of People in the Home with Fee in Dollars						
For Mental Health Assessment	1	2	3	4	5		
9,000 and below	1	1	1	1	1		
10,000 – 19,000	1	1	1	1	1		
20,000 – 29,000	2	1	1	1	1		
30,000 - 39,000	2	2	2	2	2		
40,000 – 49,000	3	3	3	2	2		
50,000 and up	5	4	4	3	3		
For Psychological Evaluation	1	2	3	4	5		
9,000 and below	1	1	1	1	1		
10,000 – 19,000	1	1	1	1	1		
20,000 – 29,000	2	2	2	2	2		
30,000 – 39,000	3	2	2	2	2		
40,000 – 49,000	4	3	3	3	3		
50.000 and up	6	5	5	4	4		

ADOPTION FEE POLICY Preplacement Assessments

Who must pay a fee:

- 1. Individuals or couples who are requesting an adoptive pre-placement assessment to adopt through an independent placement.
- 2. Individuals or couples who request an adoptive pre-placement assessment in order to adopt through a licensed adoption agency.

Fee Exemptions

- Prospective adoptive families in which the head of the household is WFFA (formerly AFDC) or SSI recipient
- Prospective adoptive families whose family income is below the State's established Income.
- Prospective adoptive families who have identified an adoptee who us in the custody and
 placement responsibility of a local department of social services and continues to pursue the
 adoption of an identified child.
- Prospective adoptive families who desire to adopt a special need's child as defined by NC Division of Social Services Family Services Manual, Vol. 1, Chapter IV.

- Prospective adoptive families who had begun the pre-placement assessment process before implementation of this policy.
- Wilson County Department of Social Services may exercise its option to reduce or waive the fee after verifying and documenting that the prospective adoptive family cannot pay the fee, or if any other reason exists that would result in the fee becoming a barrier to the adoption.

Updated Preplacement Assessments

N.C.G.S.48-3-301 requires that Pre-placement Assessment be current within 18 months immediately preceding placement of a minor. Wilson County Department of Social Services will charge an update fee to those families desiring to keep the pre-placement assessment current.

Policy outlined in Pre-Placement Assessments above will apply.

EMERGENCY MEDICAL SERVICES

BLS Emergency – BLS Emergency includes provision of medically necessary supplies and services as defined by the State. When transporting these patients, the ambulance must be staffed by an individual who is qualified in accordance with State and local laws as an EMT. BLS emergency is an immediate emergency response in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.

ALS1 Emergency – Advanced Life Support, Level 1 (ALS1) Emergency includes provision of medically necessary supplies and services and the provision of an ALS assessment* or at least one ALS Intervention.** An ALS1 Emergency is an immediate emergency response in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.

ALS2 Treat/No Transport Sport Sport

ALS response with In-County EMS Provider -No Charge

Standby Charge – ALS Unit/hr (3-hour minimum charge).....\$150

*ALS Assessment – assessment performed by an ALS crew as part of an emergency response that is necessary because the beneficiary's reported condition at the time of dispatch indicates only an ALS crew is qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the beneficiary requires an ALS level of transport. In the

case of an appropriately dispatched ALS emergency service, if the ALS crew completes an ALS assessment, the services provided by the ambulance transportation service provider or supplier are covered at the ALS emergency level, regardless of whether the beneficiary required ALS intervention services during the transport, provided the ambulance transportation itself was medically reasonable and necessary and all other coverage requirements are met.

**Advanced Life Support (ALS) intervention - a procedure that, in accordance with State and local laws, is required to be done by an Advanced EMT or a Paramedic. Application: An ALS intervention must be medically necessary to qualify as an intervention for payment for an ALS level of service.

GIS/MAPPING SERVICES

Tax Maps

	8.5 x 11	Up to 11 x 17	Up to 17 x 22	Up to 22 x 34	Up to 34 x 44
No Aerial Photo	\$1	\$2	\$2	\$3	\$5
w/Aerial Photo	\$2	\$3	\$4	\$6	\$10

*** 34 x 44 (as allowed by stock paper supply)

GIS Data

Data proved on CD\$25/CD *Note: Must fill out the Statement of Distribution Liability to request data.

Custom Maps & Data

Maps (not already made)\$50/hour Data Queries in Excel format (digital or printed)\$50/hour

*Note: Price decreases if less than one hour

Copies

Plats	}2/page
Deeds\$.5	50/page

HEALTH DEPARTMENT

NEW PATIENT		ESTABL	ISHED PATIENT		
CPT	Description	Fee	CPT	Description	Fee
99201	Office Visit, Level I	90.00	99211	Office Visit, Level 1	45.00
99202	Office Visit, Level 2	152.00	99212	Office Visit, Level 2	88.00
99203	Office Visit, Level 3	221.00	99213	Office Visit, Level 3	149.00
99204	Office Visit, Level 4	343.00	99214	Office Visit, Level 4	233.00
99205	Office Visit, Level 5	432.00	99215	Office Visit, Level 5	302.00

NEW PAT	IENT PREVENTIVE		ESTABL	ISHED PATIENT PREVENTIV	/E
СРТ	Description	Fee	СРТ	Description	Fee
99381	Office Visit <1	259.00	99391	Office Visit <1	226.00
99382	Office Visit 1-4 years	278.00	99392	Office Visit 1-4 years	246.00
99383	Office Visit 5-11 years	277.00	99393	Office Visit 5-11 years	245.00
99384	Office Visit 12-17 years	244.00	99394	Office Visit 12-17 years	212.00
99385	Office Visit 18-39 years	244.00	99395	Office Visit 18-39 years	213.00
99386	Office Visit 40-64	285.00	99396	Office Visit 40-64	232.00
99387	Office Visit 65+	337.00	99397	Office Visit 65+	290.00
CHILD HE	ALTH		COUNSI	ELING/SCREENING	
СРТ	Description	Fee	СРТ	Description	Fee
94664	Nebulizer/Inhaler	36.00	99408	CRAFFT 15-30 mins	35.00
92551	Audiometer	15.00	99409	CRAFFT 30 min	65.00
51701	Catherization for Urine	95.00	99420	Health Risk Assessment	24.00
96110	Developmental Screening	20.00	99406	Tobacco Cessation <10m	20.00
69200	Foreign Body Removal (ear)	150.00	99407	Tobacco Cessation >10m	35.00
30300	Foreign Body Removal (nose)	250.00			
69210	Impacted Cerumen Removal	60.00	DENTAL	VARNISHING	
96160	HEADSSS	8.00	CPT	Description	Fee
92587	Otacoustic Emission	55.00	D0145	Oral Evaluation	59.00
94760/ 94761	Pulse Oximetry (blood oxygen)	6.00	D1206	Fluoride Varnish	50.00
17250	Umbilical Cauterization	130.00			
99173	Vision	11.00			
94150/ S096	Vital Capacity Test/Peak	31.00			
69209	Removal impacted cerumen using irrigation	45.00			
FAMILY P	LANNING SERVICES		MATERI	NITY	
CPT	Description	Fee	CPT	Description	Fee
J1050	Depo Provera (150 units)	58.50	59425	Antepartum Care 4-6	500.00
LU233	Family Planning Supplies	n/c	59426	Antepartum Care 7 or more	900.00
J7304	Contraceptive Patch	27.00	S0280	Pregnancy Risk Screening	50.00
J7300	IUD Paraguard	250.00	J3490	17-P	20.00
J7302	IUD Mirena	250.00	90384	Rho (d) lg	127.00
58300	IUD Insertion	145.00	LU401	Prenatal Vitamins/Iron	n/c
58301	IUD Removal	175.00	LU284	ERRN MH Exam (report)	n/c
J7307	Nexplanon	414.00	96372	IM injection (17-p, Rhogam)	30.00
11981	Nexplanon Insertion	155.00	59430	Care after delivery	160.00

11982	Nexplanon Removal	180.00			
11983	Nexplanon Remove/Reinsert	260.00	MEDICA	TIONS	
J7303	Nuvaring	20.00	СРТ	Description	Fee
S4993	Pills Given # packs	13.00	J0570	Bicillin LA 2.4 million units	5.00
J8499	Plan B	8.00	J0696	Rocephin 250 mg	5.00
J7297	Levonorgestrel iu 52mg 3 yr	50.00	96372	IM injection (abx. B12)	30.00
J7298	Levonorgestrel iu 52mg 5 yr	230.00	J0133	STD Med Tx (herpes)	5.00
_					
	NAL SERVICES		STD		
CPT	Description	Fee	CPT	Description	Fee
G0108	DM Self-Mgmt; ind30 min	52.00	99211	STD Contact (bill)	45.00
C0109	DM Self-Mgmt; group-30 min	18.00	LU942	STD Contact (report)	n/c
97802	Nutri. Therapy, ind15 min	45.00			
97803	Nutri. Therapy, group-15 min	45.00	ТВ		
97804	Nutri. Therapy, 2 or more	20.00	CPT	Description	Fee
LU239	Nutritionist Contact	n/c	T1002	RN Services (15 mins)	25.00
			LU243	Comm Dis. Contact (report)	n/c
OTHER SERVICES					
OTHER SI	ERVICES		86580	PPD (low risk) private	30.00
OTHER SI CPT	Description	Fee	86580 LU274	PPD (low risk) private PPD given, contact	30.00 n/c
		Fee n/c		` ' '	
СРТ	Description		LU274	PPD given, contact	n/c
CPT LU201	Description Repeat pap	n/c	LU274 LU114	PPD given, contact PPD given, (HR-state) HIV	n/c n/c
CPT LU201 LU054	Description Repeat pap Immunization Record	n/c n/c	LU274 LU114 LU263	PPD given, contact PPD given, (HR-state) HIV PPD, negative, high risk	n/c n/c n/c
CPT LU201 LU054 LU022	Description Repeat pap Immunization Record Immunization Review	n/c n/c 8.00	LU274 LU114 LU263 LU120	PPD given, contact PPD given, (HR-state) HIV PPD, negative, high risk PPD, negative, Low Risk	n/c n/c n/c n/c
CPT LU201 LU054 LU022 LU201	Description Repeat pap Immunization Record Immunization Review Repeat Pap (no charge)	n/c n/c 8.00 n/c	LU274 LU114 LU263 LU120 LU264	PPD given, contact PPD given, (HR-state) HIV PPD, negative, high risk PPD, negative, Low Risk PPD, not read, High risk	n/c n/c n/c n/c n/c
CPT LU201 LU054 LU022 LU201 LU232	Description Repeat pap Immunization Record Immunization Review Repeat Pap (no charge) Test Results	n/c n/c 8.00 n/c n/c	LU274 LU114 LU263 LU120 LU264 LU124	PPD given, contact PPD given, (HR-state) HIV PPD, negative, high risk PPD, negative, Low Risk PPD, not read, High risk PPD, not read, low risk	n/c n/c n/c n/c n/c n/c n/c
CPT LU201 LU054 LU022 LU201 LU232 99173	Description Repeat pap Immunization Record Immunization Review Repeat Pap (no charge) Test Results Vision Screen (Adult)	n/c n/c 8.00 n/c n/c 11.00	LU274 LU114 LU263 LU120 LU264 LU124 LU117	PPD given, contact PPD given, (HR-state) HIV PPD, negative, high risk PPD, negative, Low Risk PPD, not read, High risk PPD, not read, low risk PPD, positive, contact PPD, positive, high risk PPD, positive, low risk	n/c n/c n/c n/c n/c n/c n/c n/c
CPT LU201 LU054 LU022 LU201 LU232 99173 LU208	Description Repeat pap Immunization Record Immunization Review Repeat Pap (no charge) Test Results Vision Screen (Adult) Work/College Physical	n/c n/c 8.00 n/c n/c 11.00 50.00	LU274 LU114 LU263 LU120 LU264 LU124 LU117 LU262	PPD given, contact PPD given, (HR-state) HIV PPD, negative, high risk PPD, negative, Low Risk PPD, not read, High risk PPD, not read, low risk PPD, positive, contact PPD, positive, high risk	n/c n/c n/c n/c n/c n/c n/c n/c n/c
CPT LU201 LU054 LU022 LU201 LU232 99173 LU208 10060	Description Repeat pap Immunization Record Immunization Review Repeat Pap (no charge) Test Results Vision Screen (Adult) Work/College Physical Drainage of skin abscess	n/c n/c 8.00 n/c n/c 11.00 50.00	LU274 LU114 LU263 LU120 LU264 LU124 LU117 LU262 LU119	PPD given, contact PPD given, (HR-state) HIV PPD, negative, high risk PPD, negative, Low Risk PPD, not read, High risk PPD, not read, low risk PPD, positive, contact PPD, positive, high risk PPD, positive, low risk TB Obs. Preventative	n/c
CPT LU201 LU054 LU022 LU201 LU232 99173 LU208 10060 17000	Description Repeat pap Immunization Record Immunization Review Repeat Pap (no charge) Test Results Vision Screen (Adult) Work/College Physical Drainage of skin abscess Destroy benign lesion	n/c n/c 8.00 n/c n/c 11.00 50.00 120.00	LU274 LU114 LU263 LU120 LU264 LU124 LU117 LU262 LU119 LU122	PPD given, contact PPD given, (HR-state) HIV PPD, negative, high risk PPD, negative, Low Risk PPD, not read, High risk PPD, not read, low risk PPD, positive, contact PPD, positive, high risk PPD, positive, low risk TB Obs. Preventative (DOPT)	n/c
CPT LU201 LU054 LU022 LU201 LU232 99173 LU208 10060 17000	Description Repeat pap Immunization Record Immunization Review Repeat Pap (no charge) Test Results Vision Screen (Adult) Work/College Physical Drainage of skin abscess Destroy benign lesion Destroy lesion, 1-14	n/c n/c 8.00 n/c n/c 11.00 50.00 120.00 125.00	LU274 LU114 LU263 LU120 LU264 LU124 LU117 LU262 LU119 LU122	PPD given, contact PPD given, (HR-state) HIV PPD, negative, high risk PPD, negative, Low Risk PPD, not read, High risk PPD, not read, low risk PPD, positive, contact PPD, positive, high risk PPD, positive, low risk TB Obs. Preventative (DOPT) TB Obs Therapy (DOT)	n/c
CPT LU201 LU054 LU022 LU201 LU232 99173 LU208 10060 17000 17110 17111	Description Repeat pap Immunization Record Immunization Review Repeat Pap (no charge) Test Results Vision Screen (Adult) Work/College Physical Drainage of skin abscess Destroy benign lesion Destroy lesion, 1-14 Destroy lesion, 15 or more Electrocardiagram,	n/c n/c 8.00 n/c n/c 11.00 50.00 120.00 125.00 200.00 130.00	LU274 LU114 LU263 LU120 LU264 LU124 LU117 LU262 LU119 LU122	PPD given, contact PPD given, (HR-state) HIV PPD, negative, high risk PPD, negative, Low Risk PPD, not read, High risk PPD, not read, low risk PPD, positive, contact PPD, positive, high risk PPD, positive, low risk TB Obs. Preventative (DOPT) TB Obs Therapy (DOT)	n/c
CPT LU201 LU054 LU022 LU201 LU232 99173 LU208 10060 17000 17110 17111 93000	Description Repeat pap Immunization Record Immunization Review Repeat Pap (no charge) Test Results Vision Screen (Adult) Work/College Physical Drainage of skin abscess Destroy benign lesion Destroy lesion, 1-14 Destroy lesion, 15 or more Electrocardiagram, complete	n/c n/c 8.00 n/c 11.00 50.00 120.00 125.00 200.00 130.00 35.00	LU274 LU114 LU263 LU120 LU264 LU124 LU117 LU262 LU119 LU122	PPD given, contact PPD given, (HR-state) HIV PPD, negative, high risk PPD, negative, Low Risk PPD, not read, High risk PPD, not read, low risk PPD, positive, contact PPD, positive, high risk PPD, positive, low risk TB Obs. Preventative (DOPT) TB Obs Therapy (DOT)	n/c
CPT LU201 LU054 LU022 LU201 LU232 99173 LU208 10060 17000 17110 17111 93000 93005	Description Repeat pap Immunization Record Immunization Review Repeat Pap (no charge) Test Results Vision Screen (Adult) Work/College Physical Drainage of skin abscess Destroy benign lesion Destroy lesion, 1-14 Destroy lesion, 15 or more Electrocardiagram, complete Electrocardiagram, tracing	n/c n/c 8.00 n/c n/c 11.00 50.00 120.00 125.00 200.00 35.00 20.00	LU274 LU114 LU263 LU120 LU264 LU124 LU117 LU262 LU119 LU122	PPD given, contact PPD given, (HR-state) HIV PPD, negative, high risk PPD, negative, Low Risk PPD, not read, High risk PPD, not read, low risk PPD, positive, contact PPD, positive, high risk PPD, positive, low risk TB Obs. Preventative (DOPT) TB Obs Therapy (DOT)	n/c
CPT LU201 LU054 LU022 LU201 LU232 99173 LU208 10060 17000 17110 17111 93000 93005 94150	Description Repeat pap Immunization Record Immunization Review Repeat Pap (no charge) Test Results Vision Screen (Adult) Work/College Physical Drainage of skin abscess Destroy benign lesion Destroy lesion, 1-14 Destroy lesion, 15 or more Electrocardiagram, complete Electrocardiagram, tracing Vital capacity testing	n/c n/c 8.00 n/c 11.00 50.00 120.00 125.00 200.00 130.00 35.00 20.00 31.00	LU274 LU114 LU263 LU120 LU264 LU124 LU117 LU262 LU119 LU122	PPD given, contact PPD given, (HR-state) HIV PPD, negative, high risk PPD, negative, Low Risk PPD, not read, High risk PPD, not read, low risk PPD, positive, contact PPD, positive, high risk PPD, positive, low risk TB Obs. Preventative (DOPT) TB Obs Therapy (DOT)	n/c
CPT LU201 LU054 LU022 LU201 LU232 99173 LU208 10060 17000 17110 17111 93000 93005 94150 94640	Description Repeat pap Immunization Record Immunization Review Repeat Pap (no charge) Test Results Vision Screen (Adult) Work/College Physical Drainage of skin abscess Destroy benign lesion Destroy lesion, 1-14 Destroy lesion, 15 or more Electrocardiagram, complete Electrocardiagram, tracing Vital capacity testing Airway inhalation treatment	n/c n/c 8.00 n/c 11.00 50.00 120.00 125.00 200.00 35.00 20.00 31.00 25.00	LU274 LU114 LU263 LU120 LU264 LU124 LU117 LU262 LU119 LU122	PPD given, contact PPD given, (HR-state) HIV PPD, negative, high risk PPD, negative, Low Risk PPD, not read, High risk PPD, not read, low risk PPD, positive, contact PPD, positive, high risk PPD, positive, low risk TB Obs. Preventative (DOPT) TB Obs Therapy (DOT)	n/c

VACCINES			ADMINIS	STRATION FEES	
CPT	Description	Fee	CPT	Description	Fee
90702	DT	65.00	90471	Immunization admin fee	25.00
90700	DTaP	40.00	90472	Imm Admin # add'l	20.00
90723	DTaP, IPV, Hep B (Pediarix)	105.00	90473	Imm Adm Oral/Intranasal	20.00
90696	DTaP, IPV (Kinrix)	70.00	90474	Imm Adm Oral/Intranasal adc	20.00
90698	DTaP, IPV Hib (Pentacel)	95.00	G0008	Medicare Flu	25.00
90672	Flu Mist (LAIV4) 2-49 yrs	28.00	G0009	Medicare Pneumonia	25.00
90654	Flu Intradermal	35.00	G0010	Medicare Hep B	25.00
90685	Flue-PF 6-35 months	24.00			
90687	Flu-w/preservative 6 mos+	17.00	STATE	_AB	
90686	Flu-PF 3 yrs +	22.00	CPT	Description	Fee
90688	Flu-w/preservative 3 yrs+	17.00	82105/ 82677	AFP	45.00
90662	Flu – High Dose	51.00	84702/ 6336	Serum Pregnancy Test	20.00
90633	Hep A (12 mos – 18 yrs)	55.00	87491/ 87591	CG Prob/Chlamydia Probe	n/c
90632	Hep A (19 yrs +)	85.00	87045	Enteric Stool	n/c
90636	Hep A/B (Twinrix) 19 yrs+	125.00	87340	Hepatitis	15.00
90744	Hep B (0-18 yrs)	35.00	87389	HIV	n/c
90746	Hep B (19 yrs +)	75.00	82139/ 82017	Newborn Screen	n/c
90648	Hib (ActHib)	21.00	86762	Rubella-MH	15.00
90647	Hib (Pedvax)	35.00	83020	Sickle Cell	15.00
90649	HPV (Gardasil)	170.00	86780	TPPS	n/c
90713	IPV (Polio)	45.00	87252	Viral Culture	24.00
90734	Meningococcal (Menactra)	155.00			
90707	MMR	95.00			
90710	MMRV (ProQuad)	260.00			
90670	PVC 13 (Prevnar)	240.00			
90732	Pneumococcal	125.00			
90675	Rabies (pre-exposure)	286.00			
90681	Rotavirus (Rotarix)	113.00			
90680	Rotavirus (RotaTeq)	105.00			
90714	Td (7 yrs+)	40.00			
90715	Tdap (7 yrs+)	60.00			
90716	Varicella	160.00			
90651	HPV vaccine, non-valent	265.00			
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LAB CORP			IN-HOL	JSE LABORATORY	
СРТ	Description	Fee	CPT	Description	Fee
86900	Blood Typing, ABO	10.00	82272	Fecal Occult Blood	12.00
86901	Blood Typing, Rh (D)	10.00	89060	Fern Test	20.00
86850	Antibody Screen	15.00	87081	GC Culture	20.00
85025	CBC w/Differential	15.00	82947	Glucose FBS/RBS (no id)	10.00
80053	Comp Metabolic Panel	15.00	82951	Glucose 1 hour (no id)	10.00
82570	Creatinine (24 hr urine)	10.00	82950	Glucose 2 hr PC (no id)	10.00
87149	Group B Strep	47.00	82951	GTT 3 hr (no id)	20.00
87081	GC Culture	20.00	85018	Hemoglobin	11.00
86677	H Pylori Antibodies	30.00	83655	Lead	32.00
84702	HCG Serum HCG Quant	20.00	87804	Rapid Flu	25.00
83036	Hemoglobin A1C	12.00	86703	Rapid HIV	20.00
86706	Hepatitis B Surface Antibodies	15.00	86308	Rapid Mono	15.00
86803	Hepatitis C Surface Antibodies	60.00	87880	Rapid Strep	25.00
80061	Lipid Panel	15.00	87807	Rapid RSV	20.00
80076	Liver Function (hepatic)	15.00	87205	Stat Mail Smear for GC	24.00
86765/867 35/86762	Measles/Mumps/Rubella /Immunity	40.00	86592	Syphillis Serology (Qual)	10.00
82043	Micro Albumin (random urine)	10.00	86593	Syphillis Serology (Quan)	15.00
88175	Pap Smear	60.00	81025	Urine Pregnancy Test	25.00
84156	Protein (total urine)	10.00	87086	Urine Culture by Count	10.00
86762	Rubella Titer	15.00	81001	Urinalysis w/micro	13.00
86765	Rubeola Titer (Measles)	15.00	81003	Urinalysis w/o micro (dipstick)	11.00
84436/ 84479	Thyroid Panel w/TSH	15.00	82120	Vaginal Amine	8.00
84479	TSH	37.00	87210	Wet Mount	12.00
87077	Urine Culture	20.00	36416	Capillary Stick	5.00
86787	Varicella Titer	20.00	36415	Venipuncture	11.00
87070	Wound Culture – aerobic	25.00	99000	Handling Fee	10.00
87075	Wound Culture – anaerobic	25.00			

ENVIRONMENTAL HEALTH SERVICES					
TYPE OF SERVICE	FEE	TYPE OF SERVICE	FEE		
Food Service Plan Review		Water Samples			
Food Service plan review	250.00	Bacteriological	75.00		
Food Service plan review – mobile food unit	250.00	Full Well Panel	145.00		
Temporary Food Establishment	75.00	Lead (w/3 follow up samples)	140.00		
Limited Food Service	75.00	Pesticide	145.00		
Public Swimming Pool Fees		Petroleum	145.00		

Swimming Pool Plan Review	200.00	Nitrate/Nitrite	100.00
Pool Operation Permit	150.00	Inorganic Panel	140.00
Swimming Pool Reinspection	50.00		
Tattoo			
Tattoo Permit	150.00		
On-Site Wastewater Fees			
New Septic Evaluation	350.00		
Renew Expired Permit (no changes to site)	100.00		
Reuse Authorization of existing permit	100.00		
Existing System Compliance Inspection	65.00		
Engineered Option Fee	105.00		
Licensed Soil Scientist S.L.2020-3 (Coronavirus)	105.00		
License Soil Scientist S.L.2018-1114	350.00		_
On-Site Well Water Fees			
New Well Permit	275.00		_

Photocopy Charges		
Flat Rate	15.00	
Photocopy Fee (pages 1-25)	.75	
Photocopy Fee (pages 26+)	.50	

REGISTER OF DEEDS

Recording Real Estate Instruments

Recoi	ung Real Estate instruments
•	Instruments except deeds of trust & mortgages\$26 first 15 pages, \$4 each additional page
•	Deeds of trust & mortgages\$64 (\$56) first 30 pages, \$4 each additional page
•	Plats
•	Nonstandard document\$25
•	Multiple instruments as one, each\$10
•	Satisfaction instruments
•	Each additional index reference on Assignments\$10
_	Records
•	One or two pages in writing\$38
•	More than two pages in writing\$45 up to 10 pages, \$2 ea. page over 10
•	Filed electronically if permitted\$30
•	Response to written request for information\$38
•	Response to electronic request if permitted\$30
•	Copy of statement\$2 each page

Marriage Licenses

•	Marriage License	\$60

 Delayed marriage certificate, with one certified copy
Other Records Recording military discharge No Fee Military discharge certified copy as authorized No Fee Birth certificate certified copy \$10 Birth certificate after one year or more for same country, with one certified copy \$20 Papers for birth certificate in another county one year or more after birth \$10 Birth certificate for papers from another county one year or more after birth, with one certified copy \$10 Death Certificate certified copy \$10 Birth record amendment \$10 Death record amendment \$10 Legitimations \$10 Certified copies unless statute otherwise provides .\$5 first page, \$2 each additional page Uncertified copies Cost as posted
Other Services Notary public oath
SHERIFF'S OFFICE
Arrest Bracelet Monitoring Fee\$90.00 (set up)
Detention Center SMCP Fee\$50.00 (per day for each inmate)
Pet Privilege Fee\$10.00
Adoption Fee\$10.00
Carry Concealed Weapon (New Permits)\$90.00
Carry Concealed Weapon (Renewals)\$75.00
Gun Permit Fee\$5.00 (\$5.00 for each additional permit at the time of purchase)
Fingerprint Fee\$10.00
Civil Process Fee\$30.00

SOLID WASTE SERVICES

Asbestos	\$100.00/ton
C&D (Construction & Demolition)	\$40.00/ton*
LCID (Land Clearing & Inert Debris)	\$18.00/ton
MSW (Mixed Solid Waste)	\$52.00/ton
YW (Yard Waste)	\$22.00/ton
Commingled Recycling	Current Market Rate + \$14.00/ton
Tires	\$69.02/ton
Solid Waste District Residents	
Household Fee	\$35.00/house (convenience center use)
Solid Waste District Tax	\$.0325/\$100
** Includes \$2.00 per ton solid waste tax imposed by	

WATER SERVICES

SOUTHWEST & SOUTHEAST

Application Fee	\$20
Late	
Non-payment Fee	\$50
NSF Fee	
Meter Deposit	
¾ Tap Fee	\$1,000 (\$125-meter fee)
1" Tap Fee	\$1,200 (\$125-meter fee)
2" Tap Fee	
Dormant Tap Fee	
Tamper Fee	\$300 (Residential)
Tamper Fee	\$500 (Commercial)
Broken Lock	\$10
Recheck meter fee	\$25
Test meter fee	\$25
Broken Angle Stop	
Development Fee	\$150 per lot
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Monthly Usage Fees for Residential and Commercial

Water Usage (Gallons)	Water Usage fee
Base	\$31.00
First 3,000 gallons	\$5.00 per thousand
Next 3,000 gallons	\$7.00 per thousand
Next 3,000 gallons	\$8.00 per thousand
Next 3,000 gallons	\$9.00 per thousand

Section 30: The Wilson County Board of Education is hereby authorized to budget fines and forfeitures in the amount of \$450,000 for current expense. The County has appropriated \$23,135,788 for current expense and \$1,000,000 for capital outlay. An appropriation for technology is not budgeted. Proposed amendments which increase or decrease the amount of County appropriations allocated to any purpose or function in the public-school current expense budget by 10% or more shall be submitted to the Board of Commissioners for approval, pursuant to and in accordance with Chapter 115c-433 of the North Carolina General Statutes.

Section 31: Wilson Community College. The County has appropriated \$2,606,883 for current expense and \$416,000 for capital outlay for existing facilities.

Section 32: Departments within the Wilson County Government, except for the Tax Administration Department, is hereby authorized to charge a fee of \$25 (the maximum allowed by the S.S.25-3-506 for any check written to Wilson County and returned by the bank unpaid). The Wilson County Tax Administrator is hereby authorized by G.S 105-357 to charge a fee of 10% or \$25 (whichever is greater) of the amount of any check written to that department and returned by the bank.

Section 33: The County Manager or her designee is hereby authorized to transfer appropriations within and between funds contained herein subject to the following guidelines and restrictions:

- (1) The County Manager or her designee may transfer amounts between expenditure line items within a department's budget without limitation and without a report being required.
- (2) The County Manager or her designee may transfer amounts without limitation between departments within the same fund and between funds. An official report on such transfers shall be provided to the Board of Commissioners (Board) at the monthly meeting.
- (3) Upon notification of funding increases and decreases from state, federal, grants or pass-through sources, budgets may be adjusted to match with the approval of the County Manager or her designee. Board of Commissioners' action will not be required unless staffing is affected.
- (4) Unexpended grants and other funds previously approved and budgeted by the Board, may be re-budgeted or rolled over into the FY2021 budget by the Manager or her designee. Board of Commissioners' action will not be required.
- (5) Movement of funds between/across expenditure categories (Personnel/Operating/Capital) may be requested by Department but require approval of the County Manager or her designee. No lapse salary can be used to fund any other operational expense, without the County Manager or her designee approval. Movement of funds to purchase unbudgeted Capital requires same approval.

This authorization applies only to the budget approved by the Board of County Commissioners. The Board of Commissioners must approve any budget amendments involving new monies.

Section 34: The County Manager or designee shall have authority to execute the following contracts, amendments, or change orders, provided they comply with applicable laws and procedures and are within budgeted funds:

- (1) any lease agreement for one year or less;
- any contract, amendment, or change order for apparatus, supplies, materials, equipment, resolution of a claim, construction or repair work, or other lawful matter where formal bids are not required by law, including those committing no funds;
- (3) amendments or change orders to other contracts, including service and information technology contracts as defined by G.S. 143-129.8, when the aggregate of the amendments requires less than a \$200,000 increase in the expenditure of public funds in a single fiscal year: and
- (4) grant agreements for public funds within budgeted amounts

At the Manager's discretion, any lease, contract, amendment, or change order described in (1), (2), (3), or (4) may nevertheless be submitted to the Board. Contracts, amendments, or change orders duly approved by the Board may be executed by the Chairman or the Manager. Board action approving a contract, amendment, or change order shall be deemed to authorize necessary budget amendments.

Section 35: This Budget Ordinance has been prepared in compliance with the Fiscal Control Act. Copies of the Budget Ordinance shall be furnished to the Budget Officer, Clerk to the Board, Finance Director, and the Tax Assessor for direction in the carrying of their duties.

Section 36: This Ordinance shall become effective July 1, 2021.

Adopted this 8th day of June 2021.

	Rob Boyette, Chair Wilson County Board of Commissioners
ATTEST:	
Ron Hunt, Clerk to the Board	