WILSON COUNTY, NORTH CAROLINA 2024-2025 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, 2024, and ending June 30, 2025:

Property Taxes	\$ 64,613,000
Other Taxes	18,455,098
Intergovernmental	20,625,536
Sales and Services	8,797,333
Permits and Fees	1,223,200
Investment Income	2,000,000
Fund Balance Appropriated	20,401,292
Miscellaneous	394,695
Transfers from Other Funds	-1,000,000
Total Estimated Revenues	\$135,510,154

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, 2024, and ending June 30, 2025, in accordance with the chart of accounts hereto established for Wilson County:

General Government	\$ 15,885,562
Public Safety	32,893,801
Environmental Protection	333,661
Human Services	40,510,895
Economic Development	9,889,048
Cultural and Recreation	3,143,694
Transportation	47,857
Education	30,102,438
Debt Service	2,703,198
Total Estimated Expenditures	\$135,510,154

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, 2024, and ending June 30, 2025:

User Fees - Wireline	\$ 208,253
Interest Income	2,000
Fund Balance Appropriated	394,624
Total Estimated Revenues	\$ 604,877

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, 2024, and ending June 30, 2025, in accordance with the chart of accounts hereto established for Wilson County:

Enhanced 911	\$ 604,877
Total Estimated Expenditures	\$ 604,877

Section 5: It is estimated that the following revenues will be available in the **Transportation Fund** for the fiscal year beginning July 1, 2024, and ending June 30, 2025:

Total Estimated Revenues	\$ 880,637
Fund Balance Appropriated	 50,637
Transportation Income	144,000
Restricted Intergovernmental	\$ 686,000

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, 2024, and ending June 30, 2025, in accordance with the chart of accounts hereto established for Wilson County:

Total Estimated Expenditures	\$ 880,637
Capital Outlay	286,000
Operations	\$ 594,637

Section 7: It is estimated that the following revenues will be available in the **Fire District Fund** for the fiscal year beginning July 1, 2024, and ending June 30, 2025:

Total Estimated Revenues	\$ 4,295,633
Other Taxes (Local Sales Tax)	1,075,742
Tax Revenue	\$ 3,219,891

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, 2024, and ending June 30, 2025, in accordance with the chart of accounts hereto established for Wilson County:

Volunteer Fire Districts

Bakertown	\$ 75,539
Beulah-Johnson	170,614
Contentnea	500,623
Crossroads	368,763
East Nash	498,619
Green Hornet-Nash	56,969
Lee Woodard	422,143
Moyton	204,121
Rock Ridge	434,921

Total Estimated Expenditures	\$ 4,295,633
West Edgecombe	4,647
Tri County-Nash	108,220
Toisnot	818,287
Sims-Nash	199,498
Silver Lake-Nash	247,672
Sanoca	184,997

Section 9: It is estimated that the following revenues will be available in the **DSS Representative Payee Fund** for the fiscal year beginning July 1, 2024, and ending June 30, 2025:

DSS Trust	\$ 90,000
Total Estimated Revenue	\$ 90,000

Section 10: It is estimated that the following revenues will be available in the **DSS Representative Payee Fund** for the fiscal year beginning July 1, 2024, and ending June 30, 2025:

Section 11: It is estimated that the following revenues will be available in the **Fines & Forfeiture Fund** for the fiscal year beginning July 1, 2024, and ending June 30, 2025:

Fines & Forfeiture	\$ 440,000
Total Estimated Revenue	\$ 440,000

Section 12: It is estimated that the following revenues will be available in the **Fines & Forfeiture Fund** for the fiscal year beginning July 1, 2024, and ending June 30, 2025:

Payments to the Recipients	\$ 440,000
Total Estimated Expenditures	\$ 440,000

Section 13: It is estimated that the following revenues will be available in the **Deed of Trust Fund** for the fiscal year beginning July 1, 2024, and ending June 30, 2025:

DSS Trust	\$ 60,000
Total Estimated Revenue	\$ 60,000

Section 14: It is estimated that the following revenues will be available in the **Deed of Trust Fund** for the fiscal year beginning July 1, 2024, and ending June 30, 2025:

Total Estimated Expenditures \$ 60,000

Section 15: It is estimated that the following revenues will be available in the **Opioid Settlement Fund** for the fiscal year beginning July 1, 2024, and ending June 30, 2025:

Opioid Settlement	\$ 542,883
Total Estimated Revenue	\$ 542,883

Section 16: It is estimated that the following expenses will be available in the **Opioid Settlement** for the fiscal year beginning July 1, 2024, and ending June 30, 2025:

Opioid Settlement	\$ 542,883
Total Estimated Expenditures	\$ 542,883

Section 17: It is estimated that the following revenues will be available in the **Capital Reserve Fund** for the fiscal year beginning July 1, 2024, and ending June 30, 2025:

General Fund Contribution	\$ 1,000,000
Total Estimated Revenues	\$ 1,000,000

Section 18: The following amounts are hereby appropriated in the **Capital Reserve Fund** for operations and activities for the fiscal year beginning July 1, 2024, and ending June 30, 2025, in accordance with the chart of accounts hereto established for Wilson County:

Government Facilities	\$ 1,000,000
Total Estimated Expenditures	\$ 1,000,000

Section 19: It is estimated that the following revenues will be available in the **Solid Waste District Fund** for the fiscal year beginning July 1, 2024, and ending June 30, 2025:

Property Taxes	\$ 1,102,836
Other Taxes	330,000
Intergovernmental	0
Solid Waste Income	713,700
Fund Balance Appropriated	0
Total Estimated Revenues	\$ 2,146,536

Section 20: 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, 2024, and ending June 30, 2025, in accordance with the chart of accounts hereto established for Wilson County:

Operations	\$ 1,683,786
Capital	0
Transfer Cost	\$ 462,750

Total Estimated Expenditures \$ 2,146,536

Section 21: It is estimated that the following revenues will be available in the **Landfill Financial Assurance Fund** for the fiscal year beginning July 1, 2024, and ending June 30, 2025:

Investment Income	\$ 7,500
Contribution from Landfill	145,730
Fund Balance Appropriated	0
Total Estimated Revenues	\$ 153,230

Section 22: 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, 2024, and ending June 30, 2025, in accordance with the chart of accounts hereto established for Wilson County:

Closure Costs Reserve	\$ 153,230
Total Estimated Expenditures	\$ 153,230

Section 23: It is estimated that the following revenues will be available in the **Landfill Fund** for the fiscal year beginning July 1, 2024, and ending June 30, 2025:

Intergovernmental	\$ 33,000
Other Taxes	165,000
Tipping Fees	1,705,823
Other Income	264,000
Investment Income	25,000
Fund Balance Appropriated	581,649
	\$ 2,774,472

Section 24: 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, 2024, and ending June 30, 2025, in accordance with the chart of accounts hereto established for Wilson County:

Capital Transfer Cost	100.000
Total Estimated Expenditures	100,000 \$ 2,774,472

Section 25: It is estimated that the following revenues will be available in the **Water Districts Fund** for the fiscal year beginning July 1, 2024, and ending June 30, 2025:

Due From Districts	\$ 509,913
Total Estimated Revenues	\$ 509,913

Section 26: The following amounts are hereby appropriated in the **Water Districts Fund** for the water districts debt payments for the fiscal year beginning July 1, 2024, and ending June 30, 2025, in accordance with the chart of accounts hereto established for Wilson County:

Principal/Interest Payments	\$ 509,913
Total Estimated Expenditures	\$ 509,913

Section 27: It is estimated that the following revenues will be available in the **Southeast Water District** for the fiscal year beginning July 1, 2024, and ending June 30, 2025:

Charges for Services	\$1,283,836
Total Estimated Revenues	\$1,283,836

Section 28: The following amounts are hereby appropriated in the **Southeast Water District** for operations and activities for the fiscal year beginning July 1, 2024, and ending June 30, 2025, in accordance with the chart of accounts hereto established for Wilson County:

Operations	\$1,072,959
Debt	210,877
Total Estimated Expenditures	\$1,283,836

Section 29: It is estimated that the following revenues will be available in the **Southwest Water District** for the fiscal year beginning July 1, 2024, and ending June 30, 2025:

Total Estimated Revenues	\$1,847,677
Fund Balance Appropriated	0
Charges for Services	\$1,847,677

Section 30: The following amounts are hereby appropriated in the **Southwest Water District** for operations and activities for the fiscal year beginning July 1, 2024, and ending June 30, 2025, in accordance with the chart of accounts hereto established for Wilson County:

Total Estimated Expenditures	\$1,847,677
Debt	359,021
Capital	0
Operations	\$1,488,656

Section 31: It is estimated that the following revenues will be available in the **Internal Service Fund** for the fiscal year beginning July 1, 2024, and ending June 30, 2025:

Employee Medical

Premiums	\$9,000,000
Total Estimated Revenues	\$9,000,000

Section 32: The following amounts are hereby appropriated in the **Internal Service Fund** for the Employee Medical Insurance Fund for the fiscal year beginning July 1, 2024, and ending June 30, 2025:

Claims and Fees \$9,000,000

Total Estimated Expenditures

\$9,000,000

Section 33: The **County-Wide** Ad Valorem Tax Rate and levy of 59.5¢ per \$100 valuation is hereby adopted.

Section 34: There is hereby levied Fire Tax District tax as the rates shown below adopted.

Fire Tax District		d Tax Rate Valuation
Bakertown	4.5	cents
Beulah-Johnson	10	cents
Contentnea	8.5	cents
Crossroads	10.1	cents
East Nash	10.25	cents
Green Hornet-Nash	7	cents
Lee Woodard	11.2	cents
Moyton	10	cents
Rock Ridge	6.75	cents
Sanoca	11.5	cents
Silver Lake-Nash	11.45	cents
Sims-Nash	5.4	cents
Toisnot	6	cents
Tri County-Nash	13	cents
West Edgecombe	5	cents

Section 35: The **Solid Waste District** tax rate and levy of 2.75¢ per \$100 valuation is hereby adopted.

Section 36: There is hereby levied for fiscal year 2024-2025 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	
Deposit Fee	
Custodial Fee (covers set-up, take-down and clean-up)	
150 in group	\$200
151 to 250 in group	\$250
• 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

Wilson County Planning Fees

Residential Additions \$40.00

New Residential \$65.00

Home Occupations \$80.00

Zoning Verification Letter \$30.00 per parcel

Address Verification Letter \$30.00 per address

Commercial/Business (2 acres or less) \$300.00

Commercial/Business (>2 acres) \$500.00 + \$20.00/acre

Rezoning Petition (Residential) \$500.00 + \$25.00/acre

Rezoning Petition (Non-residential) \$700.00 + \$25.00/acre

Variance \$500.00

Special Use (Residential) \$500.00 + \$25.00/acre

Special Use (Non-residential) \$700.00 + \$25.00/acre

Appeals \$500.00

Telecommunication Fee \$4500.00

Stormwater Review Fee \$620.00

Minor Subdivisions:

Defined as three (3) lots or less.

Final Plat \$115.00

Exempt Plat \$95.00

Major Subdivisions:

Preliminary Plat \$250.00 (base fee plus \$30.00/lot)

Final Plat \$250.00 (base fee plus \$15.00/lot)

Wilson County Inspections Fees

(Anytime a General Contractor is used, a \$10.00 homeowner recovery fee must be added to the permit)

Conditional Power Fee \$80.00

Demolition Fees: \$250/residential and \$500/commercial

Single Family Dwellings (this fee includes all trades)

Up to 1200 sq ft \$500.00

1,201 – 2,000 sq ft\$700.00

Over 2,000 sq ft.......... 0.36 cents per sq ft + \$100

Moving SFD\$500.00

Additions and Renovations (this fee includes all trades)

Up to 600 sq ft...... \$325.00

601 – 900 sq ft...... \$400.00

901 – 1,200 sq ft......\$475.00

1,201 sq ft and over \$0.36 per square foot + \$100

Multi-Family SFDS (this fee includes all trades)

For each unit \$500.00

Mobile Homes (this fee includes all trades)

Singlewides \$300.00

Doublewides \$400.00

Triplewides..... \$450.00

Residential Accessory Buildings (storage bldg., garages, etc)

Cost-- \$100 + .30/sq ft (Trades for accessory building would be an additional \$100/trade)

COMMERCIAL

Fees to cover building, electrical, mechanical, plumbing, fire and energy inspections. The fees are based on cost of construction per trade (new construction, additions or total project)

Cost of Construction Formula for Fees

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$0 - 25000 ...... $1000.00

$25,001 - 100,000 .... 50000 x .010 + 1000.00

$100,001 - 200,000 .... 100,000 x .006 + 1500.00

$200,001 - 350,000 .... 200,000 x .006 + 2500.00

$350,001 - 500,000 .... 350,000 x .006 + 3000.00

$500,001 - 750,000 .... 500,000 x .006 + 4000.00

$750,001 - 1,000,000 .... 750,000 x .006 + 5250.00

$1,000,001 and OVER .... 1,000,000 x .006 + 6500.00

$2,000,001 and OVER at 2,000,000 x .006 + 7500.00

$3,000,001 and OVER at 3,000,000 x .006 + 8500.00

$4,000,001 and OVER at 4,000,000 x .006 + 9500.00
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\$5,000,001 and OVER at 5,000,000 x .006 + 10500.00

OTHER INSPECTION FEES

Change of electrical service (including accessory buildings), installation and change out of HVAC systems, plumbing installations (shower upfits), structural changes including decks and signs, demolition and any other single trade inspections.

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$100.00 – Residential $125.00 – Commercial
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Swimming Pools --- \$200.00

Tents --- \$100.00

Blasting -- \$100.00

Fireworks --- \$100.00

Storage Tank Installations \$100/tank + \$100 per trade

Residential solar panels/wind systems ... \$100.00

Commercial Solar Panels/wind systems ... \$700.00 for first 200 Kilowatts and \$150 for each additional Kilowatt

REINSPECTION FEES

Two free denials throughout construction process of project

Each denial afterwards -- \$100.00 fee

Late cancellation fee \$60.00 (inspection cancelled after 3pm the day before unless causes beyond builders or subcontractors' control)

PLAN REVIEW FEES

Residential Plan Review \$60.00 (Resubmittals ½ cost)

Residential Accessory Building Review \$50.00

Commercial Plan Review fee \$150.00 per trade (Resubmittal ½ cost per trade)

Signs, Towers, Storage Tanks and similar plans ... \$100.00

ANNUAL FIRE INSPECTION FEES

Up to 5000 sq ft \$75.00

5,001 to 10,000 sq ft \$150.00

10,001 sq ft and over \$200.00

Misc. Fire Inspections (Fireworks, Blasting, Tents, Tank Removal) \$75.00

OPERATIONAL INSPECTION PERMIT FEES

Daycare ... \$125.00

Schools ... \$400.00

ABC ... \$100.00

Rest Homes ... \$125.00

Foster Care Free

(\$0)

PENALTY FOR BUILDING WITHOUT PERMIT

Original building permit costs x 2 + zoning fee + plan review fee = total fee

DISCLAIMER

The information contained on this page was valid at the time of publication. Wilson County reserves the right to make changes and improvements at any time and without notice and assumes no legal responsibility for damages incurred directly or indirectly as a result of errors, omissions or discrepancies on this website.

DEPARTMENT OF SOCIAL SERVICES

COUNTY FEES

Fee for Child Support Services for Non-Public Assistance Recipients	\$25.00
Fee for Employees for Replacement of ID Badges	\$5.00
Fee for NSF for Returned Checks	\$25.00
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Sliding Fee Scale For Counseling

Client Name: Case Number:

Annual Household Income in Dollars (Round gross to closest amount)

For Individual Counseling

Number of People in the Home with Fee in Dollars

3

5

1 2

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 1 2	2 1 2	3 1 1	4 1 1	5
9,000 and below	1	1	1 1 3	4 1 1 2	5 1 1 2
9,000 and below 10,000 – 19,000	1 2	1 2	1	1 1	1 1
9,000 and below 10,000 – 19,000 20,000 – 29,000	1 2 3	1 2 3	1 1 3	1 1 2	1 1 2

Sliding Fee Scale For Evaluation

Client Name: 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			

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.

<u>Updated Preplacement Assessments</u>

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.

ALS1 Emergency services and transport by ground ambulance.......\$700
ALS1 Emergency Treat/No Transport......\$100

ALS2 – Advanced Life Support, Level 2 (ALS2) includes the provision of medically necessary supplies and services including: (1) at least three separate administrations of one or more

*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

*Note: Price decreases if less than one hour

Copies

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

HEALTH DEPARTMENT

NEW PATIENT		ESTABLISHED 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	90.00	
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	
CPT	Description	Fee	CPT	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		COUNSELING/SCREENING			
CPT	Description	Fee	CPT	Description	Fee	
94664	Nebulizer/Inhaler	25.00	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	96127	Brief emotional/behavioral assessment	10.00	
96158	Health behavior intervention, indivi	70.00				
69209/69 210	Impacted Cerumen Removal using irrigation or w/o	30.00	DENTAL	. VARNISHING		
		40.00	CPT	Description	Fee	
96160	HEADSSS	10.00		2000		
92587	Otacoustic Emission	40.00	D0145	Oral Evaluation	59.00	
		+				
92587 94760/	Otacoustic Emission Pulse Oximetry (blood	40.00	D0145	Oral Evaluation	59.00	

94150/ S096	Vital Capacity Test/Peak	30.00			
69209	Removal impacted cerumen using irrigation	45.00			
FAMILY P	LANNING SERVICES		MATERI	YTIV	
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	30.00	S0280	Pregnancy Risk Screening	50.00
J7300	IUD Paraguard	500.00	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	1,200.00	96372	IM injection (17-p, Rhogam)	30.00
11981	Nexplanon Insertion	155.00	59430	Care after delivery	280.00
11982	Nexplanon Removal	180.00			
11983	Nexplanon Remove/Reinsert	260.00	MEDICA	TIONS	
J7303	Nuvaring	10.00	CPT	Description	Fee
S4993	Pills Given # packs	10.00	J0570	Bicillin LA 2.4 million units	5.00
J8499	Plan B	30.00	J0696	Rocephin 250 mg	10.00
J7297	Levonorgestrel iu 52mg 3 yr	900.00	96372	IM injection (abx. B12)	30.00
J7298	Levonorgestrel iu 52mg 5 yr	230.00	J0133	STD Med Tx (herpes)	5.00
J7301	Levonorgestrel-releasing intrauterine	500.00	J0561	Injection penicillin	30.00
			J3490	Drugs unclassified inj	30.00
			J7613	Albuterol non-comp unit	5.00
			J2550	Promethazine hcl injection	10.00
	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 SI	ERVICES		86580	PPD (low risk) private	30.00

CPT	Description	Fee	LU274	PPD given, contact	n/c
LU201	Repeat pap	n/c	LU114	PPD given, (HR-state) HIV	n/c
LU054	Immunization Record	n/c	LU263	PPD, negative, high risk	n/c
LU022	Immunization Review	8.00	LU120	PPD, negative, Low Risk	n/c
LU201	Repeat Pap (no charge)	n/c	LU264	PPD, not read, High risk	n/c
LU232	Test Results	n/c	LU124	PPD, not read, low risk	n/c
99173	Vision Screen (Adult)	11.00	LU117	PPD, positive, contact	n/c
17250	Chemical cauterization of granulation tissue	120.00	LU262	PPD, positive, high risk	n/c
10060	Drainage of skin abscess	120.00	LU119	PPD, positive, low risk	n/c
17000	Destroy benign lesion	125.00	LU122	TB Obs. Preventative (DOPT)	n/c
17110	Destroy lesion, 1-14	150.00	LU121	TB Obs Therapy (DOT)	n/c
17111	Destroy lesion, 15 or more	130.00	LU102	TB Screening Form	20.00
93000	Electrocardiagram, complete	25.00	LU208	Work/College Physical	50.00
93005	Electrocardiagram, tracing	20.00			
94150	Vital capacity testing	31.00	54050	Destruction, penis lesion(s)	180.00
94640	Airway inhalation treatment	25.00	51056	Cryosurgery, penis lesion(s)	180.00
95115	Immunotherapy, 1 injection	20.00	56501	Destry, volva lesions, sim	230.00
95117	Immunotherapy injections	30.00	91322	Severe acute resp. syndrome	160.00

VACCINES		ADMINISTRATION FEES			
CPT	Description	Fee	CPT	Description	Fee
90702	DT	65.00	90471	Immunization admin fee	25.00
90700	DTaP	45.00	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)	80.00	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	G0168	Wound closure by adhesive	130.00
90687	Flu-w/preservative 6 mos+	17.00	STATE I	_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)	70.00	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+	150.00	87340	Hepatitis	15.00
90744	Hep B (0-18 yrs)	50.00	87389	HIV	n/c
90746	Hep B (19 yrs +)	75.00	82139/ 82017	Newborn Screen	n/c
90648	Hib (ActHib)	30.00	86762	Rubella-MH	15.00
90647	Hib (Pedvax)	45.00	85660	Sickle Cell	10.00
90649	HPV (Gardasil)	170.00	86780	TPPS	n/c
90713	IPV (Polio)	55.00	87252	Viral Culture	24.00
90734	Meningococcal (Menactra)	155.00	90620	Meningococcal Grp B Bexero	250.00
90707	MMR	95.00	90691	Typhoid, vaccine im	150.00
90710	MMRV (ProQuad)	320.00	90671	PCV 15	275.00
90670	PVC 13 (Prevnar)	275.00	90738	Japanese Encephalitis	320.00
90732	Pneumococcal	125.00	90739	Hepatitis B vaccine	175.00
90675	Rabies (pre-exposure)	420.00	90750	Zoster (shingles)	200.00
90681	Rotavirus (Rotarix)	113.00			
90680	Rotavirus (RotaTeq)	105.00	A1070	Disposable corrugated tubing	25.00
90714	Td (7 yrs+)	40.00			
90715	Tdap (7 yrs+)	70.00			
90716	Varicella	220.00			
90651	HPV vaccine, non-valent	340.00			
LAB CORF)		IN-HOU	SE LABORATORY	
	,			OL LABORATORT	
CPT	Description	Fee	CPT	Description	Fee
		Fee 10.00	CPT 82272		Fee 12.00
CPT	Description	+	CPT 82272 89060	Description	+
CPT 86900	Description Blood Typing, ABO	10.00	82272 89060 87081	Description Fecal Occult Blood	12.00
CPT 86900 86901	Description Blood Typing, ABO Blood Typing, Rh (D)	10.00 10.00	82272 89060 87081 82947	Description Fecal Occult Blood Fern Test	12.00 20.00
CPT 86900 86901 86850	Description Blood Typing, ABO Blood Typing, Rh (D) Antibody Screen	10.00 10.00 15.00	82272 89060 87081 82947 82951	Description Fecal Occult Blood Fern Test GC Culture	12.00 20.00 20.00
CPT 86900 86901 86850 85025	Description Blood Typing, ABO Blood Typing, Rh (D) Antibody Screen CBC w/Differential	10.00 10.00 15.00 15.00	82272 89060 87081 82947	Description Fecal Occult Blood Fern Test GC Culture Glucose FBS/RBS (no id)	12.00 20.00 20.00 10.00
86900 86901 86850 85025 80053	Description Blood Typing, ABO Blood Typing, Rh (D) Antibody Screen CBC w/Differential Comp Metabolic Panel	10.00 10.00 15.00 15.00 15.00	82272 89060 87081 82947 82951	Description Fecal Occult Blood Fern Test GC Culture Glucose FBS/RBS (no id) Glucose 1 hour (no id)	12.00 20.00 20.00 10.00 10.00
CPT 86900 86901 86850 85025 80053 82570	Description Blood Typing, ABO Blood Typing, Rh (D) Antibody Screen CBC w/Differential Comp Metabolic Panel Creatinine (24 hr urine)	10.00 10.00 15.00 15.00 15.00 20.00	82272 89060 87081 82947 82951 82950	Description Fecal Occult Blood Fern Test GC Culture Glucose FBS/RBS (no id) Glucose 1 hour (no id) Glucose 2 hr PC (no id)	12.00 20.00 20.00 10.00 10.00
CPT 86900 86901 86850 85025 80053 82570 87149	Description Blood Typing, ABO Blood Typing, Rh (D) Antibody Screen CBC w/Differential Comp Metabolic Panel Creatinine (24 hr urine) Group B Strep	10.00 10.00 15.00 15.00 15.00 20.00 47.00	82272 89060 87081 82947 82951 82950 82951	Description Fecal Occult Blood Fern Test GC Culture Glucose FBS/RBS (no id) Glucose 1 hour (no id) Glucose 2 hr PC (no id) GTT 3 hr (no id)	12.00 20.00 20.00 10.00 10.00 30.00
CPT 86900 86901 86850 85025 80053 82570 87149 87081	Description Blood Typing, ABO Blood Typing, Rh (D) Antibody Screen CBC w/Differential Comp Metabolic Panel Creatinine (24 hr urine) Group B Strep GC Culture	10.00 10.00 15.00 15.00 15.00 20.00 47.00 20.00	82272 89060 87081 82947 82951 82950 82951 85018	Description Fecal Occult Blood Fern Test GC Culture Glucose FBS/RBS (no id) Glucose 1 hour (no id) Glucose 2 hr PC (no id) GTT 3 hr (no id) Hemoglobin	12.00 20.00 20.00 10.00 10.00 30.00 11.00
CPT 86900 86901 86850 85025 80053 82570 87149 87081 86677	Description Blood Typing, ABO Blood Typing, Rh (D) Antibody Screen CBC w/Differential Comp Metabolic Panel Creatinine (24 hr urine) Group B Strep GC Culture H Pylori Antibodies	10.00 10.00 15.00 15.00 15.00 20.00 47.00 20.00 30.00	82272 89060 87081 82947 82951 82950 82951 85018 83655	Description Fecal Occult Blood Fern Test GC Culture Glucose FBS/RBS (no id) Glucose 1 hour (no id) Glucose 2 hr PC (no id) GTT 3 hr (no id) Hemoglobin Lead	12.00 20.00 20.00 10.00 10.00 30.00 11.00 32.00
CPT 86900 86901 86850 85025 80053 82570 87149 87081 86677 84702	Description Blood Typing, ABO Blood Typing, Rh (D) Antibody Screen CBC w/Differential Comp Metabolic Panel Creatinine (24 hr urine) Group B Strep GC Culture H Pylori Antibodies HCG Serum HCG Quant Hemoglobin A1C Hepatitis B Surface Antibodies	10.00 10.00 15.00 15.00 15.00 20.00 47.00 20.00 30.00 20.00	82272 89060 87081 82947 82951 82950 82951 85018 83655 87804 86703	Description Fecal Occult Blood Fern Test GC Culture Glucose FBS/RBS (no id) Glucose 1 hour (no id) Glucose 2 hr PC (no id) GTT 3 hr (no id) Hemoglobin Lead Rapid Flu	12.00 20.00 20.00 10.00 10.00 30.00 11.00 32.00 25.00
86900 86901 86850 85025 80053 82570 87149 87081 86677 84702 83036	Description Blood Typing, ABO Blood Typing, Rh (D) Antibody Screen CBC w/Differential Comp Metabolic Panel Creatinine (24 hr urine) Group B Strep GC Culture H Pylori Antibodies HCG Serum HCG Quant Hemoglobin A1C Hepatitis B Surface	10.00 10.00 15.00 15.00 20.00 47.00 20.00 30.00 20.00 20.00	82272 89060 87081 82947 82951 82950 82951 85018 83655 87804 86703 86308	Description Fecal Occult Blood Fern Test GC Culture Glucose FBS/RBS (no id) Glucose 1 hour (no id) Glucose 2 hr PC (no id) GTT 3 hr (no id) Hemoglobin Lead Rapid Flu Rapid HIV	12.00 20.00 20.00 10.00 10.00 30.00 11.00 32.00 25.00 20.00
CPT 86900 86901 86850 85025 80053 82570 87149 87081 86677 84702 83036 86706	Description Blood Typing, ABO Blood Typing, Rh (D) Antibody Screen CBC w/Differential Comp Metabolic Panel Creatinine (24 hr urine) Group B Strep GC Culture H Pylori Antibodies HCG Serum HCG Quant Hemoglobin A1C Hepatitis B Surface Antibodies Hepatitis C Surface	10.00 10.00 15.00 15.00 20.00 47.00 20.00 30.00 20.00 20.00 15.00	82272 89060 87081 82947 82951 82950 82951 85018 83655 87804 86703 86308	Description Fecal Occult Blood Fern Test GC Culture Glucose FBS/RBS (no id) Glucose 1 hour (no id) Glucose 2 hr PC (no id) GTT 3 hr (no id) Hemoglobin Lead Rapid Flu Rapid HIV Rapid Mono	12.00 20.00 20.00 10.00 10.00 30.00 11.00 32.00 25.00 20.00
CPT 86900 86901 86850 85025 80053 82570 87149 87081 86677 84702 83036 86706 86803 80061 80076	Description Blood Typing, ABO Blood Typing, Rh (D) Antibody Screen CBC w/Differential Comp Metabolic Panel Creatinine (24 hr urine) Group B Strep GC Culture H Pylori Antibodies HCG Serum HCG Quant Hemoglobin A1C Hepatitis B Surface Antibodies Hepatitis C Surface Antibodies Lipid Panel Liver Function (hepatic)	10.00 10.00 15.00 15.00 20.00 47.00 20.00 30.00 20.00 20.00 15.00 60.00	82272 89060 87081 82947 82951 82950 82951 85018 83655 87804 86703 86308 87880 87880	Description Fecal Occult Blood Fern Test GC Culture Glucose FBS/RBS (no id) Glucose 1 hour (no id) Glucose 2 hr PC (no id) GTT 3 hr (no id) Hemoglobin Lead Rapid Flu Rapid HIV Rapid Mono Rapid Strep	12.00 20.00 20.00 10.00 10.00 30.00 11.00 32.00 25.00 20.00 15.00
CPT 86900 86901 86850 85025 80053 82570 87149 87081 86677 84702 83036 86706 86803 80061	Description Blood Typing, ABO Blood Typing, Rh (D) Antibody Screen CBC w/Differential Comp Metabolic Panel Creatinine (24 hr urine) Group B Strep GC Culture H Pylori Antibodies HCG Serum HCG Quant Hemoglobin A1C Hepatitis B Surface Antibodies Hepatitis C Surface Antibodies Lipid Panel Liver Function (hepatic) Measles/Mumps/Rubella /Immunity	10.00 10.00 15.00 15.00 20.00 47.00 20.00 30.00 20.00 20.00 15.00 60.00 15.00	82272 89060 87081 82947 82951 82950 82951 85018 83655 87804 86703 86308 87880 87880 87807 87205	Pescription Fecal Occult Blood Fern Test GC Culture Glucose FBS/RBS (no id) Glucose 1 hour (no id) Glucose 2 hr PC (no id) GTT 3 hr (no id) Hemoglobin Lead Rapid Flu Rapid HIV Rapid Mono Rapid Strep Rapid RSV	12.00 20.00 20.00 10.00 10.00 30.00 11.00 32.00 25.00 20.00 25.00 20.00
CPT 86900 86901 86850 85025 80053 82570 87149 87081 86677 84702 83036 86706 86803 80061 80076 86765/867	Description Blood Typing, ABO Blood Typing, Rh (D) Antibody Screen CBC w/Differential Comp Metabolic Panel Creatinine (24 hr urine) Group B Strep GC Culture H Pylori Antibodies HCG Serum HCG Quant Hemoglobin A1C Hepatitis B Surface Antibodies Hepatitis C Surface Antibodies Lipid Panel Liver Function (hepatic) Measles/Mumps/Rubella	10.00 10.00 15.00 15.00 20.00 47.00 20.00 20.00 20.00 20.00 15.00 60.00 15.00	82272 89060 87081 82947 82951 82950 82951 85018 83655 87804 86703 86308 87880 87880	Pescription Fecal Occult Blood Fern Test GC Culture Glucose FBS/RBS (no id) Glucose 1 hour (no id) Glucose 2 hr PC (no id) GTT 3 hr (no id) Hemoglobin Lead Rapid Flu Rapid HIV Rapid Mono Rapid Strep Rapid RSV Stat Mail Smear for GC	12.00 20.00 20.00 10.00 10.00 10.00 30.00 11.00 32.00 25.00 20.00 25.00 20.00 24.00

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
82150	Assay of Amylase	15.00	82239	Bile acids, total	80.00
84479	TSH	37.00	87210	Wet Mount	12.00
87077	Urine Culture	20.00	36416	Capillary Stick	5.00
82530	Cortisol	35.00	82550	Assay of ck (cpk)	15.00
82533	Total cortisol	30.00	82677	Assay of estriol	45.00
82728	Assay of ferritin	25.00	82746	Blood folic acid serum	30.00
82552	Assay of cpk in blood	25.00	82607	Vitamin B-12	30.00
82306	Vitamin D; 25 hydroxy	50.00	82330	Assay of calcium	25.00
82380	Assay of carotene	25.00	82465	Assay, bld/serum cholesterol	20.00
83020	Hemoglobin electrophoresis	25.00	83090	Assay of homocysteine	160.00
86141	C reactive protein, cardiac	20.00			
86787	Varicella Titer	20.00	36415	Venipuncture	10.00
87070	Wound Culture – aerobic	25.00	99000	Handling Fee	10.00
81241	F% (Coagulation Factor V)	300.00	82088	Assay of Aldosterone	15.00
87075	Wound Culture – anaerobic	25.00	80164	Assay, dipropylacetic acid	30.00

ENVIRONMENTAL HEALTH SERVICES	5		
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		
Public Wading Pool Permit	150.00	Inorganic Panel	140.00
Nighttime Pool Lighting Visit	50.00		
Swimming Pool Reinspection	50.00		
Tattoo			
Tattoo Permit	150.00		
On-Site Wastewater Fees			
New Septic Evaluation (3 BR or less)	400.00		
New Septic Evaluation (4-5 BR)	450.00		
New Septic Evaluation (6 BR and up)	500.00		

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 Instruments except deeds of trust & mortgages\$26 first 15 pages, \$4 each additional page Deeds of trust & mortgages
 UCC Records One or two pages in writing
 Marriage Licenses Marriage License
Other Records Recording military discharge

 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
Comparing copy for certification\$5State vital records search\$14
 State vital records for network access\$24 first copy, \$15 each additional copy Miscellaneous services
·
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)\$43.00/ton*

MSW (Mixed Solid Waste)	\$58.00/ton	
YW (Yard Waste)	\$22.00/ton	
Concrete	\$20.00/ton	
Commingled Recycling	Current Market Rate + \$14.00/ton	
Tires	\$79.62/ton	
Mulch Hauling in County Dump Truck	\$75.00/load	
Mulch Hauling in County Tractor Trailer	\$200.00/load	
Mulch Hauling Out County Dump Truck	\$150.00/load	
Mulch Hauling Out County Tractor Trailer	\$425.00/load	
Solid Waste District Residents		
Household Fee\$35.00)/house (convenience center use)	
Solid Waste District Tax	\$.0275/\$100	
MSW Disposal Rate	51.91/ton	
** Includes \$2.00 per ton solid waste tax imposed by State of North Carolina		

WATER SERVICES

SOUTHWEST & SOUTHEAST

Application Fee	\$20
Late	\$10
Non-payment Fee	\$50
NSF Fee	
Meter Deposit	\$150
³ / ₄ Tap Fee	
1" Tap Fee	
2" Tap Fee	
Dormant Tap Fee	\$500 (\$150-meter fee)
Tamper Fee	\$300 (Residential)
Tamper Fee	
Broken Lock	
Recheck meter fee	\$25
Test meter fee	\$25
Broken Angle Stop	\$45
Development Fee	\$200 per lot

Monthly Usage Fees for Residential and Commercial

Water Usage (Gallons)	Water Usage fee
Base	\$33.00
First 3,000 gallons	\$6.00 per thousand
Next 3,000 gallons	\$8.00 per thousand
Next 3,000 gallons	\$9.00 per thousand
Next 3,000 gallons	\$10.00 per thousand

Section 37: The Wilson County Board of Education is hereby authorized to budget fines and forfeitures in the amount of \$440,000 for current expenses. The County has appropriated \$25,403,825 for current expenses 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 38: Wilson Community College. The County has appropriated \$2,848,613 for current expenses and \$850,000 for capital outlay for existing facilities.

Section 39: 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 40: The County Manager or Finance Director is hereby authorized to transfer appropriations within and between funds contained herein subject to the following guidelines and restrictions:

- (1) The County Manager or Finance Director 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 Finance Director 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 passthrough sources, budgets may be adjusted to match with the approval of the County Manager or Finance Director. The 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 FY2023 budget by the Manager or Finance Director. The Board of Commissioners' action will not be required.
- (5) Movement of funds between/across expenditure categories (Personnel/Operating/Capital) may be requested by the Department but require approval of the County Manager or Finance Director. No lapse salary can be used to fund any other operational expense, without the County Manager or Finance Director approval. Movement of funds to purchase unbudgeted Capital requires the 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 41: The County Manager or Finance Director 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 42: 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 43: This Ordinance shall become effective July 1, 2024.

Adopted this 30th day of May 2024.