

# FORSYTH COUNTY

## BOARD OF COMMISSIONERS

MEETING DATE: SEPTEMBER 28, 2015 AGENDA ITEM NUMBER: 9

**SUBJECT: RESOLUTION RATIFYING AND AUTHORIZING EXECUTION OF AN INTERLOCAL AGREEMENT BETWEEN FORSYTH COUNTY AND WINSTON-SALEM TRANSIT AUTHORITY FOR THE PURCHASE OF BUS PASSES TO ASSIST ELIGIBLE RECIPIENTS OF WORK FIRST, ADULT SERVICES, AND FAMILY & CHILDREN'S SERVICES WITH TRANSPORTATION NEEDS (DEPARTMENT OF SOCIAL SERVICES)**

**COUNTY MANAGER'S RECOMMENDATION OR COMMENTS:** Recommend Approval

### SUMMARY OF INFORMATION:

Contract Amount: \$35,500

Work First Program: \$15,000 100% Reimbursable State Funds

Family & Children's Services: \$20,000 50% Reimbursable Federal Funds

Adult Services: \$500 50% Reimbursable Federal Funds

Agreement to purchase an estimated 1950 monthly bus passes, 550 ten-ride bus passes, 750 one-ride passes to be distributed by DSS to eligible individuals in its Work First, Adult Services, and Family & Children's Services units.

**CONTRACT PERIOD:** July 1, 2015-June 30, 2016

ATTACHMENTS:  YES  NO

SIGNATURE: *J. Randolph White, Jr.* DATE: September 23, 2015  
COUNTY MANAGER

**RESOLUTION RATIFYING AND AUTHORIZING EXECUTION OF AN  
INTERLOCAL AGREEMENT BETWEEN FORSYTH COUNTY AND WINSTON-  
SALEM TRANSIT AUTHORITY FOR THE PURCHASE OF BUS PASSES TO  
ASSIST ELIGIBLE RECIPIENTS OF WORK FIRST, ADULT SERVICES, AND  
FAMILY & CHILDREN'S SERVICES WITH TRANSPORTATION NEEDS  
(DEPARTMENT OF SOCIAL SERVICES)**

**BE IT RESOLVED** by the Forsyth County Board of Commissioners that the Chairman or County Manager and Clerk to the Board are hereby authorized to execute, on behalf of Forsyth County, the attached interlocal agreement in the amount of \$35,500 (Contract Control #2016-0200-00) between Forsyth County, on behalf of its Department of Social Services, and Winston-Salem Transit Authority, for the purchase of bus passes to assist eligible recipients of Work First, Adult Services, and Family & Children's Services with transportation needs during the period July 1, 2015 through June 30, 2016, subject to a pre-audit certificate thereon by the Chief Financial Officer, where applicable, and approval as to form and legality by the County Attorney. The original contract is incorporated herein by reference.

**BE IT FURTHER RESOLVED** by the Forsyth County Board of Commissioners that the Chairman or County Manager and the Clerk to the Board are hereby authorized to execute, on behalf of Forsyth County, amendments to this Agreement for these services with this Provider within budgeted appropriations in the current fiscal year, subject to a pre-audit certificate thereon by the Chief Financial Officer, where applicable, and approval as to form and legality by the County Attorney.

**BE IT FURTHER RESOLVED** that this resolution ratifying interlocal cooperation between Forsyth County and Winston-Salem Transit Authority is hereby spread upon the minutes of the Forsyth County Board of Commissioners.

Adopted this the 28<sup>th</sup> day of September 2015.

NORTH CAROLINA)

FORSYTH COUNTY)

AGREEMENT

THIS AGREEMENT is made and entered into this 1<sup>st</sup> day of July, 2015 between Forsyth County (the County), on behalf of its Department of Social Services ("FCDSS"), and Winston-Salem Transit Authority, ("Provider")  
DUNS# 071807056

WITNESSETH:

I.

For the purposes and subject to the terms and conditions hereinafter set forth, the County hereby contracts for the purchase of Winston-Salem Transit Authority bus passes for use by FCDSS to distribute to eligible individuals who require assistance with transportation, and the Provider agrees to provide the services to the County in accordance with the terms of this Agreement.

II.

1. **AGREEMENT DOCUMENTS:** This Agreement consists of the following documents:

- NA A.S.*
- NA A.B.*
- a) This Agreement, pages 1-5 (to include NC DHHS's "B" Scope of Work section, Section III, page 2)
  - b) The General Terms and Conditions (Attachment A), pages 1-4
  - c) \*Federal Certification Regarding Drug-Free Workplace & Certification Regarding Nondiscrimination (Attachment C) pages 1-3
  - d) \*Conflict of Interest (Attachment D), pages 1-2
  - e) ~~\*No Overdue Taxes (Attachment E) page 1~~
  - f) \*Federal Certification Regarding Environmental Tobacco Smoke (Attachment F), page 1
  - g) \*Federal Certification Regarding Lobbying (Attachment G), page 1-3
  - h) ~~\*Federal Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction (Attachment H), pages 1-2~~
  - i) \*HIPAA Business Associate Addendum (Attachment I), pages 1-4
  - j) \*State Certification Regarding Transportation (Attachment J), page 1
  - k) IRS federal tax exempt letter or 501 (c)(3)(Attachment K) <http://www.irs.gov/pub/irs-fill/k1023.pdf>, page 1
  - l) Notice of Certain Reporting and Auditing Requirements (Attachment L), pages 1-4
  - m) \*State Contractor Certifications (Attachment M), pages 1-2
  - n) Agreement Determination Questionnaire: Purchase of Service vs. Financial Assistance (Attachment N), page 1
  - o) \*Agreement With Respect to Language Access Policy for Persons with Limited English Proficiency (Attachment O), pages 1-3

This Agreement and the above-cited Attachments constitute the entire agreement between the Parties and supersede all prior oral or written statements or agreements.

\*Notice: Provider agrees to sign individually all Attachments marked above by an asterisk for fiscal year 2015-2016 and that all Attachments are incorporated herein by reference. Further, the parties understand and agree that:

- all Attachments shall renew automatically each consecutive fiscal year thereafter (unless the terms change) for the duration of each new underlying Agreement.
- all Attachments shall be incorporated by reference into each new underlying Agreement for future fiscal years.
- all Attachments shall remain in full force and effect for future fiscal years (if the parties execute an underlying Agreement for future fiscal years), and
- all Attachments shall be effective unless or until the parties elect not to fully execute a new underlying Agreement for Provider services in future fiscal years.

2. **PRECEDENCE AMONG AGREEMENT DOCUMENTS:** In the event of a conflict between or among the terms of the Agreement Documents, the terms in the Agreement Document with the highest relative precedence shall prevail. The order of precedence shall be the order of documents as listed in Paragraph 1, above, with the first-listed document having the highest precedence and the last-listed document having the lowest precedence. If there are multiple Agreement Amendments, the most recent amendment shall have the highest precedence and the oldest amendment shall have the lowest precedence.

3. **REVERSION OF FUNDS:** Any unexpended grant funds shall revert to the County Department of Social Services upon termination of this Agreement.
4. **REPORTING REQUIREMENTS:** The Provider shall comply with audit requirements as described in N.C.G.S. §143C-6-22 "Use of State funds by non-State entities" and N.C.G.S. §143C-6-22 "State grant funds: administration; oversight and reporting requirements" and OMB Circular- CFR Title 2 Grants and Agreements, Part 200 Title 2 — Grants and Agreements, Subtitle A — Office of Management and Budget Guidance for Grants and Agreements, Chapter II — Office of Management and Budget Guidance, Part 200 — Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, and shall disclose all information required by 42 USC 455.104, or 42 USC 455.105, or 42 USC 455.106 Title 42 - Public Health, Chapter IV - Centers For Medicare & Medicaid Services, Department Of Health And Human Services, Subchapter C - Medical Assistance Programs, Part 455 - Program Integrity: Medicaid, Subpart B - Disclosure Of Information By Providers And Fiscal Agents Section 455.104 - Disclosure By Providers And Fiscal Agents: Information On Ownership And Control, Section 455.105 - Disclosure By Providers: Information Related To Business Transactions, Section 455.106 - Disclosure By Providers: Information On Persons Convicted Of Crimes (October 1, 2007)
5. **AGREEMENT ADMINISTRATORS:** All notices permitted or required to be given by one Party to this Agreement to the other Party to this Agreement and all questions about the Agreement from one Party to the other shall be addressed and delivered to the other Party's Agreement administrator as set out below. Either Party may change the name, post office address, street address, telephone number, fax number, or email address of its Agreement Administrator by giving timely written notice to the other Party.
 

<p><u>For the County:</u>            Sherri Cook, Contracts Manager            Forsyth County Dept. of Social Services            741 North Highland Avenue            Winston-Salem, NC 27101            Telephone: 336-703-3421            Fax: 336-727-2850  <a href="mailto:cookss@forsyth.cc">cookss@forsyth.cc</a></p>	<p><u>For Provider:</u>            Art Barnes, General Manager            Winston-Salem Transit Authority            1060 North Trade Street            Winston-Salem, NC 27101            Telephone: 336-727-2648            Fax: 336-727-8104  <a href="mailto:abarnes@wstransit.com">abarnes@wstransit.com</a></p>
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6. **SUPPLEMENTATION OF EXPENDITURE OF PUBLIC FUNDS:** The Contractor assures that funds received pursuant to this Agreement shall be used only to supplement, not to supplant, the total amount of federal, state and local public funds that the Contractor otherwise expends for contract services and related programs. Funds received under this Agreement shall be used to provide additional public funding for such services; the funds shall not be used to reduce the Contractor's total expenditure of other public funds for such services.
7. **DISBURSEMENTS:** As a condition of this Agreement, the Contractor acknowledges and agrees to make disbursements in accordance with the following requirements:
  - (a) Implement adequate internal controls over disbursements;
  - (b) Pre-audit all vouchers presented for payment to determine:
    - Validity and accuracy of payment
    - Payment due date
    - Adequacy of documentation supporting payment
    - Legality of disbursement
  - (c) Assure adequate control of signature stamps/plates;
  - (d) Assure adequate control of negotiable instruments; and
  - (e) Implement procedures to insure that account balance is solvent and reconcile the account monthly.
8. **OUTSOURCING TO OTHER COUNTRIES:** The Contractor certifies that it has identified to the County all jobs related to the Agreement that have been outsourced to other countries, if any. The Contractor further agrees that it will not outsource any such jobs during the term of this Agreement without providing notice to the County.
9. The Provider shall supply, at its sole expense, all equipment, tools, materials, or supplies required to provide contracted services unless otherwise agreed in writing.
10. **FEDERAL CERTIFICATIONS:** Individuals and organizations receiving federal funds shall comply with certain Certifications required by federal laws and requirements as per Provider's signature on the Attachments C, F, G, and H, of this underlying Agreement. The Provider represents that it is in compliance with all Certifications regarding Drug-Free Workplace Requirements, Discrimination, Environmental Tobacco Smoke; Lobbying; and Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions. Provider's authorized representative signed these attached assurances and certifications.

III.

**SCOPE OF PROVIDER SERVICES** (as per NC DHHS's recommended "B" Document):

Provider understands and agrees that it shall perform services in compliance with this Agreement as follows:

1. **HUMAN RESOURCES:** Recruit, screen, employ, supervise, train and evaluate staff and other appropriate professional personnel to provide services provided under this Agreement. Provider will perform criminal record checks on personnel who work directly with clients covered under this Agreement, and shall ensure that no personnel providing services hereunder, paid or volunteer, shall have been convicted, before or after execution of this agreement, of any sex crime or crimes of violence.
2. **CONFIDENTIALITY:** Keep confidential any information about a client covered under this Agreement. Provider shall not share such information except only among FCDSS and Provider staff on a "need to know" basis in order to coordinate, manage, or deliver services. Provider shall protect client privacy by complying fully with all federal and state privacy protection laws and regulations regarding the security and privacy of client information. Specifically, Provider is required to protect the privacy of any personally identifiable protected health information that is collected, processed or learned because of services provided to FCDSS. The services provided shall comply with security and privacy regulations pursuant to the Health Insurance Portability and Accountability Act (HIPAA) and the North Carolina Identity Protection Act. Compliance includes administrative, physical and technical safeguards as well as policies, procedures and documentation as modified by the American Recovery and Reinvestment Act and as further provided in the Attachment I, "Business Associate Addendum" (signed by Provider which is incorporated herein by reference as if fully set forth herein, concurrently initiated during FY 2015-16.
3. Comply with FCDSS Language Access Policy as further provided in the Attachment O " Agreement With Respect to Language Access Policy for Persons with Limited English Proficiency" entered into between the parties hereto, which Agreement is incorporated herein by reference as if fully set forth herein which is concurrently initiated during FY 2015-16.
4. Comply, with all applicable federal immigration laws in its hiring and contracting practices relating to the services covered by this Agreement involving County funds, as outlined in the Resolution adopted by the Forsyth County Board of Commissioners at its regular meeting of October 23, 2006.
5. **WORK AUTHORIZATION:** Comply, and ensure that subcontractors comply, with Article 2 of Chapter 64 of the North Carolina General Statutes relating to the required use of the federal E-Verify program to verify the work authorization of newly hired employees. Failure of the Provider to comply with this provision or failure of its subcontractors to comply could render this Agreement void under North Carolina law.

IV.

Provider shall begin services effective July 1, 2015, and, unless sooner terminated by mutual consent or as hereinafter provided, shall provide services until June 30, 2016. Either party shall have the right to terminate this Agreement for services upon (30) thirty days notice in writing to the other party. FCDSS holds the right to suspend services of the Provider immediately if information is received that Provider's actions or inactions may put FCDSS employees or beneficiaries referred for services in any type of danger or possible harm.

V.

As full compensation for the Provider's services, the County agrees to pay the Provider as follows:

1. at a rate not to exceed \$1.00 per one-ride bus pass
2. at a rate not to exceed \$10.00 per ten-ride bus pass
3. at a rate not to exceed \$15.00 per monthly bus pass,

all payable in monthly installments. No fees shall be charged to individuals provided services under this Agreement. The County shall make payment within 30 days of receipt of an invoice and supporting documents, provided that all elements of the Agreement are satisfactorily met. Total payments under this contract are not to exceed \$35,500 during fiscal year ending June 30, 2015 without executing a written contract amendment.

This contract consists of for Work First Transportation \$0.00 in Federal funds (CFDA# N/A ), \$15,000.00 in State funds, and \$0.00 in County funds SIS Code 532; Family and Children's Division \$10,000.00 in Federal funds (CFDA# 93.645), \$0.00 in State funds, and \$10,000.0 in County funds SIS Code 251; Adult Services \$250 in Federal funds (CFDA# 93.667), \$0.00 in State funds, and \$250 in County funds SIS Code 250.

There are no matching requirements from the Contractor.

## VI.

The Provider shall maintain for the duration of this contract, at its sole expense, the following insurance coverage:

- A. Commercial Liability Insurance: The Provider shall maintain occurrence version commercial general liability insurance or equivalent form with a limit of not less than \$1,000,000 each occurrence. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two times the occurrence limit. Such insurance shall name Forsyth County, its officials, officers, and employees as additional insureds with respect to performance of the services of this contract. The coverage shall contain no special limitations on the scope of protection afforded to the above listed insureds and shall be primary with respect to insurance or self-insured retention programs covering Forsyth County, its officials, officers, and employees.
- B. Business Automobile Liability Insurance: The Provider shall maintain business automobile liability insurance or equivalent form with a limit of not less than \$1,000,000 each accident. Such insurance shall include coverage for owned, hired, and non-owned automobiles used to provide services under this Agreement.
- C. Workers' Compensation and Employers' Liability Insurance: The Provider must maintain workers' compensation insurance with North Carolina statutory limits and employers' liability insurance with limits of not less than \$100,000 each accident.
- D. Professional Liability Insurance: The Provider shall maintain professional liability insurance with limits of not less than \$1,000,000 per occurrence. Such insurance shall name the County, its officials, officers and employees as additional insureds with respect to performance of the services. The coverage shall contain no special limitations on the scope of protection afforded to the above listed insureds. Coverage shall be primary with respect to any insurance of self-insured retention programs covering the County, its officials, officers and employees, shall include a special project endorsement, and shall include all professional liability claims against the insured and the incurred legal costs of defending those claims.
- E. Other Insurance Requirements: The Provider shall:
  - o Prior to commencement of services, furnish the County with properly executed certificates of insurance which shall clearly evidence all insurance required in this section, and provide that such insurance shall not be cancelled, allowed to expire, or be materially reduced in coverage except on thirty (30) days' prior notice to the County at the following address: Forsyth County Risk Manager, Finance Dept., 201 North Chestnut Street, Winston-Salem, NC 27101.
  - o Provide certified copies of endorsements and policies, if requested by Forsyth County, in lieu of or in addition to certificates of insurance.
  - o Replace certificates, policies, and endorsements for any such insurance that expires prior to the completion of services under this Agreement.
  - o Maintain such insurance with insurers authorized to do business in North Carolina and having A.M. Best Company ratings of not less than A: VII.

Any alternatives to these requirements shall require written approval of the County's Risk Manager. This contract must not be executed without a properly executed certificate of insurance evidencing all required coverage, including evidence of required additional insured.

## VII.

1. The Provider shall operate as an independent contractor, and the County shall not be responsible for any of the Provider's or Provider's employees' acts or omissions. The Provider agrees to hold the County harmless from and against any claims, expenses (including attorney fees), costs or liability for acts or omissions of the Provider or Provider's employees.
2. The Provider shall not subcontract any of the work contemplated under this Agreement without prior written approval from FCDSS. The County shall not be obligated to pay for any work performed by any unapproved subcontractor.
3. The Provider or Provider's employees shall not be treated as employees of the County with respect to the services performed hereunder for federal or state tax, unemployment or workers' compensation purposes. The Provider understands that neither federal, state, nor payroll tax of any kind shall be withheld or paid by the County on behalf of the Provider or the employees of the Provider. The Provider further understands and agrees that the Provider or Provider's employees are fully responsible for the payment of any taxes arising from the payment of monies under this Agreement.
4. The Provider or Provider's employees shall not be treated as employees of the County with respect to the services performed hereunder for purposes of eligibility for, or participation in, any employee pension, health, or other fringe benefit plan of the County.
5. The Provider or Provider's employees have no authority to enter into contracts or agreements on behalf of the County.
6. The Provider declares that it has complied with all federal, state and local laws regarding business permits, certificates,

and licenses that may be required to carry out the services to be performed under this Agreement.

- 7. The Provider agrees to retain all books, records and other documents relevant to this Agreement for five (5) years after final payment or until all audits continuing beyond this period have been completed. Federal auditors and any persons authorized by the NCDHHS Division of Social Services, the NCDHHS Division of Medical Assistance, or the County shall have the right to examine any of the materials that are public records. In the event the Provider dissolves or otherwise goes out of existence, records produced under this Agreement will be turned over to the County.

This Agreement shall be governed by and construed in accordance with the laws of the State of North Carolina, without regard to choice of law principles. The Provider, by signing this Agreement, agrees and submits, solely for matters concerning this Agreement, to the exclusive jurisdiction of the courts of North Carolina and agrees, solely for such purpose, that the exclusive venue for any legal proceedings shall be Forsyth County, North Carolina. The place of this Agreement and all transactions and agreements relating to it, and their situs and forum, shall be Forsyth County, North Carolina, where all matters, whether sounding in contract or tort, relating to the validity, construction, interpretation, and enforcement shall be determined.

In the event that a court of competent jurisdiction holds that a provision or requirement of this Agreement violates any applicable law, each such provision or requirement shall continue to be enforced to the extent it is not in violation of law or is not otherwise unenforceable and all other provisions and requirements of this Agreement shall remain in full force and effect, except to the extent they rely on the unenforceable provision(s).

This Agreement is the entire agreement between the parties as to the subject matter referenced herein, supersedes all prior oral or written statements or agreements, and no amendment may be made to this Agreement except with the prior written consent of both parties.

The Provider and the County have executed this Agreement in duplicate originals, with one original being retained by each party.

**SIGNATURE WARRANTY:** The undersigned represent and warrant that they are authorized to bind their principals to the terms of this Agreement.

**IN WITNESS WHEREOF,** the County and the Provider have set their hands and seals as of the day and year first above written.

**WINSTON-SALEM TRANSIT AUTHORITY**


By:   
Arthur Barnes, General Manager

EIN: 56-6000241

Status:  Public  
 Private, Not for Profit  
 Private, For Profit

Financial Reporting Year:  
July 1 to June 30

**FORSYTH COUNTY**

By:   
Debra Donahue  
Director, Dept. of Social Services

By: \_\_\_\_\_  
J. Dudley Watts, Jr.  
County Manager

ATTEST:

By: \_\_\_\_\_  
Carla D. Holt  
Clerk to the Board

Approved as to form and legality:

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Assistant County Attorney