



Steve Troxler
Commissioner

North Carolina Department of Agriculture
and Consumer Services

N. David Smith
Chief Deputy Commissioner

September 24, 2018

Ms. Millie Langley
Guilford Soil & Water Conservation District
3309 Burlington Road
Greensboro, NC 27405

CONTRACT NUMBER: 18-024-4102
AMENDMENT NUMBER: 01-2019

Dear Ms. Langley:

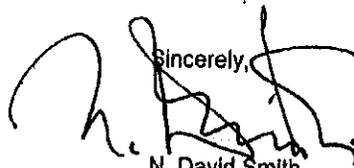
On behalf of Commissioner Steve Troxler and the North Carolina Department of Agriculture and Consumer Services – Division of Soil & Water Conservation, I offer to amend your existing agreement for district matching and cost share technical assistance funds for the Guilford Soil and Water Conservation District operations. The amendment is necessary to add district matching and technical assistance funds for fiscal year 2018-19. Your project end date remains June 30, 2020.

Two original amendment packets must be printed, completed and returned to the NCDA&CS, making sure that the amendments and certain forms have been signed in blue ink, dated, and witnessed. Signing these documents represents your understanding and acknowledgement that all other terms and conditions of the original contract are still in effect. Please return the two packets to:

David B. Williams, Deputy Director
N.C. Division of Soil & Water Conservation
1614 Mail Service Center
Raleigh, NC 27699-1614

One fully executed, original amendment will be returned to you for your records. If you have any questions about your amendment or any of the forms contained in your offer packet, please contact David Williams at (919) 707-3772, or David.B.Williams@ncagr.gov.

I would like to take this opportunity to thank you for all you do to support conservation of our valuable natural resources.

Sincerely,


N. David Smith
Chief Deputy Commissioner

Enclosure

cc: Melissa Madrid, Grants Manager

Email: David.Smith@ncagr.gov
1001 Mail Service Center, Raleigh, North Carolina, 27699-1001
(919) 707-3033 • Fax (919) 715-0026
An Equal Opportunity Affirmative Action Employer



NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
Steven W. Troxler, Commissioner

Soil and Water Conservation District

CONTRACT AMENDMENT "CHECK OFF LIST" for Grantee

This form must be returned with your completed contract amendment package.

INSTRUCTIONS: Check the YES boxes in the left column for the document titles that are being returned with the two signed, dated and witnessed (for government entities) or notarized (for non-government entities) copies of the contract amendment with signatures in blue ink. Be sure to include all the other documents specified in your contract amendment package. If NO has been checked off for you, that document is not required for this grant program or project.

GRANTEE ORGANIZATION NAME: Gulford Soil & Water Conservation District

PROJECT TITLE/NAME: DSWC-District Matching and Technical Assistance Agreement

CONTRACT #: 18-024-4102 AMENDMENT #: 01-2019

| Check one Box | DOCUMENT TITLE <i>ALL SIGNATURES MUST BE IN BLUE INK</i> | DEPARTMENTAL USE - DOCUMENTS ATTACHED OR ON FILE | | GRANTS & CONTRACTS USE - DOCUMENTS ATTACHED | |
|--|---|--|-----------------------------|--|-----------------------------|
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Contract Amendment "Check Off List" for Grantee | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Contract Amendment Cover | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Attachment A - Project Time Line and/or Revised Budget | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Attachment B - Signature Card | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

STATE OF NORTH CAROLINA
COUNTY OF WAKE



| Departmental Use Only | |
|-----------------------|-------------|
| CENTER: | 1611-3701 |
| ACCOUNT: | 636967 |
| AMOUNT: | \$7,200.00 |
| CENTER: | 2710 |
| ACCOUNT: | 636502 |
| AMOUNT: | \$53,370.00 |

North Carolina Department of Agriculture and Consumer Services

Division of Soil and Water Conservation

**DSWC-District Matching and Technical Assistance Agreement -
Governmental**

**Amendment Number: 01-2019
Contract Number: 18-024-4102**

This document amends the Contract bearing the effective date of July 1, 2017, between the North Carolina Department of Agriculture and Consumer Services, hereinafter referred to as the "Agency" and the Guilford Soil and Water Conservation District, hereinafter referred to as the "Grantee."

The Grantee's tax ID number is **56-6000305**. The Congressional District Number is **6th and 13th**. The Grantee's DUNS number is **071563613**.

As provided for under the terms of the original Contract, the Agency and the Grantee agree to amend the contract provisions as outlined below.

1. Section IV. DSWC Duties:

The previous Section IV is hereby deleted and replaced with the following:

The DSWC hereby agrees to pay the Grantee in the manner and in the amounts specified in the Contract Documents. The total amount paid by the DSWC to the Grantee shall not exceed **\$60,570.00**.

This amount consists of: \$0.00 in federal funds.
This amount consists of: \$60,570.00 in State funds

The Grantee's matching requirement is **\$60,570.00**, which consists of:

| | |
|---------------------|--------------------|
| In Kind | \$ |
| Cash | \$ |
| Cash and In-kind | \$ |
| Cash and/or In-kind | \$60,570.00 |
| Other/Specify | \$ |

The total Contract amount is **\$121,140.00**.

2. V. Secondary Employment Policy:

The previous Section V is hereby deleted and replaced with the following:

The Grantee shall have in place a secondary employment policy that protects the District, its employees, the County, the Agency, and the Commission from any actual, potential or perceived conflict of interest. Such policy shall be in accordance with the Commission Guidelines on Secondary Employment found at http://www.ncagr.gov/SWC/costshareprograms/documents/secondary_employment_district_employee.pdf

The Grantee shall submit to the Agency by October 15, 2018 and annually thereafter a secondary employment form for each employee performing work on Commission cost share program contracts. The Grantee shall submit an updated form along with its quarterly progress reports if the secondary employment changes or other potential conflicts of interest of a subject employee arise after the initial submission.

3. Contract Scope of Work and Payment Provisions:

The previous Attachment B: Scope of Work and Payment Provisions is hereby deleted and replaced with the attached Attachment A: Scope of Work and Payment Provisions. The revision is necessary to add funding for the 2018-19 fiscal year. In cases where the grantee did not invoice for the full amount of budgeted funds for Activities 1 or 2 in FY2017-18, the funds budgeted for 2017-18 have been reduced to reflect the actual amount invoiced for 2017-18.

All other terms and conditions as set forth in the original Contract document shall remain in effect for the duration of this Amendment.

Signature Warranty:

The undersigned represent and warrant that they are authorized to bind their principals to the terms of this Contract.

IN WITNESS WHEREOF, the Grantee and the Agency execute this Contract Amendment in two (2) originals, one (1) of which is retained by the Grantee and one (1) which is retained by the Agency.

Grantee: Guilford Soil and Water Conservation District

George Y. Teague 10-9-18
Signature of Authorized Representative Date
George Y. Teague Chairman
Printed Name Title

Witness:
Millie T. Langley 10/9/18
Signature Date
Millie T. Langley Soil Conservationist
Printed Name Title



North Carolina Department of Agriculture and Consumer Services

Signature of Authorized Representative Date

N. David Smith, Chief Deputy Commissioner

GUILFORD COUNTY

Marty K. Lawing, Guilford County Manager Date

Robin B. Keller, Guilford County Clerk to Board Date
(COUNTY SEAL)

Scope of Work and Payment Provisions

The Guilford Soil & Water Conservation District will complete the following activities and supply the following deliverables:

1. District Matching Funds – Funds for district operating support are allocated to each county equally, subject to that District's documentation that matching funds equal to or exceeding the allocated amount are available for match. To be eligible to receive matching funds the Grantee shall:
 - a. Submit by March 31 of each fiscal year an 'Application for Matching Funds for Soil & Water Conservation Districts' showing the amount of matching funds requested by the Grantee and documenting the source and amount of matching funds provided by the Grantee. The Grantee shall not count as match the funds that were allocated by the Commission for technical assistance cost share nor those local funds pledged to match technical assistance cost share. **Matching Funds not requested by March 31 shall be unencumbered from this Contract.**
 - b. Submit to the Agency minutes of all district board meetings held during the term of the Contract.
2. Cost Share Technical Assistance – cost share funds for technical assistance positions are allocated to districts by the Commission and through the Agency in accordance with its rules and procedure, 02 NCAC 59D .0106 and 02 NCAC 59H .0106(b). To be eligible to receive technical assistance cost share, the Grantee shall:
 - a. Submit by June 1 of each fiscal year, the District Strategy Plan for cost share programs for the upcoming fiscal year, including a request for technical assistance funds. The request for technical assistance funds should include staff name, title and email address for each position proposed for cost sharing.
 - b. Implement cost share program activities in the District, pursuant to Commission rules and policies. A district position funded through this Contract may work on other activities, but the position must contribute at least 1,040 hours annually per FTE to providing technical assistance or cost share program implementation. Positions cost shared at less than 1 FTE, shall contribute a pro-rated number of hours for the same purposes. All activities must be documented with a monthly activities tracking form which shall be submitted quarterly on or before October 15, January 15, April 15, and June 30.
 - c. Submit a Request for Payment of Technical Assistance Form at least annually and no more frequently than quarterly documenting actual expenditures for salary, benefits, and operating expenses by the Grantee in support of the technical assistance position(s) approved by the Commission and listed in the Contract Budget. Any technical assistance funds encumbered for the current fiscal year that are not requested by the Grantee on or before June 30 of that fiscal year shall be unencumbered from this Contract.

- d. Work with the technical supervisor to upload an updated Individual Development Plan in AgLearn by June 30, 2019 for each for each employee funded through this Contract.
- e. Have in place a secondary employment policy consistent with the Commission's Guidelines on Secondary Employment and shall submit an annual Secondary Employment Form for each employee performing work on Commission cost share program contracts. The initial Secondary Employment Form shall be submitted annually on or before October 15 of each year. The Grantee shall submit an updated form along with its quarterly Request for Payment of Technical Assistance if the secondary employment changes or other potential conflicts of interest of a subject employee arise after the initial submission.

CONTRACT BUDGET

The following budget reflects the maximum authorized payment for each activity described in the scope of work.

Activity 1: District Matching Funds

| Fiscal Year | Maximum Amount Awarded | District Match Requirement |
|-------------|------------------------|----------------------------|
| 2017-18 | \$3,600.00 | \$3,600.00 |
| 2018-19 | \$3,600.00 | \$3,600.00 |
| 2019-20 | | |

Activity 2: Cost Share Technical Assistance

| Position 1: FTE: 1.00 | | Maximum Allocation | | District Match Requirement |
|-----------------------|-----------------|--------------------|---------------|----------------------------|
| Fiscal Year | Purpose | Recurring | Non-recurring | |
| 2017-18 | Salary/Benefits | \$25,500.00 | | \$26,550.00 |
| | Operating Exp. | \$1,050.00 | | |
| 2018-19 | Salary/Benefits | \$25,500.00 | | \$26,820.00 |
| | Operating Exp. | \$1,320.00 | | |
| 2019-20 | Salary/Benefits | | | \$0 |
| | Operating Exp. | \$0 | | |

| Position 2: FTE: | | Maximum Allocation | | District Match Requirement |
|------------------|-----------------|--------------------|---------------|----------------------------|
| Fiscal Year | Purpose | Recurring | Non-recurring | |
| 2017-18 | Salary/Benefits | | | \$0.00 |
| | Operating Exp. | \$000.00 | | |
| 2018-19 | Salary/Benefits | | | \$0.00 |
| | Operating Exp. | \$0.00 | | |
| 2019-20 | Salary/Benefits | | | \$0 |
| | Operating Exp. | \$0 | | |

Signature Card



CONTRACT & FINANCIAL DOCUMENTS

INSTRUCTIONS: Please read and fill in the required information to the right of each field where applicable. Signatures must match the Contract signatures. In the event the affixed signature(s) are no longer valid, a revised form must be submitted prior to processing any contractual documents or submitting "Request for Payments" or any other financial documents. If more than two people will sign for the organization, this form may be duplicated.

SECTION I.

| | |
|---|-----------------|
| Date: | |
| Legal Applicant Organization/Agency Name: | GUILFORD COUNTY |
| Federal Tax Identification Number: | 56-6000305 |

SECTION II.

Certification:
By affixing my signature below, I certify that person(s) identified are designated having legal authorization to sign on behalf of the organization named in Section I., above, for purposes of executing contractual documents and preparing, approving and executing all financial documents; including "Requests for Payments." I understand the legal implications of any and all misrepresentation, which include but are not limited to defrauding the State of North Carolina, and certify that the person signing below has full authority to execute this Agreement on behalf of the named organization.

~~NON-GOVERNMENTAL ORGANIZATIONS ONLY (Must match Contract Signature)~~

| Board Chair, Executive Director, etc: | Financial Representative, Treasurer, etc. |
|--|--|
| Print Name & Title: | Print Name & Title: |
| Signature: | Signature: |

~~GOVERNMENTAL OFFICIALS (Must match Contract Signature)~~

| Authorized Governmental Official | Chief Fiscal Officer |
|---|------------------------------------|
| Print Name & Title: | Print Name & Title: |
| George Y. Teague, SWCD Board Chairman | Harley Will, Finance Director |
| Signature: ✓ <i>George Y. Teague</i> | Signature: ✓ |