



Gaston County

Gaston County
Board of Commissioners
www.gastongov.com

DHHS - Social Services Division

Board Action

File # 25-456

Commissioner Keigher - DHHS - Social Services (Access) - To Request Permission to Apply for NCDOT/PTD FY27 Community Transportation Program (5311) Grant to Provide Rural Public Transportation Services, Enter Into an Agreement with the NC Department of Transportation (NCDOT), and Provide the Necessary Assurances and Required Local Match

STAFF CONTACT

Shannon Myers - Social Services Director - 704-862-6721

BUDGET IMPACT

N/A

BACKGROUND

The North Carolina Department of Transportation Public Transportation Division affords each community transportation system the opportunity to apply for administrative, operating, and capital grant funding. The approved funding is to cover administrative salaries, administrative costs, operating costs, and capital projects, including vehicle replacements. For FY27, Gaston County is only requesting the administrative grant funding in the amount of \$235,261, including a local match of \$35,290. The total estimated amount requested is for the period of July 1, 2026, through June 30, 2027.

Approval of this Board Action authorizes the County Manager to submit the application, and if the award is granted, enter into an agreement with the NCDOT and provide the necessary assurances and certifications, including the required local match.

POLICY IMPACT

N/A

ATTACHMENTS

Application Packet

DO NOT TYPE BELOW THIS LINE

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows.

NO.	DATE	M1	M2	JBailey	CBrown	CCLoninger	AFraley	BHovis	TKeigher	SShehan	Vote
2025-297	09/23/2025	TK	AF	A	A	A	A	A	A	A	U

DISTRIBUTION

Laserfiche Users

A=AYE, N=NAY, AB=ABSENT, ABS=ABSTAIN, U=UNANIMOUS

**Gaston County Department of Health and Human Services
Division of Social Services**

Contract Request

Original Contract Number: _____

When do you need the amendment? 3 weeks (Allow at least 2-3 weeks).

Effective Date: 7/1/2026 **Expiration Date:** 6/30/2027

Reason/Justification for the amendment: FY27 5311 Community Transportation Program (CTP) grant Admin

Vendor Name: NCDOT- Integrated Mobility Division

Vendor Address: 1 South Wilmington Street, Transportation Building

City/State/Zip: Raleigh, NC 27601

Vendor Contact: Myra Freeman, Financial Manager

Phone #: 919-707-4672 **Fax:** 919-733-1391 **Email:** msfreeman1@ncdot.gov

CSS Contact: Twanna Littlejohn, Transportation Administrator **Phone #:** 704-866-3254

Attach all that apply (if not included in original contract request):

Grant Award Letter if grant funded

Scope of Work (REQUIRED FOR SERVICES)

Detailed Description and Specifications (REQUIRED FOR GOODS)

Sole Source Justification if applicable

Competitive Bid Exception if applicable

Funding Sources:

Federal \$/% 188,208/80%

State \$/% 11,763/5%

County \$/% 35,290/15%

Other \$/% _____

Expense Budget Line Item(s):	Amt.
Revenue Budget Line Item(s):	Amt. 235,261
Expense Budget Line Item(s):	Amt.
Revenue Budget Line Item(s):	Amt.
Expense Budget Line Item(s):	Amt.
Revenue Budget Line Item(s):	Amt.
Expense Budget Line Item(s):	Amt.
Revenue Budget Line Item(s):	Amt.

Payment Amount & Frequency

☐ \$ Monthly

☒ \$ claims Quarterly

☐ \$ Annually

☐ \$ Progress

☐ \$ Other

Contract Shall Not Exceed \$ 235,261

All Information is complete and accurate to the best of my knowledge:

REQUESTED BY (TYPED OR PRINTED) Twanna Littlejohn

AUTHORIZED SIGNATURE. Twanna Littlejohn

DATE. 8/20/2025

FY2027 Unified Application Checklist

Applicant Name:				RGS Reviewer:	
Submitted	N/A	5311 Admin/Operating Documents to Submit	Due Date	RGS Approved	Comments or Concerns
<input type="checkbox"/>	<input type="checkbox"/>	5311 Designee Certification Form (not due until FY28)	10/3/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Insurance Certification (if applicable)	10/3/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Insurance Auto Schedule (required)	10/3/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Job Description (if applicable) - as applicable	10/3/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Retail Estimate(s) or Proposal(s) - as applicable	10/3/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Private/Personal Vehicle Use - as applicable	10/3/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Cost Allocation/Indirect Cost Plan - as applicable	10/3/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Cost Allocation Verification - as applicable	10/3/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Facility Insurance Verification (if federal dollars are included in the facility funding)	10/3/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Lease Agreement - as applicable	10/3/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Third Party Provider Contract (i.e. management service contract, computer support contract, etc.)	10/3/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Retail Lease Agreement - as applicable	10/3/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Software Leases Agreement - as applicable	10/3/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Unified Application Checklist	10/3/2025	<input type="checkbox"/>	



FY2027 Unified Application Checklist



Applicant Name:			RGS Reviewer:		
Submitted	N/A	Master Documents to Submit	Due Date	RGS Approved	Comments or Concerns
<input type="checkbox"/>	<input type="checkbox"/>	Transportation Advisory Board Composition List	6/2/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	State Certification/Registration	6/2/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	UEI Annual Registration	6/2/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	BBE Certification Form	6/2/2025	<input type="checkbox"/>	Through a Smartsheet form
<input type="checkbox"/>	<input type="checkbox"/>	Equal Employment Opportunity Form	6/2/2025	<input type="checkbox"/>	Through a Smartsheet form
<input type="checkbox"/>	<input type="checkbox"/>	Minority Certification	6/2/2025	<input type="checkbox"/>	Through a Smartsheet form
<input type="checkbox"/>	<input type="checkbox"/>	Delegation of Authority Form	6/2/2025	<input type="checkbox"/>	Through a Smartsheet form
<input type="checkbox"/>	<input type="checkbox"/>	AMERICAN DEPT/MD/WE/EE/HUB/VEHICULAR/ETC	6/2/2025	<input type="checkbox"/>	Through a Smartsheet form
<input type="checkbox"/>	<input type="checkbox"/>	Capital Needs Requests Form (If Applying for Combined Capital Applications)	6/2/2025	<input type="checkbox"/>	Through a Smartsheet form
<input type="checkbox"/>	<input type="checkbox"/>	IRS Form 990 (Non-Profit)	6/2/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Articles of Incorporation (Non-Profits only)	6/2/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Bylaws (Non-Profit)	6/2/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Members of Board of Directors (Non-Profits only)	6/2/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	PUBLIC HEARING NOTICE	10/3/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Public Hearing Affidavit	10/3/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Public Hearing Resolution	10/3/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Public Hearing Record	10/3/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	PUBLIC HEARING/MAINTAINING RECORD	10/3/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Local Share Certificate for Funding	10/3/2025	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	PUBLIC HEARING/MAINTAINING RECORD	10/3/2025	<input type="checkbox"/>	
		Certs & Assurances	N/A		Due in 90 days from FTA publication

Phase in UGA

- ☐ : Pre-Application Phase
- ☐ : Application Phase
- ☐ : Contracting & Compliance Phase



IMD Admin Application ID: 1000026056

Budget Summary

General Information

*Legal Name:	GASTON COUNTY
Address	PO Box 1578 GASTONIA, NC 28053-1578
County:	<input type="checkbox"/>
Congressional District:	
Period of Performance (from):	7/1/25
Period of Performance (to):	6/30/27
Federal Billable/Non-Billable:	<input type="checkbox"/>

Contact Information

Contact Person:	Twanna Littlejohn
Telephone:	7048663254
Fax:	
Email:	Twanna.littlejohn@gastongov.c.
Website:	
Federal ID Number:	
DUNS Number:	
CFDA:	
Project Number:	

Total Project Expenditures

(NCDOT Maximum Participation Amounts)	Requested	NCDOT (Use Only)
	Total Expenses	235261.00
0.00	Total Contra Accts and Fare Revenue	0.00
0.00	Total Net Expenses/Cost	235261.00
0.00		

Proposed Project Funding

Total	Federal	Federal Non-Billing	NCDOT	Local
			Total Funding (%)	100.00000
			Total Funding (\$)	235261.00
188208.00	0.00	11763.00	35290.00	

Approved Funding (Do not complete this section - NCDOT only)

	Total	Federal	Federal Non-Billing	NCDOT	Local
				Total Funding (%)	0.00000
0.00000	0.00000	0.00000	0.00000	Total Funding (\$)	0.00
0.00	0.00	0.00	0.00		

Proposed DBE, MBE, WBE Goals (Enter DBE Goal if Federal Funding applies, otherwise . .

	DBE	MBE	WBE
Amount (%)		0.00000	0.00000
Amount	0.00	0.00	0.00

Approved DBE, MBE, WBE Goals (Enter DBE Goal if Federal Funding applies, otherwise

	DBE	MBE	WBE
Amount (%)	0.00000	0.00000	0.00000
Amount	0.00	0.00	0.00

Summary

Summary Information

Description	Total Cost	NCDOT Cost
Total Salaries	155,246.00	0.00
Total Fringe	64,154.00	0.00
Total Salary and Fringe	219,400.00	0.00
Total Contra Accounts	0.00	0.00
Total Fare Revenues	0.00	0.00
Total Contra Accounts and Fare Revenues	0.00	0.00
Total Expenses less Total Contra Accounts and Fare Revenues = Total Operating Expenses (TNOE)	235,261.00	0.00
Total Contract Service Revenue	0.00	0.00
Total Miscellaneous Revenue and Income	0.00	0.00
Total Local Match	0.00	0.00
Total Contract Service Revenue + Miscellaneous Revenue and Income Local Match	0.00	0.00

Cash Flow

*Please enter anticipated spending per quarter. Projections are only estimates. Projected cash flow will assist IMD in financial planning throughout the year. If the funding request is adjusted per NCDOT column, the projections will be adjusted to scale NCDOT changes. Please contact your Regional Grant Specialist for further assistance.

Projected Cash Flow



Year (YYYY)	1st Quarter Jul 1 - Sep 30	2nd Quarter Oct 1 - Dec 31	3rd Quarter Jan 1 - Mar 31	4th Quarter Apr 1 - Jun 30	Total	
2026	58,815.00	58,815.00	58,815.00	58,816.00	235,261.00	<input type="checkbox"/>
Total	58,815.00 USD	58,815.00 USD	58,815.00 USD	58,816.00 USD	235,261.00 USD	

Proposed Budget Expenses

Full Time Employees (G121)



Description	No of Positi ons	Annual Salary	Percent age	No of Years	Budgeted Amount	# of Appr oved Positi ons	NCDOT Maximum Participation	
Transportatio.	1	118,552.	50.	1	59,276.00	0	0.00	<input type="checkbox"/>
Billing Specia.	1	47,740.68	10.	1	47,741.00	0	0.00	<input type="checkbox"/>
Accounting T	1	48,229.22	10.	1	48,229.00	0	0.00	<input type="checkbox"/>
Total G121					155,246.00			
Salaries					USD		0.00 USD	

Part-Time Employees - Receiving Benefits (G125)



Description	No of Positi ons	Annual Salary	Percent age	No of Years	Budgeted Amount	# of Appr oved Positi ons	NCDOT Maximum Participation	
No Employees Available								
Total G125					0.00 USD		0.00 USD	
Salaries								

Part-Time Employees - Receiving No Benefits (G126)



Description	No of Positi ons	Annual Salary	Percent age	No of Years	Budgeted Amount	# of Appr oved Positi ons	NCDOT Maximum Participation
No Employees Available							
Total G126 Salaries					0.00 USD		0.00 USD

Salaries and Wages (G120)

Code	Description	Total Cost	NCDOT Cost
G121	Full-time Employees	155,246.00	0.00
G122	Overtime	0.00	0.00
G125	Part-time (Receives Benefits)	0.00	0.00
G126	Temporary and Part-time (Receives no Benefits)	0.00	0.00
G127	Longevity	0.00	0.00
Subtotal Salaries		155,246.00 USD	0.00 USD

Fringe Benefits (G180)

Co de	Description	Total Salaries	%	Cost Per Month	# Of Em plo yee s	No Of Mo nth s	Total Cost	NCDOT Cost
G1 81	Social Security Contribution (7.65% of Total Salaries)						11,87	0.00
G1 82	Retirement Contribution (Total Salaries X Participating Percent	155,.	1.				22,27	0.00
G1 83	Hospitalization Insurance (Cost per Month X No. of Months X No. of Employees) / Describe -			833.33	3.	12	30,00..	0.00
G1 84	Disability Insurance (Cost per Month X No. of Months X No. Of Employees)			0.00	0.	0	0.00	0.00
G1 85	Unemployment Compensation (Number of Employees)				0.		0.00	0.00
G1 86	Workers Compensation				0.		0.00	0.00
G1 89	Other -						0.00	0.00
Subtotal Fringe							64,154.00	0.00 USD

USD

Professional Services (G190)

Cod e	Description	No Of Emple es	Total Cost	NCDOT Cost
G19 1	Accounting		600.00	0.00

Code	Description	No Of Employees	Total Cost	NCDOT Cost
G192	Legal		0.00	0.00
G195	Management Consultant		0.00	0.00
G196	Drug & Alcohol Testing Contract		0.00	0.00
G197	Drug & Alcohol tests (Provide # of Employees in T	0.000	0.00	0.00
G198	Medical Review Officer		0.00	0.00
G199	Other -		0.00	0.00

Supplies and Materials (G200)

Code	Description	Total Cost	NCDOT Cost
G211	Janitorial Supplies - (Housekeeping)	0.00	0.00
G212	Uniforms	0.00	0.00
G261	Office Supplies and Materials	600.00	0.00
G281	Air Conditioner / Furnace Filters	0.00	0.00
G291	Computer Supplies	0.00	0.00

Travel and Transportation (other than employee development) (G300)

Code	Description	Total Cost	NCDOT Cost
G311	Travel: Anticipated trips -	0.00	0.00
G312	Travel Subsistence	0.00	0.00
G314	Travel - Motor-pool or Leased Vehicles (Does NOT include vehicles used in the provision of contracted transportation services.)	0.00	0.00

Communications (G320)

Code	Description	Total Cost	NCDOT Cost
G321	Telephone Service	3,898.00	0.00
G322	Internet Service Fee	0.00	0.00
G323	Combined Service Fee	0.00	0.00
G325	Postage	50.00	0.00
G329	Other Communications -	0.00	0.00

Utilities (G330)

Code	Description	Total Cost	NCDOT Cost
G331	Electricity	0.00	0.00
G332	Fuel Oil	0.00	0.00

Code	Description	Total Cost	NCDOT Cost
G333	Natural Gas	0.00	0.00
G334	Water	0.00	0.00
G335	Sewer	0.00	0.00
G336	Trash Collection	0.00	0.00
G337	Single/Combined Utility Bill	0.00	0.00
G339	Other -	0.00	0.00

Printing and Binding (G340)

Code	Description	Total Cost	NCDOT Cost
G341	Printing and Reproduction	200.00	0.00
G349	Other -	0.00	0.00

Repairs and Maintenance (G350)

Code	Description	Total Cost	NCDOT Cost
G355	Office and Computer Equipment	0.00	0.00
G357	Communications Equipment	0.00	0.00

Code	Description	Total Cost	NCDOT Cost
G359	Other -	0.00	0.00

Advertising/Promotion (G370)

Code	Description	Maximum/Minimum Amount	Total Cost	NCDOT Cost
G371	Marketing (Paid Ads, Marketing Firm, etc.)		900.00	0.00
G372	Promotional Items (Maximum Amount - (% of G371 Total Cost))	225.00	225.00	0.00
G373	Other -		0.00	0.00

Computer Support Services (contracted) (G380)

Code	Description	Total Cost	NCDOT Cost
G381	Computer Programming Services	0.00	0.00
G382	Computer Support/Technical Assistance	0.00	0.00

Other Services (G390)

Code	Description	Total Cost	NCDOT Cost
G391	Legal Advertising	0.00	0.00
G392	Laundry and Dry Cleaning	0.00	0.00

Code	Description	Total Cost	NCDOT Cost
G393	Temporary Help services	0.00	0.00
G394	Cleaning Services	8,338.00	0.00
G395	Training - Employee Education Expense	0.00	0.00
G396	Management services (Contracted Transit System Mgmt/Admin Services)	0.00	0.00
G398	Security Services	0.00	0.00
G399	Other -	0.00	0.00

Rental of Real Property (include copy of current lease agreement) (G410)

Code	Description	Cost Per Month	No Of Months	Total Cost	NCDOT Cost
G412	Rent of Building X Number of Monthly Payments	0.00	0	0.00	0.00
G413	Rent of Offices X Number of Monthly Payments	0.00	0	0.00	0.00
G419	Other -			0.00	0.00

Lease of Computer Equipment (G420)

Code	Description	Total Cost	NCDOT Cost
G421	Lease of Computer Hardware	0.00	0.00

Code	Description	Total Cost	NCDOT Cost
G422	Lease of Computer Software	0.00	0.00

Lease of Equipment (G430)

Code	Description	Total Cost	NCDOT Cost
G431	Lease of Reproduction Equipment	0.00	0.00
G432	Lease of Postage Meter	0.00	0.00
G433	Lease of Communications Equipment (Includes Radio, Cable Lines and Antennae)	0.00	0.00
G439	Other -	0.00	0.00

Service and Maintenance Contracts (G440)

Code	Description	Total Cost	NCDOT Cost
G441	Communications Equipment	0.00	0.00
G442	Office Equipment	0.00	0.00
G443	Reproduction Equipment	0.00	0.00
G445	Computer Equipment	0.00	0.00
G449	Other -	0.00	0.00

Insurance and Bonding (G450)

Code	Description	Fleet Vehicle s	Maximum Amount	Total Cost	NCDOT Cost
G4 51	Property and General Liability (does not include Vehicle Insurance)			0.00	0.00
G4 52	Vehicles	0	0.00	0.00	0.00
G4 53	Fidelity			0.00	0.00
G4 54	Professional Liabilities			0.00	0.00
G4 55	Special Liabilities			0.00	0.00

Indirect Costs (G480) (Prior approval of Indirect Cost Percentage Rate required Quest..

Code	Description	Direct Cost	Perce ntage	Maximum Amount	Total Cost	DOT Percenta ge	NCDOT Cost
G 48 1	Central Services: (Budget Direct Co (Percentage rate)	0.00	0.	0 00	0.00	0.00	0.00

Other Fixed Charges (G490)

Code	Description	Total Cost	NCDOT Cost
G491	Dues and Subscriptions -	1,050.00	0.00
G499	Other -	0.00	0.00

Comments

Agency Comments

DOT Comments

Supporting Documents

Attachments (0)



No Documents Attached

Drop files to upload, or use the "+" button

PUBLIC TRANSPORTATION PROGRAM RESOLUTION

FY27 RESOLUTION

Section 5311 (including ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof

Applicant seeking permission to apply for Public Transportation Program funding, enter into agreement with the North Carolina Department of Transportation, provide the necessary assurances and the required local match

A motion was made by (*Board Member's Name*) Commissioner Keigher and seconded by (*Board Member's Name or N/A, if not required*) Commissioner Fraley for the adoption of the following resolution, and upon being put to a vote was duly adopted.

WHEREAS, Article 2B of Chapter 136 of the North Carolina General Statutes and the Governor of North Carolina have designated the North Carolina Department of Transportation (NCDOT) as the agency responsible for administering federal and state public transportation funds, and

WHEREAS, the North Carolina Department of Transportation will apply for a grant from the US Department of Transportation, Federal Transit Administration and receives funds from the North Carolina General Assembly to provide assistance for rural public transportation projects, and

WHEREAS, the purpose of these transportation funds is to provide grant monies to local agencies for the provision of rural, small urban, and urban public transportation services consistent with the policy requirements of each funding source for planning, community and agency involvement, service design, service alternatives, training and conference participation, reporting and other requirements (drug and alcohol testing policy and program, disadvantaged business enterprise program, and fully allocated costs analysis), and

WHEREAS, the funds applied for may be Administrative, Operating, Planning, or Capital funds and will have different percentages of federal, state, and local funds.

WHEREAS, non-Community Transportation applicants may apply for funding for "purchase-of-service" projects under the Capital Purchase of Service budget, Section 5310 program

WHEREAS, (*Legal Name of Applicant*) Gaston County hereby assures and certifies that it will provide the required local matching funds, that its staff has the technical capacity to implement and manage the project(s), prepare required reports, obtain required training, attend meetings and conferences, and agrees to comply with the federal and state statutes, regulations, executive orders, Section 5333 (b) Warranty, and all administrative

UNIFIED GRANT APPLICATION

requirements related to the applications made to and grants received from the Federal Transit Administration, as well as the provisions of Section 1001 of Title 18, U S C

WHEREAS, the applicant has or will provide all annual certifications and assurances to the State of North Carolina required for the project;

NOW, THEREFORE, be it resolved that the (Authorized Official's Title)* _____ of (Name of Applicant's Governing Body) **Gaston County Board of Commissioners** is hereby authorized to submit grant application (s) for federal and state funding in response to NCDOT's calls for projects, make the necessary assurances and certifications and be empowered to enter into an agreement with the NCDOT to provide rural, small urban, and urban public transportation services.

I (Certifying Official's Name)* Donna S. Buff (Certifying Official's Title) Clerk to the Board do hereby certify that the above is a true and correct copy of an excerpt from the minutes of a meeting of the (Name of Applicant's Governing Board) **Gaston County Board of Commissioners** duly held on the 23rd day of September, 2025



Signature of Certifying Official

***Note that the authorized official, certifying official, and notary public should be three separate individuals.**

Seal Subscribed and sworn to me
(date)

September 23, 2025

Affix Notary Seal Here

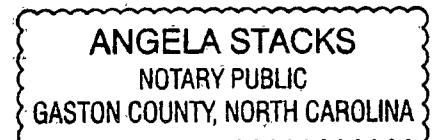


Notary Public *

Angela Stacks

409 Ridge Street, Stanley NC 28164

Printed Name and Address



My commission expires
(date)

August 8, 2029

DBE GOOD FAITH EFFORTS CERTIFICATION

This is to certify that in all purchase and contract selections (*Legal Name of Transit Agency or Organization*) Gaston County

is committed to and shall make good faith efforts to purchase from, and award contracts to, Disadvantaged Business Enterprises (DBEs).

DBE good faith efforts will include the following items that are indicated by check mark(s) or narrative:

Required by IMD	Check all that apply	Description
*	<input checked="" type="checkbox"/>	Write a letter/email to Certified DBEs in the service area to inform them of purchase or contract opportunities;
*	<input checked="" type="checkbox"/>	Document telephone calls, emails and correspondence with or on behalf of DBEs;
	<input type="checkbox"/>	Advertise purchase and contract opportunities on local TV Community Cable Network;
*	<input checked="" type="checkbox"/>	Request purchase/contract price quotes/bids from DBEs;
	<input type="checkbox"/>	Monitor newspapers for new businesses that are DBE eligible
*	<input checked="" type="checkbox"/>	Encourage interested eligible firms to become NCDOT certified. Interested firms should contact the office of contractual services at (919) 707-4800 for more information
*	<input checked="" type="checkbox"/>	Encourage interested firms to contact the Office of Historically Underutilized Businesses at (919) 807-2330 for more information
*	<input checked="" type="checkbox"/>	Consult NCDOT Certified DBE Directory. A DBE company will be listed in the DBE Directory for each work type or area of specialization that it performs. You may obtain a copy of this directory at https://www.ebs.nc.gov/VendorDirectory/default.html
	<input type="checkbox"/>	Describe other efforts:

You may obtain a copy of the USDOT Disadvantaged Business Enterprise Program Title 49 Part 26 at <https://www.ebs.nc.gov/VendorDirectory/default.html>

Reminder: Documentation of all good faith efforts shall be retained for a period of five (5) years following the end of the fiscal year.

I certify that, to the best of my knowledge, the above information describes the DBE good faith efforts.

Justin Amos

Printed Name of Authorized Official


Signature of Authorized Official

Executive Director of Intergovernmental relations

Title of Authorized Official

04/10/25

Date



NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
INTEGRATED MOBILITY DIVISION

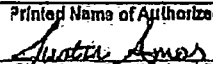
DBE/MBE/WBE/HUB ANTICIPATED VENDOR AWARDS In FY27

APPLICANT AGENCY: Gaston County PERIOD COVERED
E-MAIL ADDRESS: Twana.L.Hefoin@gastongov.com From: 07/01/2023
VENDOR NUMBER: _____ To: 08/30/2027

We expect to utilize the following list of DBE/MBE/WBE/HUB Vendors in FY27:

DBE/MBE/WBE/HUB Vendor/Subcontractor's Name	Mailing Address City, State, Zip	ID# from NCDOT Website	Describe Service/ Item to be Purchased	Anticipated Expenditure (\$)
TOTAL				\$0

The above list includes the DBE/MBE/WBE/HUB Vendors the applicant expects to utilize in FY27 No

Justin Amos _____ Executive Director of Intergovernmental relations 04/10/25
Printed Name of Authorized Official Title of Authorized Official Date
 _____
Signature of Authorized Official

FY27 DBE/MBE/WBE/HUB ANTICIPATED VENDOR AWARDS
Last Updated: 02/20/2025



FY 27 DELEGATION OF AUTHORITY

Date: 04/10/25

I Justin Amos (Printed Name of Authorized Official)
Executive Director of Intergovernmental Relations (Title of Authorized Official)
of Gaston County (Authorized Official's Agency)
as the designated party for Gaston County
(Grant Recipient/Application Agency) with authority to submit funding applications and enter into contracts with the North Carolina Department of Transportation and execute all agreements and contracts with the NCDOT Integrated Mobility Division, hereby delegate authority to the individual(s) filling the positions as indicated below:

Primary Designee: Shannon Myers, Director of Social Service
DHHS-Social Service division

Reimbursement Requests:	<input checked="" type="checkbox"/> YES
Budget Revisions:	<input type="checkbox"/> YES
Budget Amendments:	<input type="checkbox"/> YES
Period of Performance Extensions:	<input checked="" type="checkbox"/> YES
Other	<input type="checkbox"/> YES

Alternate Designee #1: Michael Coone, Assistant Director of Social Service
DHHS-Social Services division

Reimbursement Requests:	<input checked="" type="checkbox"/> YES
Budget Revisions:	<input type="checkbox"/> YES
Budget Amendments:	<input type="checkbox"/> YES
Period of Performance Extensions:	<input checked="" type="checkbox"/> YES
Other	<input type="checkbox"/> YES

Alternate Designee #2: Twanna Littlejohn, Transportation Administrator
DHHS-Social Service division

Reimbursement Requests:	<input checked="" type="checkbox"/> YES
Budget Revisions:	<input type="checkbox"/> YES
Budget Amendments:	<input type="checkbox"/> YES
Period of Performance Extensions:	<input checked="" type="checkbox"/> YES
Other	<input type="checkbox"/> YES

Justin Amos
Signature of Authorized Official

DELEGATION OF AUTHORITY
Last Updated: 02/20/2025

EEO QUESTIONNAIRE

Threshold Requirements: Any applicant, recipient, or sub-recipient is required to comply with program requirements in Chapter III if it meets the following thresholds:

- a. Employees 100 (+) or more transit-related employees*; and
- b. Requests or receives capital or operating assistance under Sections 3, 4(l), or 9 of the FTA; assistance under 23 U.S.C. 142(a)(2) or 23 U.S.C. 103(e)(4), or any combination thereof, in excess of \$1 million in the previous Federal fiscal year; or
- c. Request and receives planning assistance under Sections 8 and/or 9 in excess of \$250,000 in the previous Federal fiscal year.

Transit systems with 50 – 99 employees must keep a plan on file for review at next site visit.

Name of Organization:

Gaston County

Organization Type:

Transit Agency

TrAMS ID: N/A (if applicable)

1. How many employees do you have in your organization? 25
2. How many of those employees are *transit related? 25

*A transit related employee is an employee of an FTA applicant, recipient, or subrecipient who is involved in an aspect of an agency's mass transit operation funded by FTA. For example, a city planner involved in a planning bus route would be counted as part of the recipient's work force, but a city planner involved in land use would not be counted.

**If EEO requirement is not applicable check here ☒, sign below, and submit, otherwise complete remaining questions.

I declare (or certify, verify, or state) that the foregoing is true and correct.

Printed Name Justin Amos

Title Executive Director of Intergovernmental Relations

Signature Justin Amos

Date 04/10/25

3. Does your agency submit an EEO Program? _____
If yes, what is the date of your last submission? _____
4. Does your agency submit an Abbreviated EEO Program? _____
If yes, what is the date of your last submission? _____
5. Do you contract out any of your transit services? No
If no, skip to question 7 If yes,
a. What is the name of agency (s)? _____
b. How many transit employees does the agency have? _____
c. Does the agency submit an EEO Program/Abbreviated EEO Program to you? _____
If yes, what is the date of their last EEO/Abbreviated EEO submission? _____
6. What is the date of your last Triennial Review (If applicable)? _____
a. Were there any deficiencies? _____
If yes, in what area(s) _____
b. Are any of the deficiencies still open? _____
If yes, in what area(s)? _____
7. Has your agency participated in an EEO compliance review? If yes, what is the date of your last EEO compliance review? _____
a. Were there any deficiencies? _____

If yes, in what area(s)

b. Are any of the deficiencies still open? _____
If yes, in what area(s)?

I declare (or certify, verify, or state) that the foregoing is true and correct.

Printed Name Justin Amos

Title Executive Director of Intergovernmental Relations

Signature Justin Amos

Date 04/10/25



TITLE VI PROGRAM REPORT
SECTION 6311, 6310, 6339, Combined Capital, 6307 or State Funds Call for Projects

(Complete and sign either Part A or B, whichever is applicable; and Part C)

Part A – No complaints or Lawsuits Filed

I certify that to the best of my knowledge, No complaints or lawsuits alleging discrimination have been filed against
Gaston County (Legal Name of Transit Agency or Organization)
during the period July 1, 2024 through June 30, 2025.

Justin Amos Executive Director of Intergovernmental relations
Printed Name of Authorized Official Title of Authorized Official
Justin Amos 04/10/25
Signature of Authorized Official Date

Part B – Complaints or Lawsuits Filed

I certify that to the best of my knowledge, the below described complaints or lawsuits alleging discrimination have been filed against
_____ (Legal Name of Transit Agency or Organization)
during the period July 1, 2024 through June 30, 2025.

Complainant Name/Address/Telephone Number	Date	Description	Status/Outcome

(Attach an additional page if required.)

Printed Name of Authorized Official Title of Authorized Official

Signature of Authorized Official Date

Part C – Title VI Plan

Do you currently have a Title VI Plan: No Date of last plan update: 08/01/23

FY27 TITLE VI PROGRAM REPORT - Last Updated: 02/20/2025

PUBLIC HEARING OUTREACH

APPLICANT: Gaston County

Provide a detailed description of public hearing outreach efforts by the applicant to inform the public **ESPECIALLY MINORITY, WOMEN, ELDERLY, DISABLED, LIMITED ENGLISH PROFICIENCY- (LEP) AND LOW INCOME INDIVIDUALS** about the scheduled public hearing and the opportunity to comment on the proposed Community Transportation grant application. Outreach may include efforts such as distribution of information on vehicles, at human service agencies, at local community events, at public events, local organization, etc.

Click on gray box and begin typing the *detailed* description.

Advertised public hearing notice in English and Spanish in local paper, Gaston Gazette.

UNIFIED GRANT APPLICATION

VOLUNTARY TITLE VI PUBLIC INVOLVEMENT

Title VI of the Civil Rights Act of 1964 requires the North Carolina Department of Transportation (NC DOT) to gather statistical data regarding participants and beneficiaries of the agency's federal-aid programs and activities. NC DOT collects information on race, color, national origin and gender of the attendees to this public meeting to ensure the inclusion of all segments of the population impacted by a proposed project.

NCDOT wishes to clarify that this information gathering process **is completely voluntary** and that you are not required to disclose the statistical data requested to participate in this meeting. This form is a public document used to collect data, only.

The completed forms will be held on file at the North Carolina Department of Transportation. For further information regarding this process, please contact the NCDOT Title VI Program at telephone number 919 508 1808 or email at titlevi@ncdot.gov.

Project Name		Date
Meeting Location		
Name (please print)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
General ethnic identification categories (check one)		
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> African American	<input type="checkbox"/> Asian/Pacific Islander	Other:
Color		National Origin

After completing this form, please fold and place it inside the designated box on the registration table.

Thank you for your cooperation.

UNIFIED GRANT APPLICATION

PUBLIC HEARING RECORD

Important – A public hearing MUST be conducted whether or not requested by the Public.

Section 5311 (including ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof

APPLICANT Gaston County

DATE September 23, 2025

PLACE Gaston County Courthouse

TIME 6.00pm

How many BOARD MEMBERS attended the public hearing?

7

How many members of the PUBLIC attended the public hearing?

20

Public Attendance Surveys

☐ (Attached)

☐ (Offered at Public Hearing but none completed)

I, the undersigned, representing (Legal Name of Applicant) Gaston County do hereby certify to the North Carolina Department of Transportation, that a Public Hearing was held as indicated above and

During the Public Hearing

☒ (NO public comments)

☐ (Public Comments were made and meeting minutes will be submitted after board approval)

The estimated date for board approval of meeting minutes is

October 28, 2025

Donna S. Buff
Signature or Clerk to the Board

Donna S. Buff, Clerk to the Board
Printed Name and Title

9/24/25
Date

Affix Seal Here

UNIFIED GRANT APPLICATION

PUBLIC HEARING NOTICE

Section 5311 (ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof

This is to inform the public that a public hearing will be held on the proposed **FY27 Community Transportation Program Application** Community Transportation Program Application to be submitted to the North Carolina Department of Transportation no later than **October 3, 2025**. The public hearing will be held on **September 23, 2025**, at **6:00pm** before the (*governing board*) **Gaston County Board of Commissioners**.

Those interested in attending the public hearing and needing either auxiliary aids and services under the Americans with Disabilities Act (ADA) or a language translator should contact **Gaston County ACCESS** on or before **September 22, 2025**, at telephone number **704-866-3254** or via email at **Twanna.Littlejohn@gastongov.com**

The Community Transportation Program provides assistance to coordinate existing transportation programs operating in **Gaston County** as well as provides transportation options and services for the communities within this service area. These services are currently provided using **Gaston County ACCESS Transportation and private vendors**. Services are rendered by **Gaston County**

The total estimated amount requested for the period **July 1, 2026 through June 30, 2027**.

NOTE Local share amount is subject to State funding availability

Project	Total Amount	Local Share
5311 Administrative	\$ <u>235,261</u>	\$ <u>35,290</u> (15%)
5311 Operating (No State Match)	\$ _____	\$ _____ (50%)
5310 Operating (No State Match)	\$ _____	\$ _____ (50%)
Combined Capital	\$ _____	\$ _____ (10%)
Mobility Management	\$ _____	\$ _____ (10%)
5310 Capital Purchase of Service	\$ _____	\$ _____ (10%)
ConCPT	\$ _____	\$ _____ (50%)
Capital Cost of Contracting	\$ _____	\$ _____ (%)
Travelers' Aid	\$ _____	\$ _____ (50%)
_____	\$ _____	\$ _____ (%)
_____	\$ _____	\$ _____ (%)
_____	\$ _____	\$ _____ (%)

Funding programs covered are 5311, 5310, 5339 Bus and Bus Facilities, 5307 (Small fixed route, regional, and consolidated urban-rural systems)

TOTAL	\$ <u>235,261</u>	\$ <u>35,290</u>
	Total Funding Requests	Total Local Share

This application may be inspected at **Gaston County ACCESS transportation** from **9:00am-5:00pm**, Monday through Friday. Written comments should be directed to **Twanna Littlejohn, Gaston County, P.O. Box 1578 Gastonia NC 28053** before **September 22, 2025**

UNIFIED GRANT APPLICATION

End of Notice

Note: AN ORIGINAL COPY of the published Public Hearing Notice must be attached to a signed Affidavit of Publication **Both the Public Hearing Notice and the Affidavit of Publication** must be submitted with the grant application.

UNIFIED GRANT APPLICATION

AVISO DE AUDIENCIA PÚBLICA

Secciones 5311 (ADTAP), 5310, 5339, 5307 y financiación estatal aplicable, o una combinación de estas. Se informa al público que se celebrará una audiencia pública sobre la Solicitud del Programa de Transporte Comunitario para el año fiscal 2027, que deberá presentarse al Departamento de Transporte de Carolina del Norte a más tardar el 3 de octubre de 2025. La audiencia pública se celebrará el 23 de septiembre de 2025 a las 18:00 h ante la Junta de Comisionados del Condado de Gaston (Junta Directiva). Las personas interesadas en asistir a la audiencia pública y que necesiten ayudas y servicios auxiliares bajo la Ley de Estadounidenses con Discapacidades (ADA) o un traductor deben comunicarse con ACCESS del Condado de Gaston antes del 22 de septiembre de 2025 al teléfono 704-866-3254 o por correo electrónico a Twanna.Littlejohn@gastongov.com.

El Programa de Transporte Comunitario brinda asistencia para coordinar los programas de transporte existentes en el Condado de Gaston, así como opciones y servicios de transporte para las comunidades dentro de esta área de servicio. Estos servicios se prestan actualmente a través de ACCESS Transportation del Condado de Gaston y proveedores privados. Los servicios son prestados por el Condado de Gaston. El monto total estimado solicitado para el período del 1 de julio de 2026 al 30 de junio de 2027.

NOTA. El monto de la contribución local está sujeto a la disponibilidad de fondos estatales.

<u>Project</u>	<u>Importe total</u>	<u>Compartir localmente</u>
5311 Administrativo	\$ 235,261	\$ 35,290 (15%)
5311 Operativo	\$	\$ (50%)
Capital combinado	\$	\$ (10%)
5310 Operativo	\$	\$ (50%)
Otros _____	\$	\$ (%)
Otros _____	\$	\$ (%)
TOTAL DEL PROYECTO	\$ 235,261	\$ 35,290

Solicitud de financiación total

Participación local total

Esta solicitud puede ser inspeccionada en el servicio de transporte ACCESS del condado de Gaston de 9:00 a. m. a 5:00 p. m., de lunes a viernes. Los comentarios por escrito deben dirigirse a Twanna Littlejohn, condado de Gaston, P O Box 1578 Gastonia NC 28053 antes del 22 de septiembre de 2025.

UNIFIED GRANT APPLICATION

Nota: Se debe adjuntar una COPIA ORIGINAL de la Notificación de Audiencia Pública publicada a una Declaración Jurada de Publicación firmada. Tanto la Notificación de Audiencia Pública como la Declaración Jurada de Publicación deben presentarse junto con la solicitud de subvención.

UNIFIED GRANT APPLICATION

LOCAL SHARE CERTIFICATION FOR FUNDING

Gaston County
(Legal Name of Applicant)

Requested Funding Amounts

<u>Project</u>	<u>Total Amount</u>	<u>Local Share**</u>
5311 Administrative	\$ <u>235,261</u>	\$ <u>35,290</u> (15%)
5311 Operating (No State Match)	\$ _____	\$ _____ (50%)
5310 Operating (No State Match)	\$ _____	\$ _____ (50%)
Combined Capital	\$ _____	\$ _____ (10%)
Mobility Management	\$ _____	\$ _____ (10%)
5310 Capital Purchase of Service	\$ _____	\$ _____ (10%)
ConCPT	\$ _____	\$ _____ (50%)
Capital Cost of Contracting	\$ _____	\$ _____ (%)
Travelers' Aid	\$ _____	\$ _____ (50%)
_____	\$ _____	\$ _____ (%)
_____	\$ _____	\$ _____ (%)
_____	\$ _____	\$ _____ (%)

Funding programs covered are 5311, 5310, 5339 Bus and Bus Facilities, 5307 (Small fixed route, regional, and consolidated urban-rural systems)

TOTAL	\$ <u>235,261</u>	\$ <u>35,290</u>
	Total Funding Requests	Total Local Share

****NOTE Applicants should be prepared for the entire Local Share amount in the event State funding is not available.**

The Local Share is available from the following sources

<u>Source of Funds</u>	<u>Apply to Grant</u>	<u>Amount</u>
<u>General Fund</u>	<u>5311 Administrative</u>	\$ <u>35,290</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

UNIFIED GRANT APPLICATION

_____	_____	\$ _____
_____	_____	\$ _____
TOTAL		\$ <u>35,290</u>

**** Fare box revenue is not an applicable source for local share funding**

I, the undersigned representing (*Legal Name of Applicant*) **Gaston County** do hereby certify to the North Carolina Department of Transportation, that the required local funds for the FY2027 Community Transportation Program and 5307 Governors Apportionment will be available as of **July 1, 2026**, which has a period of performance of July 1, 2026 – June 30, 2027

Signature of Authorized Official

Type Name and Title of Authorized Official

Date



GASTON COUNTY

Unique Entity ID QKY9R8A8D5J6	CAGE / NCAGE 3TPC0	Purpose of Registration All Awards
Registration Status Active Registration	Expiration Date Nov 12, 2025	
Physical Address 128 W Main AVE Gastonia, North Carolina 28052-2306 United States	Mailing Address P.O. Box 1578 Gastonia, North Carolina 28053-1578 United States	

Doing Business as (blank)	Division Name (blank)	Division Number (blank)
Congressional District North Carolina 14	State / Country of Incorporation (blank) / (blank)	URL www.gastongov.com

Registration Dates		
Activation Date Nov 20, 2024	Submission Date Nov 12, 2024	Initial Registration Date Apr 6, 2004

Entity Dates		
Entity Start Date Dec 21, 1846	Fiscal Year End Close Date Jun 30	

Immediate Owner		
CAGE (blank)	Legal Business Name (blank)	

Highest Level Owner		
CAGE (blank)	Legal Business Name (blank)	

Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USApending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

Active Exclusions Records?

No

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Business Types

Entity Structure U.S. Government Entity	Entity Type US Local Government	Organization Factors (blank)
Profit Structure (blank)		

Socio-Economic Types

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Government Types

U.S. Local Government
County

Accepts Credit Card Payments
Yes

Debt Subject To Offset
No

EFT Indicator
0000

CAGE Code
3TPC0

Electronic Business

Pat Laws, Grants Manager

128 W. Main Avenue
Gastonia, North Carolina 28052
United States

Pat Laws, Grants Manager

128 W. Main Avenue
Gastonia, North Carolina 28052
United States

Government Business

Pat Laws, Grants Manager

128 W. Main Avenue
Gastonia, North Carolina 28052
United States

Ashley Rhom, Grants Coordinator

128 W. Main Avenue
Gastonia, North Carolina 28052
United States

NAICS Codes

Primary
Yes

NAICS Codes
921190

NAICS Title
Other General Government Support

This entity does not appear in the disaster response registry.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/11/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Arthur J. Gallagher Risk Management Services, LLC
15 S Main St
Ste 200
Greenville SC 29601

CONTACT

NAME: Jo Ann Whitaker

PHONE (A/C, H/O, F, etc): 864-239-2445

FAX (A/C, H/O): 864-239-2435

E-MAIL: ADDRESS: JoAnn.Whitaker@ajg.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Underwriters at Lloyd's, London

32727

INSURER B: Beazley Excess & Surplus Ins - list attached

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Gaston County
128 W. Main Ave.
Gastonia NC 28053

COVERAGES

CERTIFICATE NUMBER: 82392921

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTD	TYPE OF INSURANCE	ADOL INSUR	SUBR LTD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ OTHER:
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> ACCESS Vans			PK1040125	7/1/2025	7/1/2028	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Self Ins Retention \$250,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER:
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE POLICY LIMIT \$
B	CAT Auto Phy Dmg			P2537071001	7/1/2025	7/1/2028	Limit Self-Insd Retention \$2,500,000 \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

*ACCESS - 816 W. Mauney Ave. Gastonia, NC 28052
Natural Resources - 1303 Dallas-Cherryville Hwy Dallas, NC 28034
Library - 1555 E. Garrison Blvd. Gastonia, NC 28054
NC Cooperative Extension - 1303 Cherryville Hwy Dallas, NC 28034
Parks & Recreation - 1303 Cherryville Hwy Dallas, NC 28034
*Public Works - 325 N. Marietta St. Gastonia, NC 28052
*Public Works (Landfill) - 3155 Philadelphia Church Rd. Dallas, NC 28034
Public Works (Fleet Maintenance) - 945-B Osceola St. Gastonia, NC 28054
See Attached.

CERTIFICATE HOLDER

Gaston County Dept of Health & Human Services
330 Dr Martin Luther King, Jr Way
Gastonia NC 28052
USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, LLC		NAMED INSURED Gaston County 128 W. Main Ave. Gastonia NC 28053
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

*Social Services - 320 DR MLK JR WAY Gastonia, NC 28052
Tax Collection - 100 E Garrison Blvd Gastonia, NC 28052

This coverage shall not apply to direct physical loss or damage which occurs while the covered AUTOMOBILES are in motion and traveling or temporarily parked or stopped at locations other than those scheduled above.

Evidence of Coverage for Senior Transportation by ACCESS.

FY 27 Insurance Auto Schedule

Vehicle	VIN #	Model	Tag No.	Meter Updated 6/30/2024
2001	2C7WDGBG6KR778154	MVAN	64775-W	110269
203	2C7WDGCG5GR200939	MVAN	86155V	82645
201	2D4RN4DG8BR795429	MVAN	57025T	27230
202	2D4RN4DG4BR795430	MVAN	57024T	59489
218	1FTSS34LX7DA63926	E-350	86854S	115130
220	1FDEE3FL2GDC31961	E350 (Lift Van)	86157V	168841
221	1FDEE3FS3HDC78778	E350 (Lift Van)	14665W	113490
222	1FDEE3FS5HDC78779	E350 (Lift Van)	14666W	127077
223	1FDEE3FS3KDC27806	E350 (Lift Van)	24873W	105302
224	1FDEE3FSOKDC35796	E-350 (Lift Van)	24872W	78453
225	1FDFE45S79DA37738	E-450 (LTV)	30253W	73289
226	1FDFE45S79DA38792	E-450 (LTV)	30252W	89357
227	1FDFE4FS5KDC55567	E350 (Lift Van)	30250W	61205
233	1FDFE4FS4ADA62499	E-450 (LTV)	57006T	214473
234	1FDVU4XM1KKA66621	raised roof	25776W	86321
235	1FDVU4XM7KKA67823	raised roof	25777W	110393
236	1FDVU4XM9KKA67826	raised roof	25779W	47,073
239	1FTDS3EL0ADA15088	E-350V (Lift Van)	57003T	222999
244	1FDFE4FS6DDA02793	E-350V (LTV)	57502T	219620
245	1FDFE4FS8DDA02794	E-350V (LTV)	57503T	233518
246	1FDFE4FS6EDA09003	E-450 (LTV)	63173V	194606
247	1FDGF5GY9EEA69149	E-550 (LTV)	63172V	129493
248	1FDFE4FS2EDA94566	E-450 (LTV)	13282V	183912
249	1FDEE3FS1EDA88196	E-350(LTV w/L)	13284V	150587
250	1FDFE4FS5GDC02696	E-350(LTV w/L)	79863V	169294
251	1FDFE4FS4GDC25869	E-450 (LTV)	86156V	167096
252	1FDFE4FSXGDC25861	E-350(LTV w/L)	92153V	135448
253	1FDFE4FS4HDC64415	E-450 (LTV)	12472W	121644
254	1FDFE4FS3HDC64437	E-450 (LTV)	12471W	118127
2200	1FDFE4FN7SDD00311	E-450 (LTV)	72872-W	15010



5311 Transit Advisory Board (TAB)/Governing Board Composition

Service Area Demographics

Elderly	Minority	Disabled	Low Income	Hispanic or Latino
18%	22%	22%	10%	6%

Applicant: Gaston County

Number of Projected TAB Meetings for FY27: 6

2000 Census data used for Disabled Calculations

2005-2009 ACS Estimates used for Elderly & Low Income Calculations

2010 Census data used for Minority & Origin Calculations

Number of TAB Meetings held in FY26 as of: 3/25/2025 4

TAB Member's Name	What best describes the role or position of this board member in the community?					This person knows the transportation needs of this group or groups					Board Service					Conflict of Interest Form	
	Select only one description per board member					Check all that apply					Current Term Expires					Submission	
	Human Service or Non-Profit Agency	Transportation Provider	Business	Govt or Govt-Affiliate	Transit User	General Public	Elderly	Disabled	Minority or Limited English	Low Income	2023	2024	2025	2026	2027	Applicant	Imp
1 Billy Marsh	Vocational Rehab					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
2 Rhonda Burns-Hillburn				Employment Security		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
3 Mark Lamphier		Ambulance Service				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
4 Ruth Murphy	Senior Services					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
5 Julio Paredes	Intercity Bus					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
6 Laverne Partlow	DSS					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
7 Lashawn Olson	Private Provider					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
8 Joann Raxter			Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
9 Claudette Argabrite	Mental Health					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
10 Terri Stanford			Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
11 Tina Stogner	DSS					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
12 Alisa Summey			Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
13 Paul Williams			Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
14 Audra Ellis			Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
15						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
16						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
17						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
18						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
19						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
20						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
21						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
22						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
23						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
24						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
25						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
26						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
27						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
28						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
29						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>
30						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023	2024	2025	2026	2027	<input type="checkbox"/>	<input type="checkbox"/>

Confidentiality Agreement

This agreement applies to all representatives of organizations associated with and/or involved in the activities or affairs of the Gaston County Department of Health & Human Services – Social Services Division (GCDHHS - SS).

GCDHHS – SS requires that strict confidentiality be maintained with respect to all information concerning the organization, as well as the clients and others served. The representative shall not disclose any information obtained in the course of his/her employment to any third parties without prior written consent from the Department. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff or others.

Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the representative.

1. As a representative, I understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers or staff, and the organization. I understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of my position at this organization.
2. I agree to hold any knowledge gained as a result of my position in strictest confidence.
3. I agree to not discuss the details of my work with any representatives of the media or publicize any of the confidential aspects of my work orally, written, or through any other communication medium, including any form of social media.
4. I agree to not disclose any client/participant information, including all file information, to any third party, under any circumstances, without the written consent of the GCDHHS – SS supervisory employee and the GCDHHS Director.
5. I further understand that breach of this agreement shall constitute grounds for and may result in termination of my status with this organization.
6. I further agree that I will not discuss these same matters after I have left my position of employment with GCDHHS.

I confirm that I have read the above statements and agree with them and I will therefore adhere to all confidential requirements contained in this agreement or that may be otherwise directed to me by my supervisor.

I also confirm that I have received a copy of, read, understand and will comply with the Confidentiality, Ethical Practices and Conflicts of Interest Policy pertinent to the disclosure of information and confidentiality.

Print Name: Billy Marsh

[Signature]
Employee/Intern/Volunteer Signature

Date

5/25/2025

[Signature]
Supervisor Signature

Date

4/10/25

(Detach this page, sign and route to DSS Personnel)

Confidentiality Agreement

This agreement applies to all representatives of organizations associated with and/or involved in the activities or affairs of the Gaston County Department of Health & Human Services – Social Services Division (GCDHHS – SS).

GCDHHS – SS requires that strict confidentiality be maintained with respect to all information concerning the organization, as well as the clients and others served. The representative shall not disclose any information obtained in the course of his/her employment to any third parties without prior written consent from the Department. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff or others.

Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the representative.

1. As a representative, I understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers or staff, and the organization. I understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of my position at this organization.
2. I agree to hold any knowledge gained as a result of my position in strictest confidence.
3. I agree to not discuss the details of my work with any representatives of the media or publicize any of the confidential aspects of my work orally, written, or through any other communication medium, including any form of social media.
4. I agree to not disclose any client/participant information, including all file information, to any third party, under any circumstances, without the written consent of the GCDHHS – SS supervisory employee and the GCDHHS Director
5. I further understand that breach of this agreement shall constitute grounds for and may result in termination of my status with this organization.
6. I further agree that I will not discuss these same matters after I have left my position of employment with GCDHHS.

I confirm that I have read the above statements and agree with them and I will therefore adhere to all confidential requirements contained in this agreement or that may be otherwise directed to me by my supervisor.

I also confirm that I have received a copy of, read, understand and will comply with the Confidentiality, Ethical Practices and Conflicts of Interest Policy pertinent to the disclosure of information and confidentiality.

Print Name: Mark Lamphear

[Signature]
Employee or Volunteer Signature

1-28-25
Date

[Signature]
Supervisor Signature

4/10/2025
Date

(Detach this page, sign and route to DSS Personnel)

Confidentiality Agreement

This agreement applies to all representatives of organizations associated with and/or involved in the activities or affairs of the Gaston County Department of Health & Human Services – Social Services Division (GCDHHS - SS).

GCDHHS – SS requires that strict confidentiality be maintained with respect to all information concerning the organization, as well as the clients and others served. The representative shall not disclose any information obtained in the course of his/her employment to any third parties without prior written consent from the Department. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff or others.

Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the representative.

1. As a representative, I understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers or staff, and the organization. I understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of my position at this organization.
2. I agree to hold any knowledge gained as a result of my position in strictest confidence.
3. I agree to not discuss the details of my work with any representatives of the media or publicize any of the confidential aspects of my work orally, written, or through any other communication medium, including any form of social media.
4. I agree to not disclose any client/participant information, including all file information, to any third party, under any circumstances, without the written consent of the GCDHHS – SS supervisory employee and the GCDHHS Director.
5. I further understand that breach of this agreement shall constitute grounds for and may result in termination of my status with this organization.
6. I further agree that I will not discuss these same matters after I have left my position of employment with GCDHHS.

I confirm that I have read the above statements and agree with them and I will therefore adhere to all confidential requirements contained in this agreement or that may be otherwise directed to me by my supervisor.

I also confirm that I have received a copy of, read, understand and will comply with the Confidentiality, Ethical Practices and Conflicts of Interest Policy pertinent to the disclosure of information and confidentiality.

Print Name: JULIO PAREDES

Jup
Employee/Intern/Volunteer Signature

01/28/25
Date

Quanna Rife
Supervisor Signature

4/19/25
Date

(Detach this page, sign and route to DSS Personnel)

Confidentiality Agreement

This agreement applies to all representatives of organizations associated with and/or involved in the activities or affairs of the Gaston County Department of Health & Human Services – Social Services Division (GCDHHS -SS).

GCDHHS – SS requires that strict confidentiality be maintained with respect to all information concerning the organization, as well as the clients and others served. The representative shall not disclose any information obtained in the course of his/her employment to any third parties without prior written consent from the Department. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff or others.

Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the representative.

1. As a representative, I understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers or staff, and the organization. I understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of my position at this organization.
2. I agree to hold any knowledge gained as a result of my position in strictest confidence.
3. I agree to not discuss the details of my work with any representatives of the media or publicize any of the confidential aspects of my work orally, written, or through any other communication medium, including any form of social media.
4. I agree to not disclose any client/participant information, including all file information, to any third party, under any circumstances, without the written consent of the GCDHHS – SS supervisory employee and the GCDHHS Director.
5. I further understand that breach of this agreement shall constitute grounds for and may result in termination of my status with this organization.
6. I further agree that I will not discuss these same matters after I have left my position of employment with GCDHHS.

I confirm that I have read the above statements and agree with them and I will therefore adhere to all confidential requirements contained in this agreement or that may be otherwise directed to me by my supervisor.

I also confirm that I have received a copy of, read, understand and will comply with the Confidentiality, Ethical Practices and Conflicts of Interest Policy pertinent to the disclosure of information and confidentiality.

Print Name: Leahann DSN

[Signature]
Employee/Intern/Volunteer Signature

Date

1/28/25

[Signature]
Supervisor Signature

Date

4/10/25

(Detach this page, sign and route to DSS Personnel)

Confidentiality Agreement

This agreement applies to all representatives of organizations associated with and/or involved in the activities or affairs of the Gaston County Department of Health & Human Services – Social Services Division (GCDHHS – SS).

GCDHHS – SS requires that strict confidentiality be maintained with respect to all information concerning the organization, as well as the clients and others served. The representative shall not disclose any information obtained in the course of his/her employment to any third parties without prior written consent from the Department. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff or others.

Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the representative.

1. As a representative, I understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers or staff, and the organization. I understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of my position at this organization.
2. I agree to hold any knowledge gained as a result of my position in strictest confidence.
3. I agree to not discuss the details of my work with any representatives of the media or publicize any of the confidential aspects of my work orally, written, or through any other communication medium, including any form of social media.
4. I agree to not disclose any client/participant information, including all file information, to any third party, under any circumstances, without the written consent of the GCDHHS – SS supervisory employee and the GCDHHS Director.
5. I further understand that breach of this agreement shall constitute grounds for and may result in termination of my status with this organization.
6. I further agree that I will not discuss these same matters after I have left my position of employment with GCDHHS.

I confirm that I have read the above statements and agree with them and I will therefore adhere to all confidential requirements contained in this agreement or that may be otherwise directed to me by my supervisor.

I also confirm that I have received a copy of, read, understand and will comply with the Confidentiality, Ethical Practices and Conflicts of Interest Policy pertinent to the disclosure of information and confidentiality.

Print Name: Claudette Argabrite

Claudette Argabrite
Employee/Intern/Volunteer Signature

3/25/2025
Date

Shawna K. H. H.
Supervisor Signature

4/10/25
Date

(Detach this page, sign and route to DSS Personnel)

Confidentiality Agreement

This agreement applies to all representatives of organizations associated with and/or involved in the activities or affairs of the Gaston County Department of Health & Human Services – Social Services Division (GCDHHS – SS).

GCDHHS – SS requires that strict confidentiality be maintained with respect to all information concerning the organization, as well as the clients and others served. The representative shall not disclose any information obtained in the course of his/her employment to any third parties without prior written consent from the Department. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff or others.

Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the representative.

1. As a representative, I understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers or staff, and the organization. I understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of my position at this organization.
2. I agree to hold any knowledge gained as a result of my position in strictest confidence.
3. I agree to not discuss the details of my work with any representatives of the media or publicize any of the confidential aspects of my work orally, written, or through any other communication medium, including any form of social media.
4. I agree to not disclose any client/participant information, including all file information, to any third party, under any circumstances, without the written consent of the GCDHHS – SS supervisory employee and the GCDHHS Director.
5. I further understand that breach of this agreement shall constitute grounds for and may result in termination of my status with this organization.
6. I further agree that I will not discuss these same matters after I have left my position of employment with GCDHHS.

I confirm that I have read the above statements and agree with them and I will therefore adhere to all confidential requirements contained in this agreement or that may be otherwise directed to me by my supervisor.

I also confirm that I have received a copy of, read, understand and will comply with the Confidentiality, Ethical Practices and Conflicts of Interest Policy pertinent to the disclosure of information and confidentiality

Print Name: Tina Stogner

Swana Stogner
Signature

Date: 1/28/2025

Swana Rife
Supervisor Signature

Date: 4/10/25

(Detach this page, sign and route to DSS Personnel)

Confidentiality Agreement

This agreement applies to all representatives of organizations associated with and/or involved in the activities or affairs of the Gaston County Department of Health & Human Services – Social Services Division (GCDHHS - SS).

GCDHHS – SS requires that strict confidentiality be maintained with respect to all information concerning the organization, as well as the clients and others served. The representative shall not disclose any information obtained in the course of his/her employment to any third parties without prior written consent from the Department. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff or others.

Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the representative.

1. As a representative, I understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers or staff, and the organization. I understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of my position at this organization.
2. I agree to hold any knowledge gained as a result of my position in strictest confidence.
3. I agree to not discuss the details of my work with any representatives of the media or publicize any of the confidential aspects of my work orally, written, or through any other communication medium, including any form of social media.
4. I agree to not disclose any client/participant information, including all file information, to any third party, under any circumstances, without the written consent of the GCDHHS – SS supervisory employee and the GCDHHS Director.
5. I further understand that breach of this agreement shall constitute grounds for and may result in termination of my status with this organization.
6. I further agree that I will not discuss these same matters after I have left my position of employment with GCDHHS.

I confirm that I have read the above statements and agree with them and I will therefore adhere to all confidential requirements contained in this agreement or that may be otherwise directed to me by my supervisor.

I also confirm that I have received a copy of, read, understand and will comply with the Confidentiality, Ethical Practices and Conflicts of Interest Policy pertinent to the disclosure of information and confidentiality.

Print Name: Paul Williams

Paul Williams
Employee/Intern/Volunteer Signature

1-28-2025
Date

Awana Rife
Supervisor Signature

4/10/25
Date

(Detach this page, sign and route to DSS Personnel)

Confidentiality Agreement

This agreement applies to all representatives of organizations associated with and/or involved in the activities or affairs of the Gaston County Department of Health & Human Services – Social Services Division (GCDHHS - SS).

GCDHHS – SS requires that strict confidentiality be maintained with respect to all information concerning the organization, as well as the clients and others served. The representative shall not disclose any information obtained in the course of his/her employment to any third parties without prior written consent from the Department. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff or others.

Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the representative.

1. As a representative, I understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers or staff, and the organization. I understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of my position at this organization.
2. I agree to hold any knowledge gained as a result of my position in strictest confidence.
3. I agree to not discuss the details of my work with any representatives of the media or publicize any of the confidential aspects of my work orally, written, or through any other communication medium, including any form of social media.
4. I agree to not disclose any client/participant information, including all file information, to any third party, under any circumstances, without the written consent of the GCDHHS – SS supervisory employee and the GCDHHS Director.
5. I further understand that breach of this agreement shall constitute grounds for and may result in termination of my status with this organization.
6. I further agree that I will not discuss these same matters after I have left my position of employment with GCDHHS.

I confirm that I have read the above statements and agree with them and I will therefore adhere to all confidential requirements contained in this agreement or that may be otherwise directed to me by my supervisor.

I also confirm that I have received a copy of, read, understand and will comply with the Confidentiality, Ethical Practices and Conflicts of Interest Policy pertinent to the disclosure of information and confidentiality.

Print Name: Audra B. Ellis

Audra B. Ellis
Employee/Intern/Volunteer Signature

1/29/25
Date

Shawna P. Ellis
Supervisor Signature

4/10/2025
Date

(Detach this page, sign and route to DSS Personnel)

Confidentiality Agreement

This agreement applies to all representatives of organizations associated with and/or involved in the activities or affairs of the Gaston County Department of Health & Human Services – Social Services Division (GCDHHS - SS).

GCDHHS – SS requires that strict confidentiality be maintained with respect to all information concerning the organization, as well as the clients and others served. The representative shall not disclose any information obtained in the course of his/her employment to any third parties without prior written consent from the Department. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff, or others.

Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the representative.

1. As a representative, I understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers or staff, and the organization. I understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of my position at this organization.
2. I agree to hold any knowledge gained as a result of my position in strictest confidence.
3. I agree to not discuss the details of my work with any representatives of the media or publicize any of the confidential aspects of my work orally, written, or through any other communication medium, including any form of social media.
4. I agree to not disclose any client/participant information, including all file information, to any third party, under any circumstances, without the written consent of the GCDHHS – SS supervisory employee and the GCDHHS Director.
5. I further understand that breach of this agreement shall constitute grounds for and may result in termination of my status with this organization.
6. I further agree that I will not discuss these same matters after I have left my position of employment with GCDHHS.

I confirm that I have read the above statements and agree with them, and I will therefore adhere to all confidential requirements contained in this agreement or that may be otherwise directed to me by my supervisor.

I also confirm that I have received a copy of, read, understand, and will comply with the Confidentiality, Ethical Practices and Conflicts of Interest Policy pertinent to the disclosure of information and confidentiality.

Print Name: Alisha Summey

Alisha Summey
Employee/Intern/Volunteer Signature

1/30/25
Date

[Signature]
Supervisor Signature

4/10/25
Date

(Detach this page, sign, and route to DSS Personnel)

Confidentiality Agreement

This agreement applies to all representatives of organizations associated with and/or involved in the activities or affairs of the Gaston County Department of Health & Human Services – Social Services Division (GCDHHS - SS).

GCDHHS – SS requires that strict confidentiality be maintained with respect to all information concerning the organization, as well as the clients and others served. The representative shall not disclose any information obtained in the course of his/her employment to any third parties without prior written consent from the Department. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff, or others.

Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the representative.

1. As a representative, I understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers or staff, and the organization. I understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of my position at this organization.
2. I agree to hold any knowledge gained as a result of my position in strictest confidence.
3. I agree to not discuss the details of my work with any representatives of the media or publicize any of the confidential aspects of my work orally, written, or through any other communication medium, including any form of social media.
4. I agree to not disclose any client/participant information, including all file information, to any third party, under any circumstances, without the written consent of the GCDHHS – SS supervisory employee and the GCDHHS Director.
5. I further understand that breach of this agreement shall constitute grounds for and may result in termination of my status with this organization.
6. I further agree that I will not discuss these same matters after I have left my position of employment with GCDHHS.

I confirm that I have read the above statements and agree with them, and I will therefore adhere to all confidential requirements contained in this agreement or that may be otherwise directed to me by my supervisor.

I also confirm that I have received a copy of, read, understand, and will comply with the Confidentiality, Ethical Practices and Conflicts of Interest Policy pertinent to the disclosure of information and confidentiality.

Print Name: Terri Sanford


Employee/Intern/Volunteer Signature

3/28/25
Date


Supervisor Signature

4/10/25
Date

(Detach this page, sign, and route to DSS Personnel)

Confidentiality Agreement

This agreement applies to all representatives of organizations associated with and/or involved in the activities or affairs of the Gaston County Department of Health & Human Services – Social Services Division (GCDHHS - SS).

GCDHHS – SS requires that strict confidentiality be maintained with respect to all information concerning the organization, as well as the clients and others served. The representative shall not disclose any information obtained in the course of his/her employment to any third parties without prior written consent from the Department. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff or others.

Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the representative.

1. As a representative, I understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers or staff, and the organization. I understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of my position at this organization.
2. I agree to hold any knowledge gained as a result of my position in strictest confidence.
3. I agree to not discuss the details of my work with any representatives of the media or publicize any of the confidential aspects of my work orally, written, or through any other communication medium, including any form of social media.
4. I agree to not disclose any client/participant information, including all file information, to any third party, under any circumstances, without the written consent of the GCDHHS – SS supervisory employee and the GCDHHS Director.
5. I further understand that breach of this agreement shall constitute grounds for and may result in termination of my status with this organization.
6. I further agree that I will not discuss these same matters after I have left my position of employment with GCDHHS.

I confirm that I have read the above statements and agree with them and I will therefore adhere to all confidential requirements contained in this agreement or that may be otherwise directed to me by my supervisor.

I also confirm that I have received a copy of, read, understand and will comply with the Confidentiality, Ethical Practices and Conflicts of Interest Policy pertinent to the disclosure of information and confidentiality.

Print Name: John Butler

John Butler
Employee/Intern/Volunteer Signature

1-27-25
Date

Shawna Rife
Supervisor Signature

4/10/25
Date

(Detach this page, sign and route to DSS Personnel)

Confidentiality Agreement

This agreement applies to all representatives of organizations associated with and/or involved in the activities or affairs of the Gaston County Department of Health & Human Services – Social Services Division (GCDHHS - SS).

GCDHHS – SS requires that strict confidentiality be maintained with respect to all information concerning the organization, as well as the clients and others served. The representative shall not disclose any information obtained in the course of his/her employment to any third parties without prior written consent from the Department. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff or others.

Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the representative.

1. As a representative, I understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers or staff, and the organization. I understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of my position at this organization.
2. I agree to hold any knowledge gained as a result of my position in strictest confidence.
3. I agree to not discuss the details of my work with any representatives of the media or publicize any of the confidential aspects of my work orally, written, or through any other communication medium, including any form of social media.
4. I agree to not disclose any client/participant information, including all file information, to any third party, under any circumstances, without the written consent of the GCDHHS – SS supervisory employee and the GCDHHS Director.
5. I further understand that breach of this agreement shall constitute grounds for and may result in termination of my status with this organization.
6. I further agree that I will not discuss these same matters after I have left my position of employment with GCDHHS.

I confirm that I have read the above statements and agree with them and I will therefore adhere to all confidential requirements contained in this agreement or that may be otherwise directed to me by my supervisor.

I also confirm that I have received a copy of, read, understand and will comply with the Confidentiality, Ethical Practices and Conflicts of Interest Policy pertinent to the disclosure of information and confidentiality

Print Name: LaVerne Partlow

LaVerne Partlow
Employee/Intern/Volunteer Signature

11/28/2015
Date

Quanna Rife
Supervisor Signature

4/10/25
Date

(Detach this page, sign and route to DSS Personnel)

Confidentiality Agreement

This agreement applies to all representatives of organizations associated with and/or involved in the activities or affairs of the Gaston County Department of Health & Human Services – Social Services Division (GCDHHS - SS).

GCDHHS – SS requires that strict confidentiality be maintained with respect to all information concerning the organization, as well as the clients and others served. The representative shall not disclose any information obtained in the course of his/her employment to any third parties without prior written consent from the Department. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff or others.

Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the representative.

1. As a representative, I understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers or staff, and the organization. I understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of my position at this organization.
2. I agree to hold any knowledge gained as a result of my position in strictest confidence.
3. I agree to not discuss the details of my work with any representatives of the media or publicize any of the confidential aspects of my work orally, written, or through any other communication medium, including any form of social media.
4. I agree to not disclose any client/participant information, including all file information, to any third party, under any circumstances, without the written consent of the GCDHHS – SS supervisory employee and the GCDHHS Director.
5. I further understand that breach of this agreement shall constitute grounds for and may result in termination of my status with this organization.
6. I further agree that I will not discuss these same matters after I have left my position of employment with GCDHHS.

I confirm that I have read the above statements and agree with them and I will therefore adhere to all confidential requirements contained in this agreement or that may be otherwise directed to me by my supervisor.

I also confirm that I have received a copy of, read, understand and will comply with the Confidentiality, Ethical Practices and Conflicts of Interest Policy pertinent to the disclosure of information and confidentiality.

Print Name: Ruth Murphy

Ruth Murphy
Employee/Intern/Volunteer Signature

1-28-25
Date

Swanna Ruff
Supervisor Signature

4/10/25
Date

(Detach this page, sign and route to DSS Personnel)

Confidentiality Agreement

This agreement applies to all representatives of organizations associated with and/or involved in the activities or affairs of the Gaston County Department of Health & Human Services – Social Services Division (GCDHHS - SS).

GCDHHS – SS requires that strict confidentiality be maintained with respect to all information concerning the organization, as well as the clients and others served. The representative shall not disclose any information obtained in the course of his/her employment to any third parties without prior written consent from the Department. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff or others.

Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the representative.

1. As a representative, I understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers or staff, and the organization. I understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of my position at this organization.
2. I agree to hold any knowledge gained as a result of my position in strictest confidence.
3. I agree to not discuss the details of my work with any representatives of the media or publicize any of the confidential aspects of my work orally, written, or through any other communication medium, including any form of social media.
4. I agree to not disclose any client/participant information, including all file information, to any third party, under any circumstances, without the written consent of the GCDHHS – SS supervisory employee and the GCDHHS Director.
5. I further understand that breach of this agreement shall constitute grounds for and may result in termination of my status with this organization.
6. I further agree that I will not discuss these same matters after I have left my position of employment with GCDHHS.

I confirm that I have read the above statements and agree with them and I will therefore adhere to all confidential requirements contained in this agreement or that may be otherwise directed to me by my supervisor

I also confirm that I have received a copy of, read, understand and will comply with the Confidentiality, Ethical Practices and Conflicts of Interest Policy pertinent to the disclosure of information and confidentiality.

Print Name: Rhonda Burr-Hilburn

[Signature]
Employee/Intern/Volunteer Signature

1/28/25
Date

[Signature]
Supervisor Signature

4/10/25
Date

(Detach this page, sign and route to DSS Personnel)



Ricoh USA, Inc.
300 Eagleview Blvd. Suite 200
Exton, PA 19341

Lease Agreement

Number: _____

This Lease Agreement (this "Lease") has been written in clear, easy to understand language. Please take time to review the terms. When we use "Customer," "you" or "your," we are referring to you, our Customer. When we use "we," "us" or "our," we are referring to Ricoh USA, Inc. ("Rico") or, if we assign this Lease pursuant to Section 3 below, the Assignee (as defined below). Our corporate office is located at Ricoh USA, Inc, 300 Eagleview Blvd. Suite 200, Exton, PA 19341.

CUSTOMER INFORMATION

GASTON COUNTY				Tommy Jenkins			
Full Legal Name				Billing Contact Name			
128 W MAIN ST				128 W MAIN AVE FL 2			
Equipment Location Address				Billing Address (if different from location address)			
GASTONIA	GASTON	NC	28052-2306	GASTONIA	GASTON	NC	28052-2306
City	County	State	Zip	City	County	State	Zip
Federal Tax ID No. (Do Not Invert Social Security No.)			Billing Contact Telephone No. (704) 866-3006	Billing Contact Facsimile Number		Billing Contact E-Mail Address Christopher.Jenkins@gastongov.com	

EQUIPMENT DESCRIPTION

Qty	Equipment Description: Make & Model	Street Address/City/State/Zip
1	RICOH IM550F CONFIGURABLE PTO MODEL	3155 PHILADELPHIA CHURCH RD DALLAS NC 28034-7698 US
1	RICOH IMC4510 CONFIGURABLE PTO MODEL	965 ROBERTS DR GASTONIA NC 28054-3806 US
1	RICOH IMC6010 CONFIGURABLE PTO MODEL	128 W MAIN AVE GASTONIA NC 28052-2306 US
1	RICOH IMC2510 CONFIGURABLE PTO MODEL	128 W MAIN ST GASTONIA NC 28052-2306 US

PAYMENT SCHEDULE

Minimum Term (months)	Minimum Payment (Without Tax)	Minimum Payment Billing Frequency
39	\$765.76	MONTHLY

ADDITIONAL PROVISIONS (if any) are:

TERMS AND CONDITIONS:

- Lease Agreement.** You agree to lease from us the equipment listed above ("Equipment"). **THIS LEASE IS UNCONDITIONAL AND NON-CANCELABLE.** Effective as of delivery of the Equipment, you agree to all of the terms and conditions contained in this Lease. You agree this Lease is for the entire lease term indicated above. You also agree that the Equipment will be used solely for lawful business purposes and not for personal, family or household purposes and the "Equipment Location" identified above is a business address. To the extent the Equipment includes intangible property or associated services such as periodic software licenses and prepaid data base subscription rights, such intangible property shall be referred to as the "Software." The manufacturer of the tangible Equipment shall be referred to as the "Manufacturer." Our signature indicates our acceptance of this Lease.
- Location of Equipment.** You will keep the Equipment at the Equipment Location. You must obtain our written permission, which will not be unreasonably withheld, to move the Equipment. With reasonable notice, you will allow us or our designee to inspect the Equipment.
- Ownership of Equipment; Assignment.** We are the sole owner and titleholder to the Equipment (except for any Software). You will keep the Equipment free of all liens and encumbrances. **YOU HAVE NO RIGHT TO SELL, TRANSFER, ENCUMBER, SUBLET OR ASSIGN THE EQUIPMENT OR THIS LEASE WITHOUT OUR PRIOR WRITTEN CONSENT** (which consent shall not be unreasonably withheld). You agree that we may sell or assign all or a portion of our interests in the Equipment and/or this Lease without notice to you even if less than all the payments have been assigned. In that event, the assignee (the "Assignee") will have such rights as we assign to them but none of our obligations (we will keep those obligations) and the rights of the Assignee will not be subject to any claims, defenses or set-offs that you may have against