

93.268

IMMUNIZATION COOPERATIVE AGREEMENTS

State Project/Program: IMMUNIZATION PROGRAM / AID TO COUNTY FUNDING

Federal Authorization: U. S. Department of Health and Human Services
Centers for Disease Control and Prevention
Section 317(j) of the Public Health Service Act (42 U.S.C. 247b(j))
reauthorized in Section 4204 of the Patient Protection and Affordable
Care Act. Prevention and Public Health Fund (PPHF) funding is
authorized under sections 301 and 317 of the Public Health Service
Act (PHS Act), 42 USC, 241 and 247b as amended and the Patient
Protection and Affordable Care Act (PL 111-148). The Vaccines for
Children (VFC) program is authorized under Section 1902(a)(62) of
the Social Security Act, 42 U.S.C. section 1396a(a)(62). The VFC
Program was established under the authority of Section 1928(a) of
the Social Security Act, 42 U.S.C. 1396s(a).

State Authorization: N/A
N. C. Department of Health and Human Services
Division of Public Health

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Address Confirmation Letters To:

SFY 2026 audit confirmation reports for payments made to Counties, Local Management Entities (LMEs), Managed Care Organizations (MCOs), Boards of Education, Councils of Government, District Health Departments and DHSR Grant Subrecipients will be available by mid-October at the following web address: <https://www.ncdhhs.gov/about/administrative-offices/office-controller/audit-confirmation-reports> At this site, click on the link entitled "Audit Confirmation Reports (State Fiscal Year 2025-2026). Additionally, audit confirmation reports for Nongovernmental entities receiving financial assistance from DHHS are found at the same website except select "Non-Governmental Audit Confirmation Reports (State Fiscal Years Oct' 2023-2026).

The auditor should not consider the Supplement to be "safe harbor" for identifying audit procedures to apply in a particular engagement, but the auditor should be prepared to justify departures from the suggested procedures. The auditor can consider the supplement a "safe harbor" for identification of compliance requirements to be tested if the auditor performs reasonable procedures to ensure that the requirements in the Supplement are current.

The grantor agency may elect to review audit working papers to determine that audit tests are adequate.

Auditors may request documentation of monitoring visits by the State Agencies.

This State compliance supplement must be used in conjunction with the OMB 2026 Compliance Supplement which is scheduled to be issued in May 2026. The OMB supplement will include "Part 3 - Compliance Requirements," for the types that apply, and "Part 6 - Internal Control." If a federal Agency issued guidance for a specific program, this will be included in "Part 4 - Agency Program". The OMB Compliance Supplement is Section A of the State Compliance Supplement.

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I. PROGRAM OBJECTIVES

The goal of the Immunization Action Plan is to prevent disease, disability, and death from vaccine preventable diseases. (Immunization Branch programs, services and subrecipients help to reduce the spread of vaccine preventable diseases by assuring that individuals are age appropriately immunized, and by managing outbreaks of vaccine-preventable diseases. Local health departments will support the North Carolina Immunization Program (NCIP) in reaching that goal by working together to accomplish the following objectives as supported by Healthy People-Objectives.

II. PROGRAM PROCEDURES

As part of the Immunization Action Plan, the North Carolina Department of Health and Human Services—Division of Public Health, Epidemiology Section, Immunization Branch funds local health departments to eliminate barriers that delay or prevent delivery of age-appropriate immunizations, and to assure the safe delivery of vaccines, the Local Health Department shall:

Follow all conditions outlined in the Vaccines For Children (VFC) Program Provider Agreement and the NCIP Local Health Department Vaccine Agreement.

Educate community providers and stakeholders on immunization-related topics, recommendations and requirements.

Ensure that all health care private providers within their service area are educated on NC reporting laws and requirements to ensure that vaccine-preventable diseases are identified, reported and control measures are implemented in accordance with current state and CDC guidelines.

III. COMPLIANCE REQUIREMENTS

Noted below in the following matrix are the types of compliance requirements (Types) that are applicable to the federal program. These Types are either determined by the federal agency or the State Agency may have added the Type. This is noted by “Y.” If the State determines that the federal requirement does not apply at the local level or if the State modifies the federal requirements, this is discussed in the supplement under the type of compliance requirement. If the federal and/or State agencies have determined that the type is not applicable, this is indicated by “N.”

If the Type is applicable, the auditor must determine if the Type has a direct and material effect on the federal program for the auditee. The auditor must use the OMB 2025 Compliance Supplement, Part 3 and Part 4 (if an OMB supplement is issued) in addition to this State supplement to perform the audit.

A	B	C	E	F	G	H	I	J	L	M	N
Activities Allowed or Unallowed	Allowable Costs/ Cost Principles	Cash Management	Eligibility	Equipment/ Real Property Management	Matching, Level of Effort, Earmarking	Period Of Performance	Procurement Suspension & Debarment	Program Income	Reporting	Subrecipient Monitoring	Special Tests and Provisions
Y	Y	Y	N	Y	N	Y	Y	N	Y	Y	Y

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A. Activities Allowed or Unallowed

Contractors, which include local health departments, are to complete activities as noted on their contract addenda/scope of work. See individual contract scopes of work for more information. A general list of allowable and unallowable expenses/purchases are listed here:

Allowed

Local Health Departments may use funding for:

- a. Personnel, Salary/Fringe Benefits
- b. Equipment
- c. Supplies
- d. Education and Outreach Activities
- e. Other Expenses (Program advertising, communications, data processing, printing, shipping, software licenses, training, etc.)
- f. Indirect Costs
- g. Travel cost (in state/local meetings and conferences that provide a direct benefit to the program)

* This list is not exhaustive of all allowable cost per 2 CFR Part 200, 45 CFR Part 75, Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards.

Unallowed

Local Health Departments may not use funding for:

- a. Vaccine purchase or vaccine reimbursement fees
- b. Honoraria
- c. Alcoholic beverages
- d. Building purchases, construction, capital improvements
- e. Land purchases
- f. Legislative/lobbying activities
- g. Bonding
- h. Depreciation on use charges
- i. Fundraising
- j. Entertainment costs
- k. Food
- l. Payment of bad debt
- m. Vehicle Purchase or lease
- n. Research
- o. Invention, Patent, or Licensing Costs
- p. Goods or services for personal use
- q. Advertising costs (i.e. conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
- r. All unallowable costs cited in CDC-RFA-IP19-1901 remain in effect, unless specifically amended in this guidance, in accordance with 45 CFR Part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

B. Allowable Costs/Cost Principles

All grantees that expend State funds (including federal funds passed through the N. C. Department of Health and Human Services) are required to comply with the cost principles described in the N. C. Administrative Code at 09 NCAC 03M .0201.

C. Cash Management

Local Governments and Public Authorities

All local governments and public authorities are required to follow cash procedures for State funds outlined in the State's Budget and Fiscal Control Act (General Statute 159-34) and rules, policies, and procedures established by the Local Government Commission. Additionally, the State-awarding agency may specify their own requirements for the management of State funds and these requirements can be found in Part 10 of this Compliance Section.

Audit Objectives – Determine whether:

1. The recipient/subrecipient followed procedures established by the applicable laws, regulations, statutes, and agency requirements.
2. The pass-through entity implemented procedures to assure that subrecipients conformed substantially to the same requirements that applied to the pass-through entity.

Suggested Audit Procedures

1. Select a sample of advances of State funds and compare to the dates the funds were disbursed and/or when the checks were presented to the banks for payment. Using these data, verify that:
 - a. The timing of disbursements is in compliance with any requirements of the awarding agency or any applicable laws, regulations, or statutes.
 - b. If applicable, procedures were established to minimize the time elapsing between drawdown and disbursement of State funds.
2. Where applicable, select a sample of reimbursement requests and trace to supporting documentation showing that the costs for which reimbursement was requested were paid prior to the date of the reimbursement request.

F. Equipment and Real Property Management – NA (Does not apply)

Equipment and Real Property Management

Prior written approval from the Program must be obtained before purchasing equipment valued at over \$5,000.00. Real property cannot be purchased in this program.

Audit Objectives – Determine whether:

1. The grantee maintains proper records for equipment and adequately safeguards and maintains equipment.
2. Disposition or encumbrance of any equipment acquired with State awards is in accordance with the requirements of the awarding agency.

Suggested Audit Procedures

1. Obtain entity's policies and procedures for equipment management and ascertain if they comply with the awarding agency's policies and procedures.
2. Select a sample of equipment transactions and test for compliance with the awarding agency's policies and procedures for management and disposition of equipment.

H. Period of Performance

Contract funds may be used to support cost incurred during the funding period. In the case of local health departments, this period is the same as the State fiscal year and the

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period covered by the Consolidated Agreement, July 1 through June 30. Unobligated, unexpended funds may not be carried forward. Settle-up and final expenditure submission should occur within forty-five days of the end of the contract period, i.e., June 30. (Consolidated Agreement)

Audit Objective – Determine whether State funds were obligated within the period of availability and obligations were liquidated within the required time period.

Suggested Audit Procedures

1. Review the award documents and regulations pertaining to the program and determine any award-specific requirements related to the period of availability and document the availability period.
2. Test a sample of transactions charged to the State award after the end of the period of availability and verify that the underlying obligations occurred within the period of availability and that the liquidation (payment) was made within the allowed time period.
3. Test a sample of transactions that were recorded during the period of availability and verify that the underlying obligations occurred within the period of availability.
4. Select a sample of adjustments to the State funds and verify that these adjustments were for transactions that occurred during the period of availability.

I. Procurement and Suspension and Debarment – NA (Does not apply)

Compliance Requirements

Procurement

All grantees that expend federal funds (received either directly from a federal agency or passed through the N. C. Department of Health and Human Services) are required to conform with federal agency codifications of the grants management common rule accessible on the Internet <https://www.govinfo.gov/app/details/CFR-2025-title2-vol1/CFR-2025-title2-vol1-part200>

All grantees that expend State funds (including federal funds passed through the N. C. Department of Health and Human Services) are required to comply with the procurement standards described in the North Carolina General Statutes and the North Carolina Administrative Code, which are identified in the State of North Carolina Procurement Manual accessible on the Internet at <https://www.doa.nc.gov/pc-nc-procurement-manual-2022-pdf/open>

Audit Objectives – Determine whether procurements were made in compliance with the provisions of the program requirements and any applicable laws, regulations, statutes or other provisions of the awarding State agency.

Suggested Audit Procedure

Test a sample of procurements to ascertain if the applicable laws and the awarding agency procedures were followed.

Suspension and Debarment

Suspension is allowed for non-compliance with the federal guidelines.
Debarment does not apply.

L. Reporting

Financial Reporting

At the time an agreement addendum is signed, all local health departments are required to complete a Planned Use of Federal Immunization Program Funds attachment to

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document anticipated expenditures. This attached is returned with the signed agreement. Expenditures are reviewed during monitoring visits.

Performance Reporting

Using the North Carolina Immunization Registry (NCIR), Local Health Departments will report:

- The number of eligible two-year old children served with a status of active in the NCIR.
- The number of all eligible individuals vaccinated.
- The number of vaccines received from the VFC Program that are administered, spoiled, expired, transferred, and returned in the NCIR.

Audit Objective – Determine whether required reports include all activity of the reporting period, are supported by applicable accounting or performance records, and are fairly presented in accordance with program requirements.

Suggested Audit Procedures

1. Perform monthly review of submitted reports to ascertain whether they are properly formatted and completed.
2. Review amounts requested and compare with previous months for outliers or unreasonable expenditures.
3. Compare submitted workload with established objectives for the current fiscal year to track compliance with yearly objectives.

M. Subrecipient Monitoring – NA (Does not apply)

Local health departments and other entities frequently contract with other agencies to provide allowable services. Unless services are obtained on other than fee for service contracts, the auditor does not need to audit for this requirement. (Reference Section C(1)(c and d) of the Consolidated Agreement between the local health department and the Division of Public Health).

N. Special Tests and Provisions

Consolidated Agreement System

The DHHS Division of Public Health is made up of the following major sections: Chronic Disease & Injury, Environmental Health, Epidemiology, Women, Infant, and Community Wellness, Oral Health, and Administrative, Local, and Community Support. The Division utilizes a single written agreement to manage all funds, that is, State, Federal, or private grant funds, that the Division allocates to local health departments across the State. This document, as amended, is called the Consolidated Agreement.

The Agreements sets forth the more general requirements of the funding relationship between the state and local public health agencies. The respective requirements are detailed under the headings: Responsibilities of the Department (Local Public Health Unit); Funding Stipulations; Fiscal Control; Responsibilities of the State; and Compliance. More specific information related to program activity is set out in a document called the Agreement Addenda which detail outcome objectives (which may or may not be negotiable at the beginning of each fiscal year) that each health department must achieve in exchange for the funding. A third part of the system is the Budgetary Authorization which is sent annually from each of the Sections or Branches of the Division to all health departments being allocated funds from specific sources, i.e., State

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appropriations or other federal grant funds for specific activities. This Estimate indicates the amount of the allocated funds and their respective sources. Each health department should be able to provide an auditor with a copy of the Consolidated Agreement for the particular year being audited, as well as copies of the Budgetary Authorization and any revisions, Agreement Addenda, expenditure reports and any activity reports for each source of money received. If the health department cannot provide these documents, they may contact the State Division of Public Health Budget Office for assistance.

Suggested Audit Procedures – The auditor should review Section B. FUNDING STIPULATIONS of the Consolidated Agreement before beginning an audit. The fourteen items of this Section describe much of the detailed information the auditor may be seeking during a review of these programs. These suggested auditing procedures were discussed with Heath Bullock and the EAGLE Audit Team at the 2024 Eagle Overview kickoff meeting on 10/02/2023.

Conflicts of Interest and Certification Regarding No Overdue Tax Debts

All non-State entities (except those entities subject to the audit and other reporting requirements of the Local Government Commission) that receive, use or expend State funds (including federal funds passed through the N. C. Department of Health and Human Services) are subject to the financial reporting requirements of G. S. 143C-6-23 for fiscal years beginning on or after July 1, 2007. These requirements include the submission of a Conflict of Interest Policy (see G. S. 143C-6-23(b)) and a written statement (if applicable) completed by the grantee's board of directors or other governing body that the entity does not have any overdue tax debts as defined by G. S. 105-243.1 at the federal, State or local level (see G. S. 143C-6-23(c)). All non-State entities that provide State funding to a non-State entity (except any non-State entity subject to the audit and other reporting requirements of the Local Government Commission) must hold the subgrantee accountable for the legal and appropriate expenditure of those State grant funds.