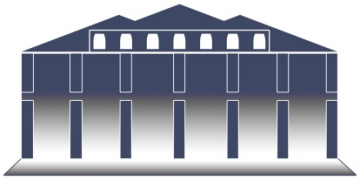
COVID-19 Series: Background Information

Final Report to the Joint Legislative Program Evaluation Oversight Committee

Report Number 2021-02

February 8, 2021



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February 8, 2021

Senator Brent Jackson, Co-Chair, Joint Legislative Program Evaluation Oversight Committee

North Carolina General Assembly
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Honorable Chair:

In November 2020, the Joint Legislative Program Evaluation Oversight Committee amended its 2019–20 Workplan to direct the Program Evaluation Division (PED) to conduct a series of reviews of federal Coronavirus Aid, Relief, and Economic Security (CARES) Act funds allocated to the General Assembly to appropriate at its discretion on eligible purposes. This report provides background information for PED's upcoming reviews of the State's spending of its Coronavirus Relief Fund (CRF). It covers the health and economic effects of COVID-19 on the country and State, how federal and state governments responded to limit these effects, and how the State administered the CRF.

Sincerely,

Kiernan McGorty

Kiernan McGorty
Acting Director

PROGRAM EVALUATION DIVISION
NORTH CAROLINA GENERAL ASSEMBLY

February 2021 Report No. 2021-02

COVID-19 Series: Background Information

EXECUTIVE SUMMARY

This report provides background information for the Program Evaluation Division's (PED's) upcoming reviews of the State's spending of its Coronavirus Relief Fund (CRF), which consists of funds appropriated by the General Assembly that the State received from the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act. This report covers the health and economic effects of COVID-19 on the country and State, how federal and state governments responded to limit these effects, and how the State administered the CRF.

By December 2020, COVID-19 had infected 19.3 million people across the country and led to an economic recession. The U.S. Congress appropriated $2 trillion through the CARES Act to assist entities such as state governments in minimizing COVID-19's health and economic impact.

The North Carolina General Assembly appropriated $3.6 billion of CARES Act funds across 139 provisions. The Office of State Budget and Management (OSBM), along with the newly established Pandemic Recovery Office (NC PRO), distributed these funds to administering agencies outlined in legislation that either spent the funds themselves or distributed the money to subrecipients to spend. Including itself, PED identified three organizations conducting oversight of the State's CRF spending. NC PRO oversees the distribution, spending, and reporting of CRF money, whereas the Office of the State Auditor is charged with conducting a preliminary financial audit and a final performance audit of these funds by March 1, 2021.

Purpose and Scope

In November 2020, the Joint Legislative Program Evaluation Oversight Committee amended its 2019–20 Workplan to direct the Program Evaluation Division (PED) to conduct a series of reviews of federal Coronavirus Aid, Relief, and Economic Security (CARES) Act funds allocated to the General Assembly to appropriate at its discretion on eligible purposes.

This report provides answers to the following questions:

1. How has COVID-19 affected the health of people in the United States, especially North Carolina?
2. How has COVID-19 affected federal, state, and local economies in the United States, especially North Carolina?
3. What federal and state actions were taken to limit the effects of COVID-19 on North Carolinians?
4. How does North Carolina distribute and administer CRF funds appropriated by the General Assembly?
5. What accountability and oversight mechanisms are in place to ensure the efficient and effective distribution and spending of CRF funds in North Carolina?

Background

In early 2020, the United States experienced a widespread pandemic. The SARS-CoV-2 virus causes coronavirus disease 2019, or COVID-19.[1] COVID-19 is a highly contagious respiratory illness; individuals infected range from showing no symptoms, to having mild symptoms, to experiencing severe illness. The virus is especially contagious because many individuals are asymptomatic carriers and because symptoms, if any, may appear anywhere within 2 to 14 days of exposure.[2] Regardless of whether or not symptoms are present, epidemiologists contend that individuals exposed to a carrier of the virus should quarantine and wear personal protective equipment (PPE), such as masks, around others to limit further spread.[3]

The virus is believed to have originated from an animal sold at a market in Wuhan, China, in late 2019. The virus eventually spread to other nations, and the first known case in the United States was identified on January 21, 2020, in the state of Washington. Infections spread to all 50 states in a matter of weeks. Since then, the virus has affected the physical health and economic well-being of countless citizens. On February 3, 2020, President Trump declared the virus a public health emergency, and on March 11, 2020, the World Health Organization (WHO) declared it a pandemic. In an attempt to slow the spread of the virus and not overwhelm the country's healthcare infrastructure, many states issued stay-at-home orders for the public at large and regulations that limited business operations.

In late March 2020, Congress passed and the President signed the $2 trillion Coronavirus Aid, Relief, and Economic Security (CARES) Act.[4] The legislation was intended to assist the healthcare community in its response to the virus and to provide economic relief to businesses and citizens. Much of the money was spent on loans for businesses, direct payments to Americans, and expanding unemployment insurance. However, a sizable portion (at least $150 billion) was allocated as direct assistance to state and local governments. State legislatures, like the North Carolina General Assembly, were charged with appropriating state-allocated money to purposes they deemed important to pandemic relief, as long as they fit within certain parameters.[5]

This report provides background information both nationally and for North Carolina on the health and economic effects that the CARES Act sought to address. In addition, it serves as the foundation for forthcoming PED

[1] The term "virus" within this report and subsequent reports collectively represents the SARS-CoV-2 virus and COVID-19 disease.
[2] These symptoms include and range from fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea.
[3] PPE can take the form of masks, gowns, and other coverings to limit respiratory droplets from spreading to others. The nation experienced a shortage of such materials in early 2020.
[4] The key provisions of the Act included (i) $290 billion to provide one-time checks to individuals; (ii) $260 billion to expand unemployment benefits; (iii) $25 billion in food assistance; (iv) $510 billion to prevent corporate bankruptcy by providing loans and loan guarantees and backstopping the Federal Reserve program, which extends credit to non-bank financial firms; (v) $367 billion in forgivable Small Business Administration loans and guarantees to help small businesses that retain workers; (vi) $180 billion for hospitals and health care; (vii) $150 billion in transfers to state and local governments; (viii) over $100 billion in funding for education, transit systems, and international assistance; and (ix) $280 billion in tax cuts, deferrals, and delays.
[5] These parameters included using funds to cover expenses that are necessarily incurred due to the public health emergency of COVID-19; were not accounted for in the budget most recently approved as of March 27, 2020, for the State; and were incurred during the period that begins on March 1, 2020, and ends on December 31, 2021.

reports that review the General Assembly's COVID-19 appropriations, grouped into domains with shared purposes.

The effects of COVID-19 have been wide reaching and varied both across the country and within North Carolina. The virus has affected how individuals work, are educated, and conduct previously normal tasks such as buying groceries. The following section provides information on the health and economic impacts of COVID-19 on the nation, southeastern states, and North Carolina specifically.[6]

Questions and Answers

1. How has COVID-19 affected the health of people in the United States, especially North Carolina?

A number of metrics are used to gauge the spread of COVID-19 infections and the effects the virus has had on the health of the population.

Population Tested for COVID-19. The number of individuals receiving a COVID-19 test reflects the virus's spread and public health surveillance efforts to monitor its spread. Researchers rushed to develop a test for the new virus because knowing if someone is positive for the virus tells that person they need to self-isolate to prevent further spread. Available testing data does not show how many times the same person may have received a test; therefore, examining number of tests administered relative to state or national populations is not ideal but can be presented as a proxy to represent the breadth of testing efforts. Exhibit 1 shows a comparison of the tests conducted relative to the populations of the United States, southeastern states, and North Carolina since March 2020.

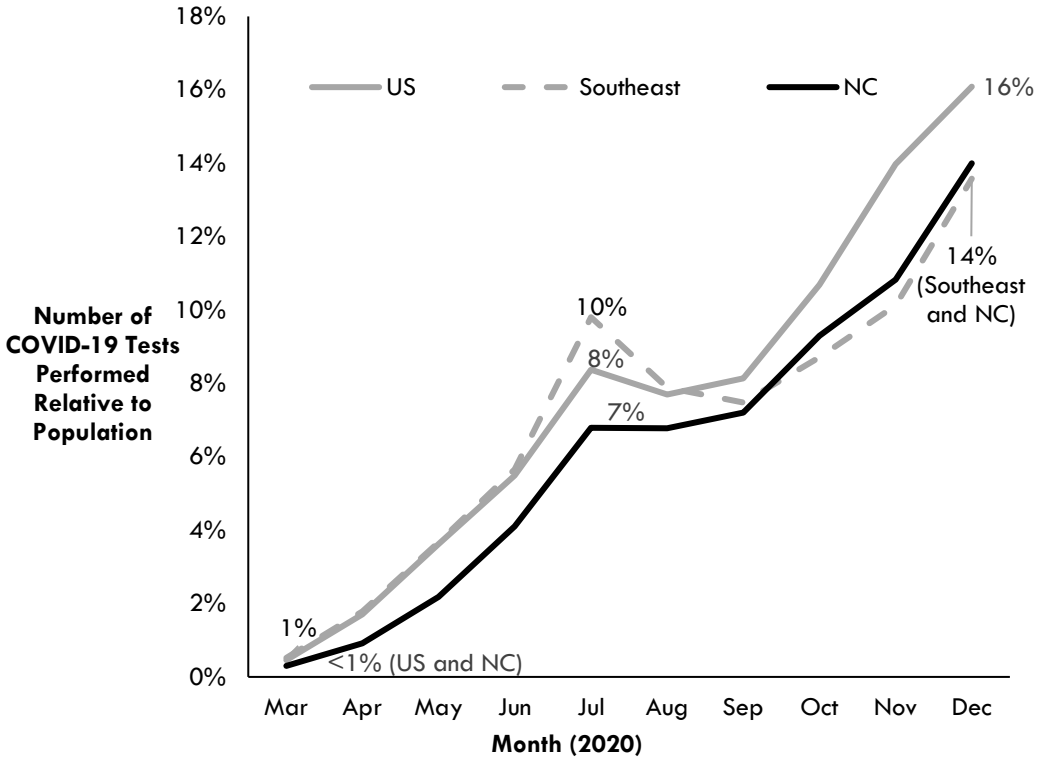
- **United States.** COVID-19 testing began slowly in the United States but ramped up substantially as the year progressed. In 2020, a total of 249.5 million COVID-19 tests were performed across the country. This figure does not indicate that 249.5 million people received a test, as many individuals have been tested more than once. However, it is still useful to track testing relative to a jurisdiction's population. For example, the percentage of tests compared to the population nationwide was low early in the pandemic (less than 1% in March) but increased to 8% by the summer and was up to 16%, (a total of 53 million tests) in December 2020.
- **Southeastern states.** In 2020, a total of 50.5 million COVID-19 tests were performed in the 10 southeastern states. The relative rate of testing southeastern states' populations mirrored that of the country but peaked even higher than the national percentage in July 2020. However, as of December, fewer tests were administered in these states relative to their populations.
- **North Carolina.** In 2020, a total of 6.5 million COVID-19 tests were performed in North Carolina. The number of tests in North

[6] Throughout this report, southeastern states include Alabama, Florida, Georgia, Kentucky, North Carolina, Mississippi, South Carolina, Tennessee, Virginia, and West Virginia.

Carolina relative to the State's population was on par with the national percentage in March 2020 but remained below it for the subsequent nine months of 2020. In September, the State's monthly number of tests performed relative to its population began increasing again and reached its height at nearly 1.5 million tests performed in December 2020. Whereas North Carolina's testing levels compared to population began slightly exceeding southeastern states as a whole in October and continued through December (14%), the State's rate remained below the national rate (16%). Appendix A shows 2020 values for testing and other health indicators by county.

Exhibit 1

Number of COVID-19 Tests Relative to Population for North Carolinians Was Lower Than National Rate Throughout Most of 2020



Note: Data is as of December 31, 2020.

Source: Program Evaluation Division based on information from the Centers for Disease Control and Prevention and the U.S. Census Bureau.

COVID-19 Positivity Rate. The COVID-19 positivity rate—the percentage of individuals taking a test who received positive results for COVID-19—is a reflection of how quickly the virus is spreading.[7] In addition, the positivity rate informs the public and leaders about the prevalence of the virus in a community, which could affect individuals' activities. Public health experts advise to aim for a positivity rate of no greater than 5% in conjunction with high levels of testing. Exhibit 2 shows a comparison of the positivity rates in the United States, southeastern states, and North Carolina for individuals who received a COVID-19 test since March 2020.

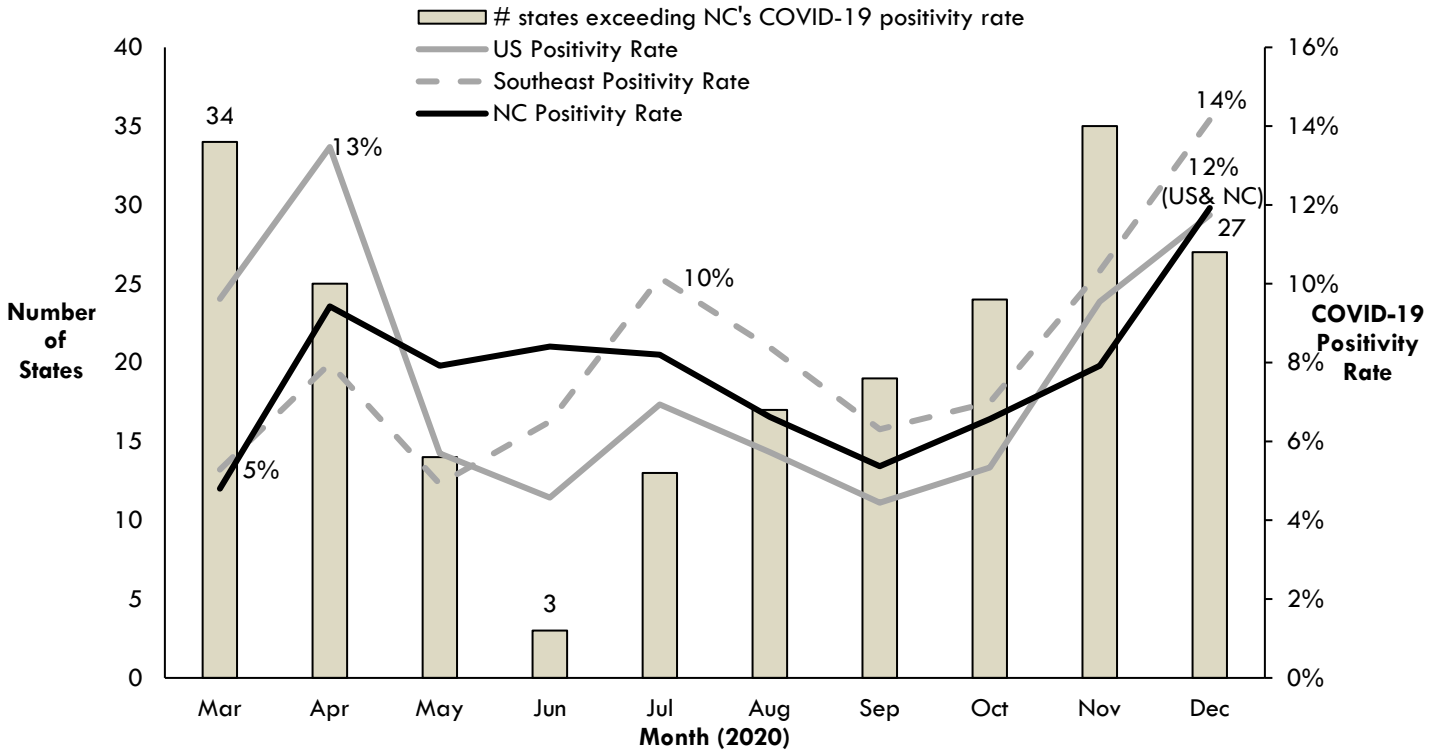
[7] It is important to note that positivity rate as a measure of the spread of COVID-19 has limitations because it is relative to the number of individuals taking the test. Additional individuals who have not been tested could have the virus. Because the virus presents asymptomatically in some individuals, the positivity rate is considered underreported.

- **United States.** The country's positivity rate was high at the beginning of the pandemic, decreased in the later spring and summer months, and began increasing again in the late fall of 2020. For example, positivity rates between March and December were only two percentage points apart (10% and 12%, respectively), yet the actual number of positive cases differs dramatically between these two months: 1.5 million people took a test in March compared to nearly 53 million people in December. This disparity in testing translates to 143,130 people testing positive in March but more than 6.2 million people testing positive in December.

- **Southeastern states.** The COVID-19 positivity rate among southeastern states has remained above the overall national rate for every month since June 2020. As of December 2020, southeastern states continue to have higher positivity rates than the country as a whole.

- **North Carolina.** While the State has remained below the southeastern rate since July 2020, it was above the national rate from May until October 2020. The State's positivity rate at the end of 2020 was 12%, on par with the country's rate and two percentage points lower than all southeastern states collectively. In addition, 27 states had positivity rates higher than North Carolina's in December 2020, an improvement from June when only 3 states had higher rates.

Exhibit 2: North Carolina's COVID-19 Positivity Rate Exceeded the Country's for Several Months Until Late 2020



Note: Data are as of December 31, 2020. Positive COVID-19 test data only includes confirmed cases.

Source: Program Evaluation Division based on information from the Centers for Disease Control and Prevention.

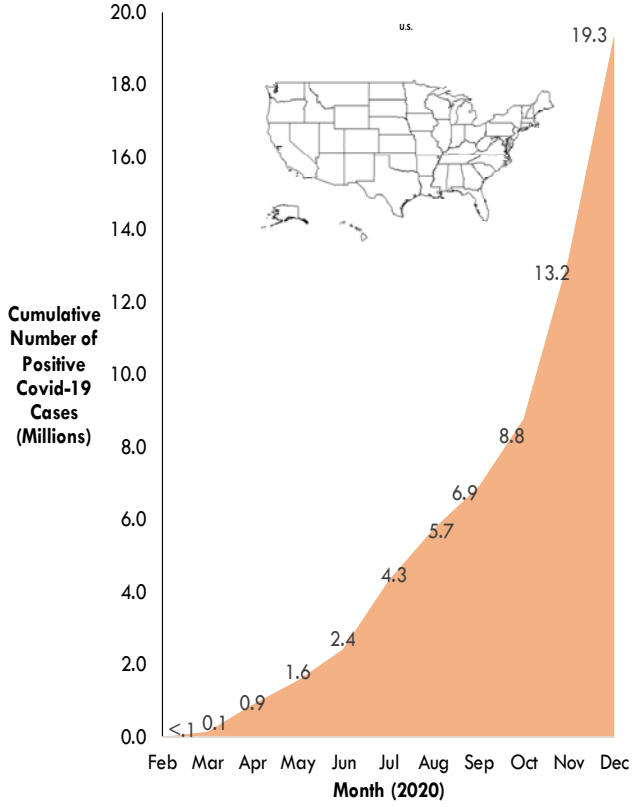
Number of Confirmed COVID-19 Cases. The number of individuals with a confirmed COVID-19 infection shows how rapidly the virus is being transmitted. This measure also gives an idea of potential capacity issues in healthcare settings, such as hospitals. Exhibit 3 shows the upward trend of total COVID-19 infections across the country, among southeastern states, and in North Carolina.[8]

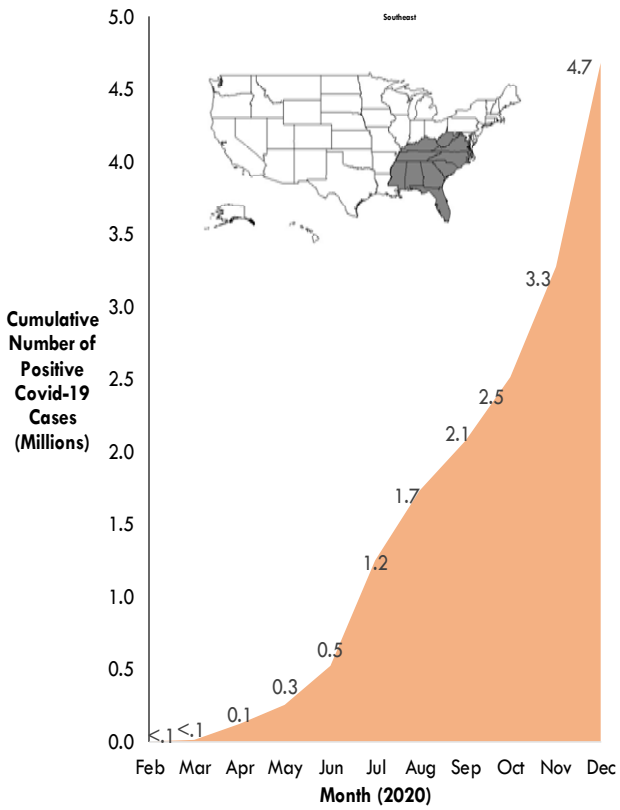
- **United States.** The cumulative number of confirmed COVID-19 cases increased slowly when the illness first appeared in the country in early 2020 but increased rapidly as the year progressed. Out of a total U.S. population of 331 million, 19.3 million Americans (or 5.9% of the population) had been diagnosed with COVID-19 by December 2020.
- **Southeastern states.** Of the southeastern states' total population of approximately 73 million, 4.7 million (or 6.4%) had been diagnosed with COVID-19 by December 2020. This rate is half a percentage point higher than the percentage of people across the entire country who had tested positive by December (5.9%).

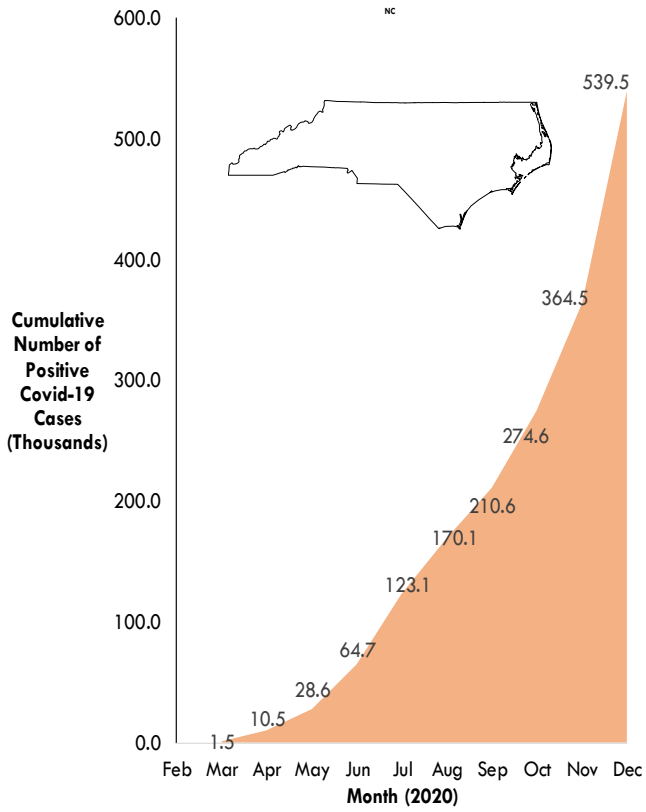
[8] The number of COVID-19 cases reported only reflects those confirmed by a positive test result; additional individuals who have not been tested could also have the virus. Because the virus presents asymptomatically in some individuals, the number of cases is considered underreported.

- **North Carolina.** More than half a million North Carolinians (539,545, or 5.1% of the State's population of 10.5 million) were diagnosed with COVID-19 in 2020. Similar to national trends, the State's number of positive cases has increased rapidly since October. However, a smaller percentage of North Carolinians have been diagnosed in comparison to both southeastern states (6.4%) and all states (5.9%).

Exhibit 3: Confirmed COVID-19 Cases Peaked in December 2020 For All Geographic Locations







Note: Data are as of December 31, 2020. Positive COVID-19 test data only includes confirmed cases.

Source: Program Evaluation Division based on data from the Centers for Disease Control and Prevention.

Number of COVID-19-Related Hospitalizations. The number of individuals hospitalized with COVID-19 provides insight into current usage and capacity remaining to serve patients. In addition to COVID-19, hospitals must continue treating common conditions necessitating emergency room visits and hospital stays. Early in the pandemic and in late fall, some states faced demands for hospital beds that exceeded capacity. In late March 2020, two mobile 1,000-bed military hospitals—the U.S. Naval Ships Comfort and Mercy—were deployed to assist local hospitals in New York and Los Angeles, respectively.[9] In addition, many hospitals around the country constructed makeshift wards outside of their brick and mortar facilities, often solely for COVID-19 patients. Several North Carolina hospitals constructed such facilities in the event that they exceeded their capacities. In addition, locations such as hotels, sports arenas, convention centers, college dormitories, and fairgrounds were used as makeshift hospitals. Exhibit 4 shows the average number of people per day in a hospital for COVID-19 by month for all 50 states, southeastern states, and North Carolina.

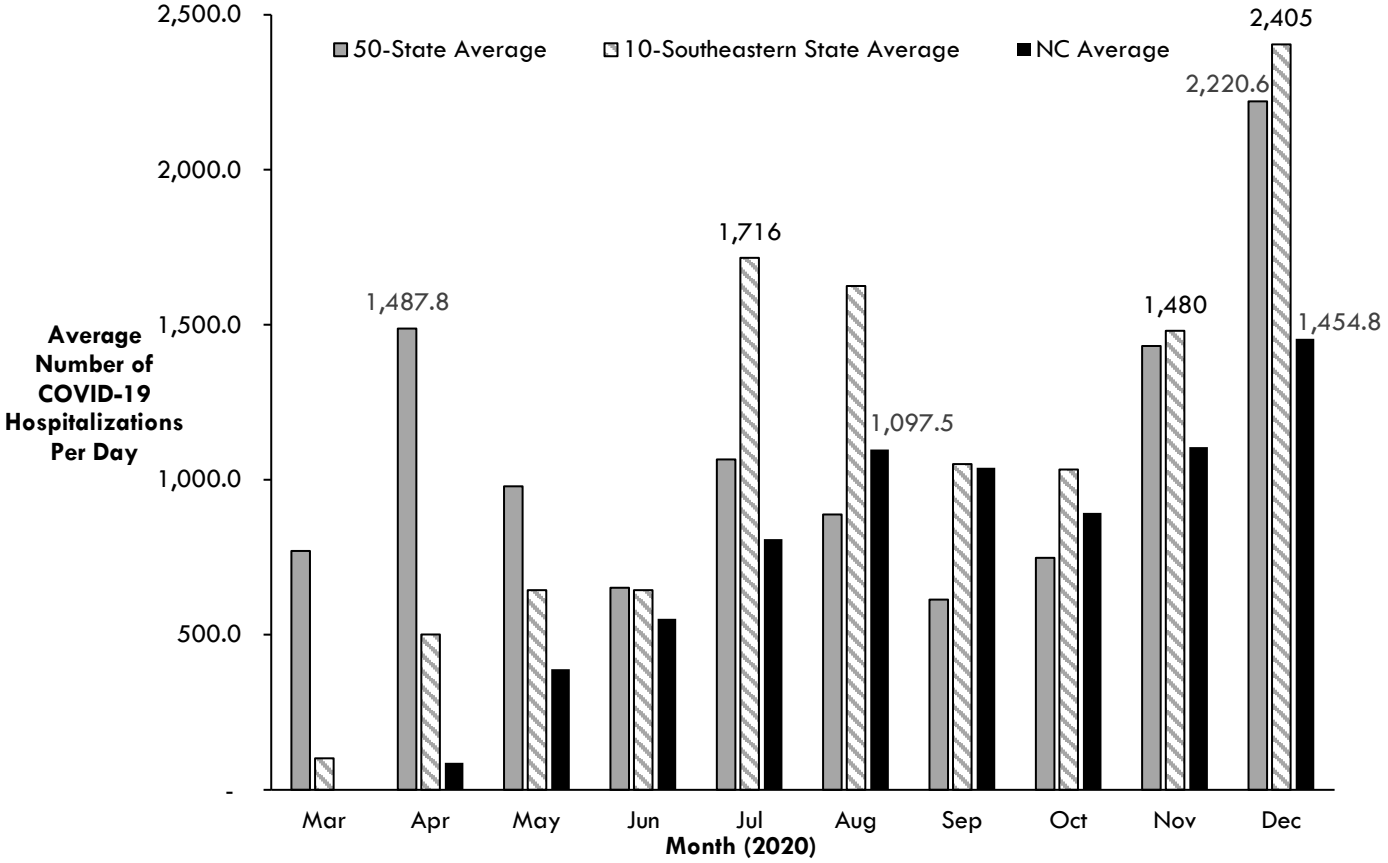
- **United States.** Nationwide, the average number of people hospitalized per day for COVID-19 in any one of the 50 states began increasing from March to April 2020, when 1,488 people on average were hospitalized in each state for COVID-19. Hospitalizations for COVID-19 initially peaked in the summer of 2020 but reached new record levels in December, with states having an average of 2,221 individuals hospitalized each day for the virus.

- **Southeastern states.** Following the national trend, hospitalizations in southeastern states initially peaked in July with 1,716 people, subsequently decreased, and then began to increase again beginning in November 2020. By December 2020, the average number of people hospitalized per day because of COVID-19 in a southeastern state exceeded the overall 50-state average (2,405 compared to 2,221).

- **North Carolina.** North Carolina did not see its first virus-related hospitalization until March 2020. The State's average number of hospitalizations per day has remained below both the average for all 50 states and for southeastern states for most of 2020. However, the State's rate did exceed the 50-state rate from August to October. Similar to trends across the country and for southeastern states, the average number of individuals in the State hospitalized for COVID-19 per day has steadily increased since October; by December 2020, 1,455 people were being hospitalized per day in North Carolina.

[9] The hospital ships Comfort and Mercy provided urgent care for patients not infected with the virus, thereby relieving capacity pressures on local hospitals.

Exhibit 4: Daily Average of COVID-19 Hospitalizations Has Increased Since September 2020

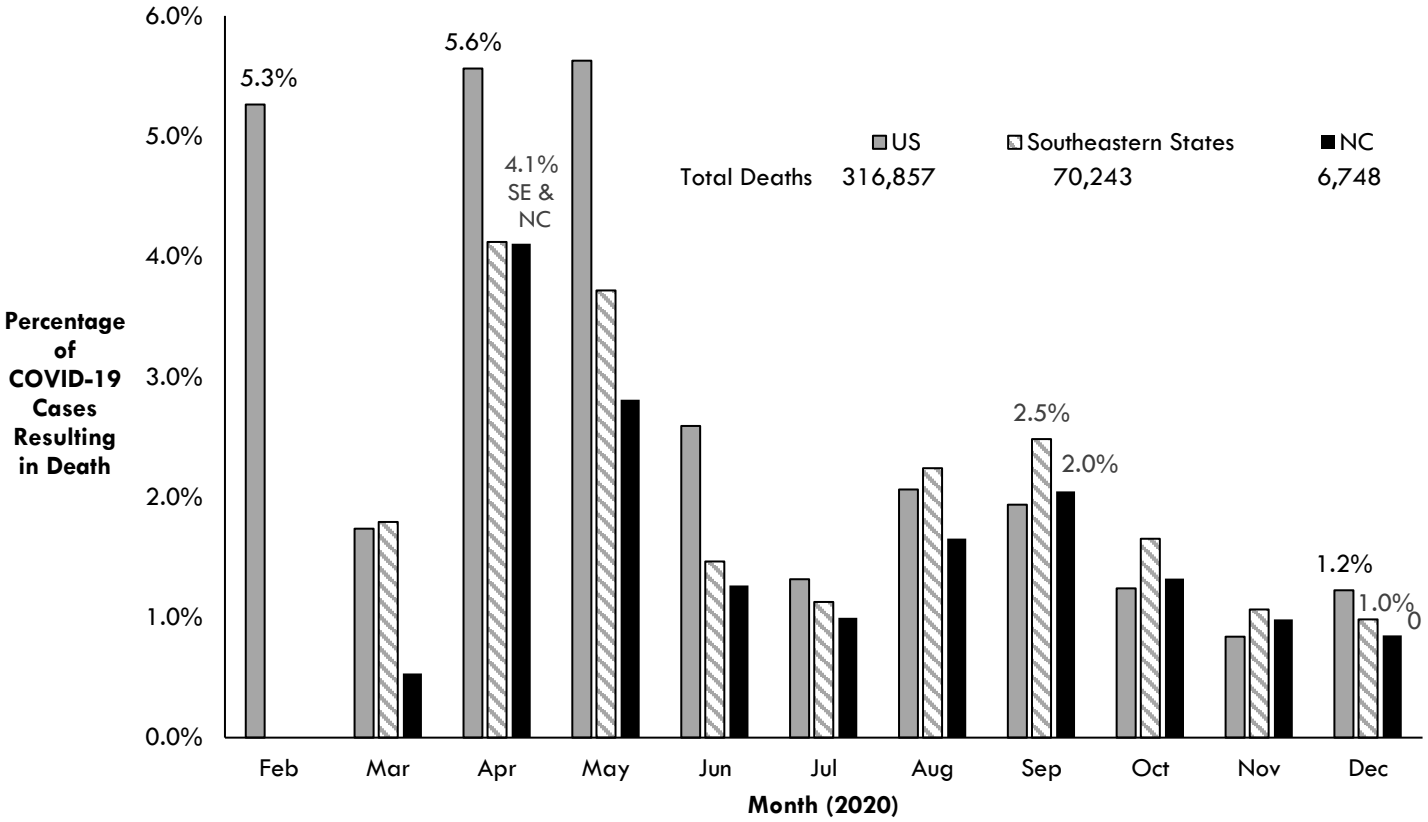


Source: Program Evaluation Division based on data from the COVID-19 Tracking Project and the U.S. Census Bureau.

Percentage of COVID-19 Cases Resulting in Death. The number of individuals whose deaths are attributable to COVID-19 shows how devastating the virus can be for those individuals infected. COVID-19 had never been seen before it presented in China, and, as a result, healthcare professionals did not initially know how best to treat it. Thus, some portion of the number of COVID-19 deaths could be attributable to this lack of knowledge, and although there is still no cure for COVID-19 (only vaccines), death rates have decreased, likely due to knowledge gained and improvements to therapeutics since the pandemic began. Exhibit 5 shows the death rate from COVID-19 by month for all 50 states, southeastern states, and North Carolina.

- **United States.** The country's percentage of COVID-19 cases resulting in death peaked in spring 2020 and has since declined. The national death rate from the virus began above 5% and remained at this level until June 2020 (except for March). Since then, the country's percentage of COVID-infected individuals dying because of the virus has remained below 2%; the final two months of 2020 had the lowest COVID-19 death rates of the year. Although the percentage declined, it still represents a large number of individuals succumbing to the virus because of the increased number of infections.

Exhibit 5: National Death Rate from COVID-19 Infection Surpassed North Carolina's Death Rate for Most of 2020



Note: Data are as of December 31, 2020. SE stands for southeastern states.

Source: Program Evaluation Division based on data from the Centers for Disease Control and Prevention.

In terms of the actual number of individuals dying during each month due to COVID-19, the country witnessed an increase of 230% over a four-month period, from 22,935 people dying in September to 75,782 dying in December 2020. In total, 316,857 people across the country have died because of COVID-19 as of December 31, 2020.

- **Southeastern states.** The percentage of COVID-19 cases resulting in death in southeastern states peaked in April 2020 at 4.1%. Although the percentage of those dying from COVID-19 in southeastern states followed the national trend, the death rate in these states exceeded both the country's and North Carolina's rates during the four-month period of August to November 2020.

  By December 31, 2020, COVID-19 had taken the lives of 70,243 people among the 10 southeastern states, with the most deaths occurring in December (13,800) followed by August (10,799).

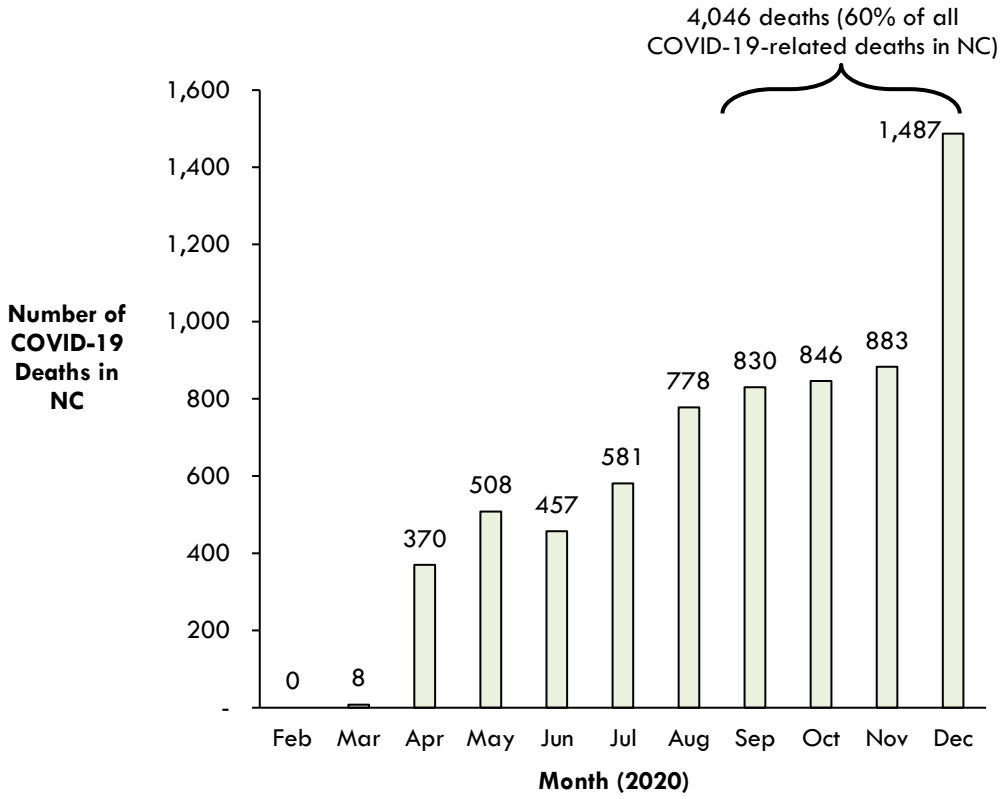
- **North Carolina.** North Carolina's percentage of COVID-19 cases resulting in death peaked in April 2020 at 4.1%. North Carolina's death rate was below the national death rate until September and then dipped below it again in December. North Carolina's death

rate has been equal to or below the death rate of southeastern states collectively during every month of the pandemic.

As of December 31, 2020, a total of 6,748 people have died in North Carolina because of COVID-19. As Exhibit 6 shows, the number of people dying each month increased substantially after June 2020, as the State experienced a 225% increase in the number of deaths between June (457) and December (1,487). Further, 60% (4,046) of the State's total number of deaths from COVID-19 in 2020 occurred in the last four months of the year.

Exhibit 6

Number of People Dying Each Month from COVID-19 in North Carolina Reached 1,487 in December 2020



Note: Data are as of December 31, 2020.

Source: Program Evaluation Division based on information from the Centers for Disease Control and Prevention.

COVID-19 Vaccinations. When COVID-19 first appeared, researchers around the world began developing potential vaccines to prevent infection. In December 2020, the Centers for Disease Control and Prevention (CDC) approved two vaccines for use in the United States. Although there is federal guidance on COVID-19 vaccinations, each state is ultimately charged with determining its own plan for distributing and administering the vaccine to its residents. The percentage of doses distributed to states that are then administered shows how quickly local public health departments, hospitals, and others are getting vaccines into people's arms,

regardless of whether it is an initial or second dose.[10] However, this percentage (and any corresponding rankings) can vary widely even within a given week, such as when states hold mass vaccination events.

- **United States.** As of January 31, 2021, 46.5 million doses of approved vaccines have been distributed across the United States and its territories, enough for 23.2 million people to receive both doses of the vaccine and be 95% effective against COVID-19.[11] As of January 25, 2021, 29.1 million doses (or 63% of all doses distributed) have been administered.

- **Southeastern states.** Collectively, southeastern states had also administered 63% (7.0 million) of their 11.1 million distributed doses as of January 31, 2021. West Virginia led southeastern states with 85% of its distributed vaccines administered, followed by South Carolina (78%) and Virginia (68%). Five southeastern states, including North Carolina, had administered vaccines at rates above the national average.

- **North Carolina.** North Carolina's current vaccination plan is to inoculate people in the following order: health care workers and long-term care staff and residents, older adults (65 and up), frontline and essential workers, adults at high risk for exposure and increased risk of severe illness, and finally everyone else.

  In terms of percentage of doses administered, North Carolina had administered two-thirds (67% or 951,657 doses) of its 1.4 million doses as of January 31, 2021; this percentage of doses administered is higher than that of all southeastern states collectively as well as the country as a whole (both at 63%). Twelve states had administered 70% or more of their vaccines on-hand, four of which had administered 80% or more.

  As Exhibit 7 shows, North Carolina is tied with two states (Arkansas and Vermont) in ranking 15th among the 50 states in its percentage of vaccines received that have been administered. This ranking puts the State in the top third of all states in terms of getting the vaccines it has received into the arms of people, either for a first or second dose. North Carolina ranked 4th among the 10 southeastern states in administering their doses distributed, behind West Virginia, South Carolina, and Virginia.

[10] Because the administering strategy shifted from holding back second doses for anyone receiving a first dose (and therefore not administering the second dose as a first dose for someone else) to administering any vaccines distributed, drawing conclusions and making comparisons based on the number of people who should have received first and second dose vaccinations is likely not appropriate.

[11] Doses distributed and administered in this figure only include those for U.S. states and not those for territories or federal entities. Doses distributed for U.S. states, Washington, D.C., and Puerto Rico are cumulative counts of COVID-19 vaccine doses reported to Operation Warp Speed as delivered since December 14, 2020. Doses distributed to a state or territory also include doses distributed to pharmacies in the jurisdiction. On January 20, 2021, the CDC COVID Data Tracker moved from reporting doses shipped to doses delivered for U.S. states, D.C., and Puerto Rico. Total doses administered are cumulative counts of individual COVID-19 vaccine doses administered as reported to the CDC by state, territorial, and local public health agencies and federal entities since December 14, 2020.

Exhibit 7: North Carolina Ranks 15th in Administering Vaccines

State	Percentage of Vaccines Distributed that Have Been Administered	Rank
North Dakota	91%	1
West Virginia	85%	2
New Mexico	83%	3
South Dakota	81%	4
South Carolina	78%	5
Connecticut	75%	6
Montana	74%	7
Oklahoma	74%	7
Michigan	72%	9
Utah	71%	10
Colorado	70%	11
Delaware	70%	12
Louisiana	68%	13
Virginia	68%	13
Arkansas	67%	15
North Carolina	67%	15
Vermont	67%	15
Maine	66%	18
Texas	66%	18
Washington	66%	18
Wyoming	66%	18
Indiana	65%	22
Nevada	65%	22
New Jersey	65%	22
New York	64%	25

State	Percentage of Vaccines Distributed that Have Been Administered	Rank (Cont'd)
50-State Average	**63%**	
Georgia	63%	26
Alaska	62%	27
Kentucky	62%	27
Minnesota	62%	27
Wisconsin	62%	27
Nebraska	62%	31
Ohio	61%	32
Oregon	61%	32
Tennessee	61%	32
Illinois	60%	35
Iowa	60%	35
Arizona	59%	37
New Hampshire	59%	37
California	58%	39
Florida	58%	39
Mississippi	56%	43
Idaho	55%	44
Massachusetts	55%	44
Pennsylvania	55%	44
Alabama	54%	47
Kansas	54%	47
Missouri	53%	49
Rhode Island	53%	49

Note: Data are as of January 31, 2021. The 50-state average excludes U.S. territories and federal entities.

Source: Program Evaluation Division based on data from the Centers for Disease Control and Prevention.

Another concern is vaccine waste, which can have a variety of causes including overdrawing injections and not administering them or vaccines becoming unusable due to not meeting storage requirements. The North Carolina Department of Health and Human Services created the COVID-19 Vaccine Management System to track those individuals receiving doses of the vaccines. In North Carolina, DHHS reported 1,280 vaccines (or less than 1% of its total number of vaccines distributed) have been wasted as of January 25, 2021.

2. How has COVID-19 affected federal, state, and local economies in the United States, especially North Carolina?

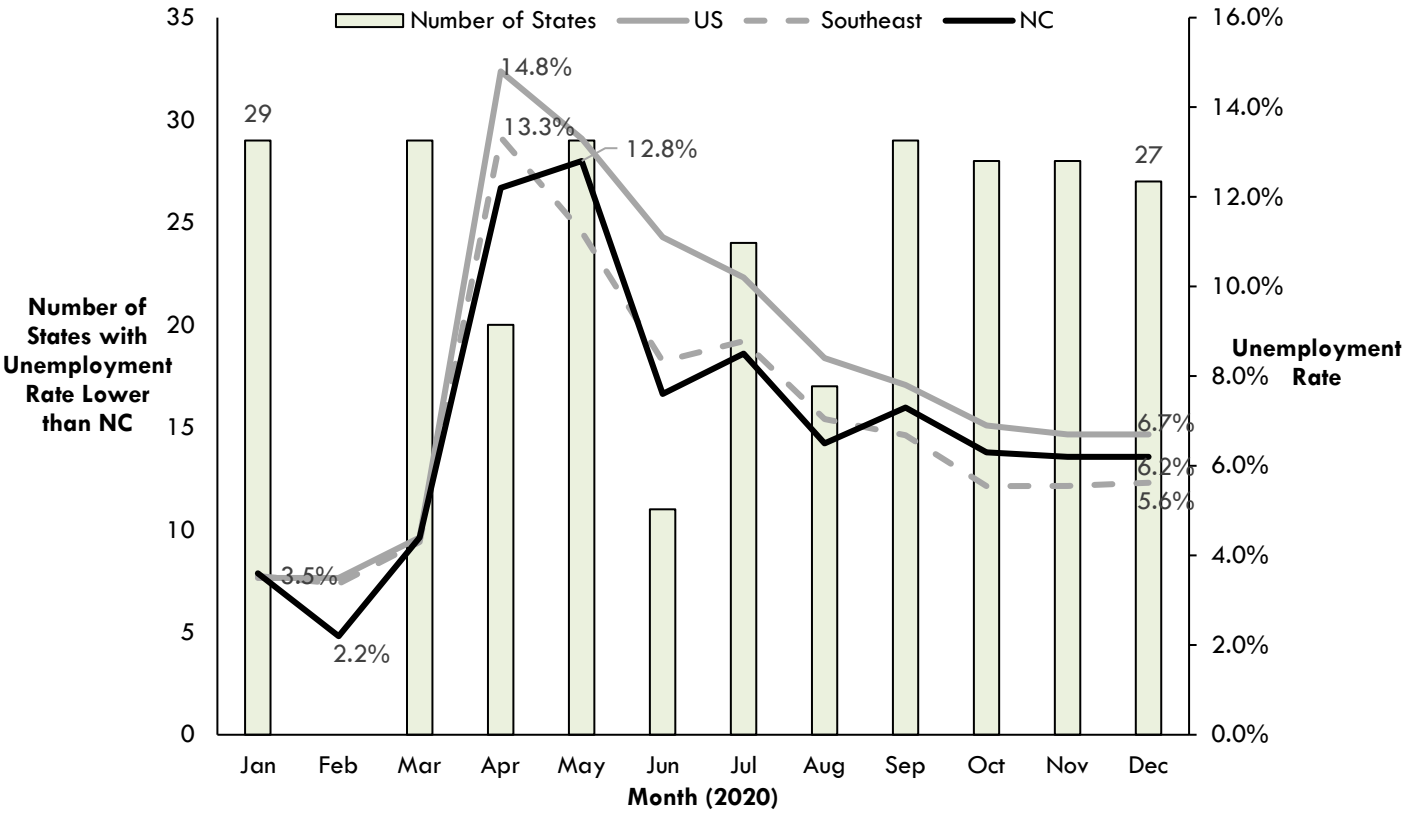
A number of metrics are used to gauge the effects the virus has had on the economy. The sections below present information on several economic indicators that have changed during the pandemic.

Unemployment Rate. The unemployment rate shows the number of people out of work, who therefore have limited ability to obtain money for essentials such as paying mortgages and buying food. Many people became unemployed during the COVID-19 pandemic due to decreased economic demand and restrictions on allowing their workplaces to operate.

Exhibit 8 shows the unemployment rate throughout 2020 for the country, southeastern states, and North Carolina.

- **United States.** In April 2020, the United States economy lost close to 21 million jobs, the largest decrease ever recorded. The national unemployment rate peaked at 14.8% in April 2020, 11 percentage points higher than in January. The unemployment rate subsequently began to decline but, as of December 2020, remained at a still-elevated level of 6.7%, more than 3 percentage points higher than in January.

Exhibit 8: North Carolina's Unemployment Rate Remained Higher than Southeastern States' Unemployment Rate at the End of 2020



Note: Data are as of December 31, 2020. Unemployment rates shown are adjusted for seasonality.

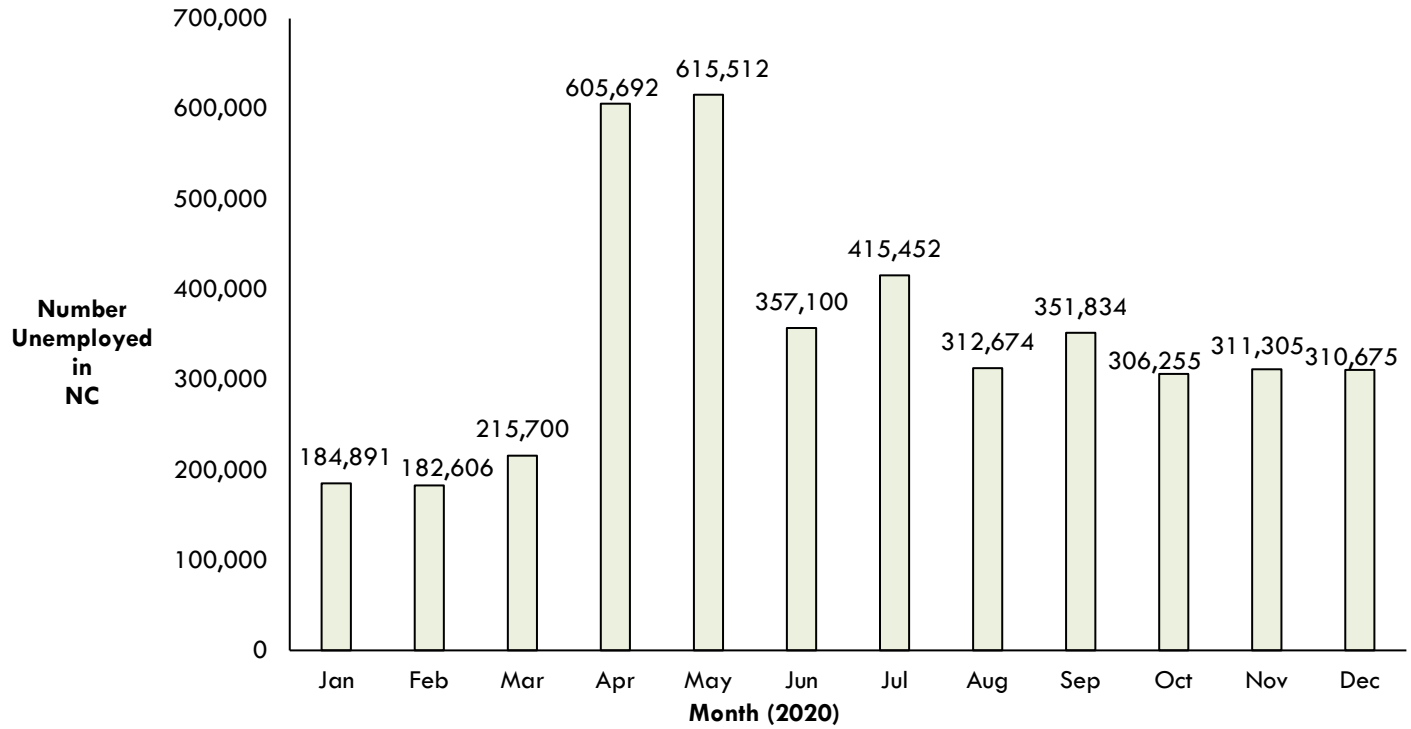
Source: Program Evaluation Division based on data from the U.S. Department of Labor, the North Carolina Department of Commerce, and the National Conference of State Legislatures.

- **Southeastern states.** The trend in unemployment for southeastern states followed overall national trends, seeing a substantial increase from March to April, when the rate peaked at 13.3%. The unemployment rate for southeastern states has continued a downward trend for most months since April, and the rate in December 2020 of 5.6% is more than a percentage point below the national rate (6.7%).
- **North Carolina.** North Carolina's unemployment rate peaked in May 2020 at 12.8%, nine percentage points higher than January, but still lower than both the national and southeastern state

unemployment rate peaks. North Carolina's unemployment rate has consistently been equal to or below the national unemployment rate; however, while the State's unemployment rate closely mirrored other southeastern states for most of the year, from September to December 2020 the state rate exceeded its regional peers. North Carolina's unemployment rate decreased to 6.2% as of December 2020, still more than two percentage points higher than in January. Appendix A displays 2020 values for unemployment and other economic indicators by county.

Translating this figure into the actual number of people unemployed works out to more than half a million North Carolinians (615,512) being unemployed during the May 2020 peak, higher than the previous month (April with 605,692) and the highest since 2010. As Exhibit 9 shows, the number of people unemployed in the State has remained above 300,000 for every month since the peak in April 2020. The State's unemployment rate is expected to improve to 5.1% by December 2021.

Exhibit 9: State Has Regained Jobs Since its Peak of 615,512 People Unemployed in May 2020



Note: Data are as of December 31, 2020. Unemployment numbers shown are adjusted for seasonality.

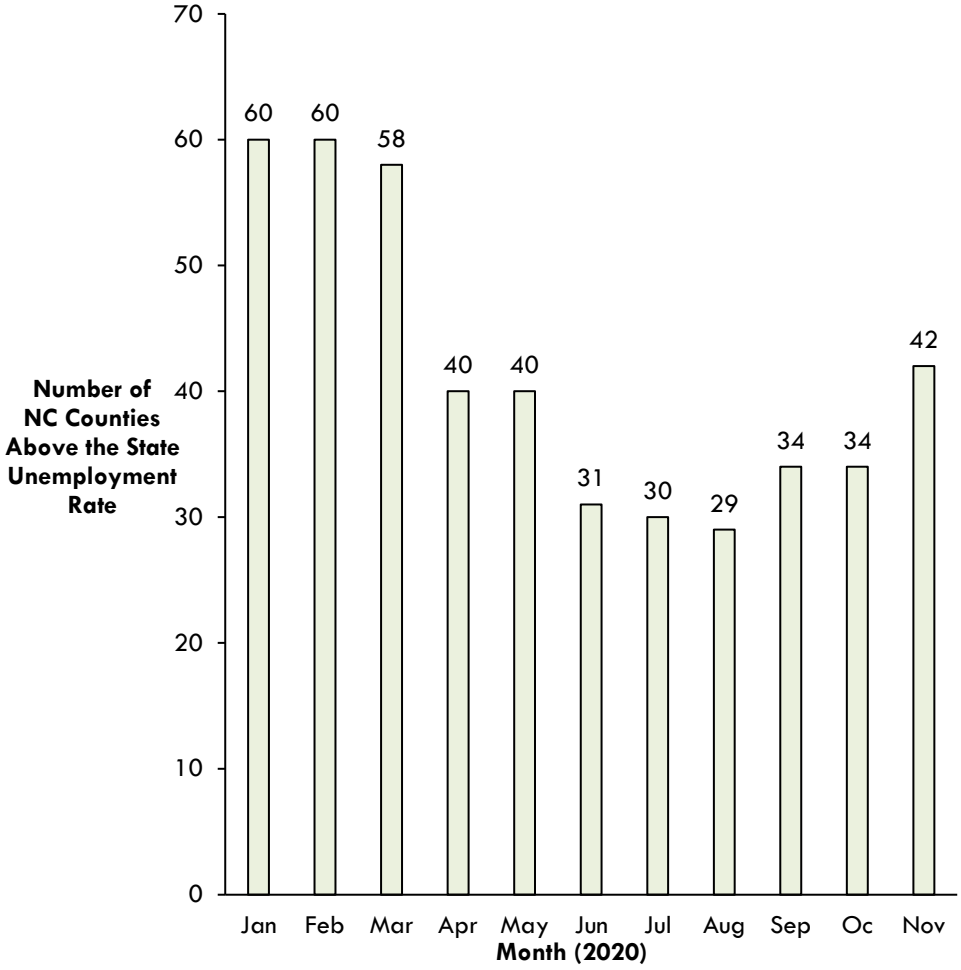
Source: Program Evaluation Division based on information from the North Carolina Department of Commerce.

Many counties in the State continue to face high rates of unemployment. As Exhibit 10 shows, the unadjusted unemployment rate in 60 of the State's 100 counties exceeded the State's adjusted rate before the pandemic began. That number decreased early in the pandemic, most noticeably from March to April 2020 but began increasing again in September, when 34 counties were

above the state rate. This upward trend continued into November, when 42 counties had unemployment rates above the State's rate.

Exhibit 10

More Counties' Unemployment Rates are Exceeding the State's Rate at the End of 2020 than in the Summer



Note: Data are as of November 30, 2020. Unemployment rates shown are not adjusted for seasonality.

Source: Program Evaluation Division based on information from the North Carolina Department of Commerce.

Number of Businesses Closed. In total, small businesses represent 99.9% of all businesses. Thus, they have a significant impact on the lives of the many individuals they employ.[12] Research shows that 20% of small businesses fail within their first year even in non-pandemic times. The number of businesses closed correspondingly affects employment, earnings, and tax revenues.

- **United States.** Businesses across the country that were open for business on March 1, 2020—many of which are likely small businesses—had closed their doors permanently by August 2020. Specifically, 176,822 businesses that were open at the beginning of March were permanently or temporarily closed by mid-April, 139,339 by mid-June, and 163,735 by mid-August.

[12] Across the country, there were 31.7 million small businesses that employed 60.6 million individuals, representing 47.1% of the private workforce in the United States in 2020.

- **North Carolina.** As of October 15, 2020, total spending by all consumers in North Carolina was down by 3.6% compared to January 2020. This decrease in spending is tied to the number of small businesses open in North Carolina having decreased by 18.1% in October compared to January 2020; during the same timeframe, total small business revenue decreased by 14.5%.

Gross Domestic Product (GDP). GDP reflects the monetary value of goods or services produced or generated within a specific geography. Steady growth in GDP indicates positive economic trends.

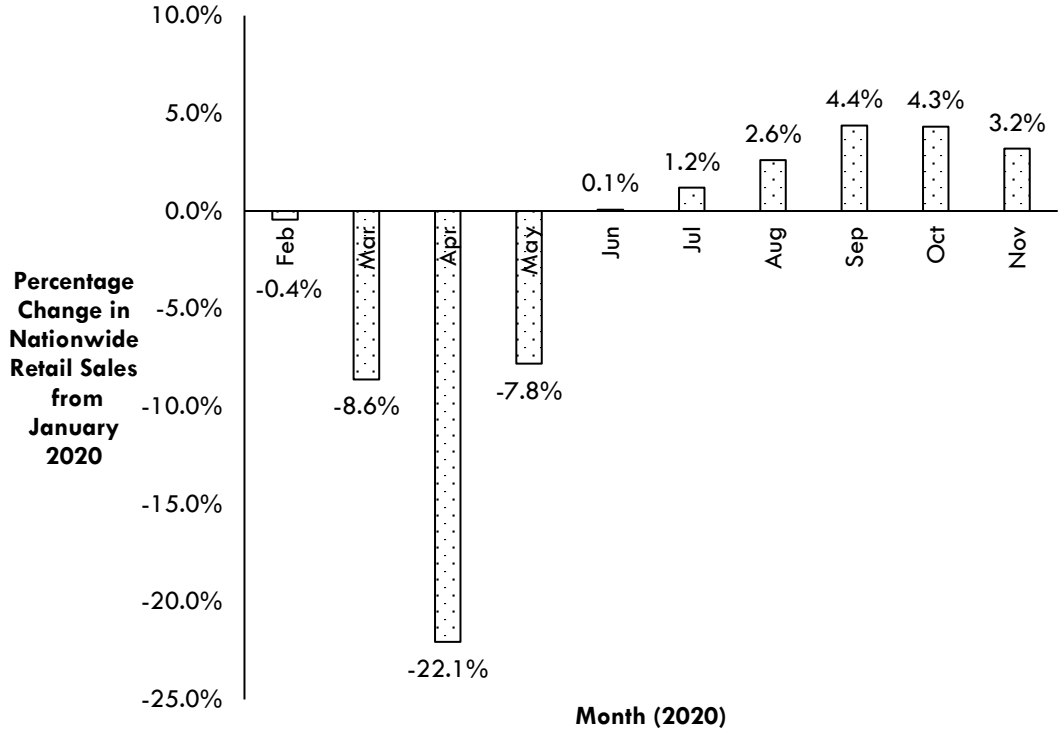
- **United States.** The country's GDP increased by 33.1% during the third quarter of 2020; in contrast, it had decreased by 31.4% in the second quarter. The Federal Reserve's median projections point to a 6.5% decline in gross domestic product for 2020 (with forecasts ranging from -10% to -4.2%).

- **North Carolina.** According to a North Carolina State University expert on economics, the State's real GDP was $577.7 billion before the pandemic and then fell to $385 billion in the second quarter of 2020. It is estimated that the State's GDP will not reach pre-pandemic levels again until 2023.

Retail Sales. Retail sales show how consumers are spending money at a given time. Many people have lost their jobs during the COVID-19 pandemic, which would likely result in them not spending money as they did in January 2020. As Exhibit 11 shows, retail sales across the country fell 8.6% between January (pre-pandemic) and March 2020. Most significantly, April sales were 22.1% lower than sales before the pandemic began. Sales began to rebound in June and as of November are 3.2% higher compared to January.

Exhibit 11

Nationwide Retail Sales Decreased Sharply from January to April 2020 but Have Rebounded Since June



Source: Program Evaluation Division based on information from the U.S. Census Bureau.

Lost Federal and State Tax Revenue. Taken together, the indicators previously discussed show the nation is experiencing an economic recession. The National Bureau of Economic Research found that monthly economic activity in the U.S. peaked in February 2020, marking the end of the longest U.S. expansion on record, which began in June 2009.

The recession negatively affected not only private entities, but public ones as well. Many state and local governments have experienced financial hardships and limited ability to provide the level of assistance citizens, nonprofits, businesses, and local government entities needed. According to the Congressional Research Service, economic downturns tend to depress the tax bases of federal, state, and local governments and increase demands for certain spending programs; balanced budget requirements at the state and local level can lead to tax rate increases or spending cuts that could worsen economic distress.[13]

- **United States.** The Congressional Budget Office (CBO) reports that the increased spending by the federal government, decreased revenues, and resulting recession associated with the pandemic created a challenging budgetary situation. Public debt is estimated to reach an estimated 98% of the gross domestic product (GDP) by the end of 2020. In response to the pandemic, the federal government included a variety of changes to tax laws; some changes reduce the amount of taxes that businesses and individuals pay and others allow taxpayers to defer paying their taxes. Congress's Joint Committee on Taxation estimates that the delay in

[13] Congressional Research Service (2020, December). State and Local Fiscal Conditions and COVID-19: Lessons from the Great Recession and Current Projections. Report to Members and Committees of Congress. Washington, DC: Congress.

federal tax collection will reduce tax revenues by over $200 billion; because the taxes will be paid in future years, the net loss from the delay is projected to be $12 billion. In addition, the CBO projects the federal deficit will be approximately $3.7 trillion in federal Fiscal Year 2019–20 and $2.1 trillion in federal Fiscal Year 2020–21.[14,15]

- **State and local governments.** The Pew Charitable Trusts reports that the pandemic halted a 10-year growth in state tax collections, which fell largely due to government actions to temporarily close certain businesses and limit the size of gatherings to slow the spread of the virus.[16] Other experts estimate the largest source of estimated budget shortfall associated with the pandemic within state and local governments has been from the loss of individual income tax revenue ($83 billion), followed by the loss of sales tax revenue ($38 billion), corporate revenue ($24 billion), and revenue from motor fuel taxes ($5 billion).
- **North Carolina.** North Carolina faced economic challenges as a result of the virus that mirrored national trends. Largely due to COVID-19, the State was $1.2 billion below revenue expectations for April 2020, representing a 31.5% drop in expected revenue. The State's revenue forecast estimated that the shift in tax payments from the previous to current fiscal year totaled $1.01 billion. In addition, April 2020 state revenue estimates for Fiscal Year 2020–21 were reduced by $2.57 billion (9.9%). This estimate is now projected to be a $1.64 billion (6.6%) under-collection.

3. What federal and state actions were taken to limit the effects of COVID-19 on North Carolinians?

This section provides information on how the federal government and North Carolina's state government responded both financially and administratively to limit the health and economic effects of the COVID-19 pandemic.

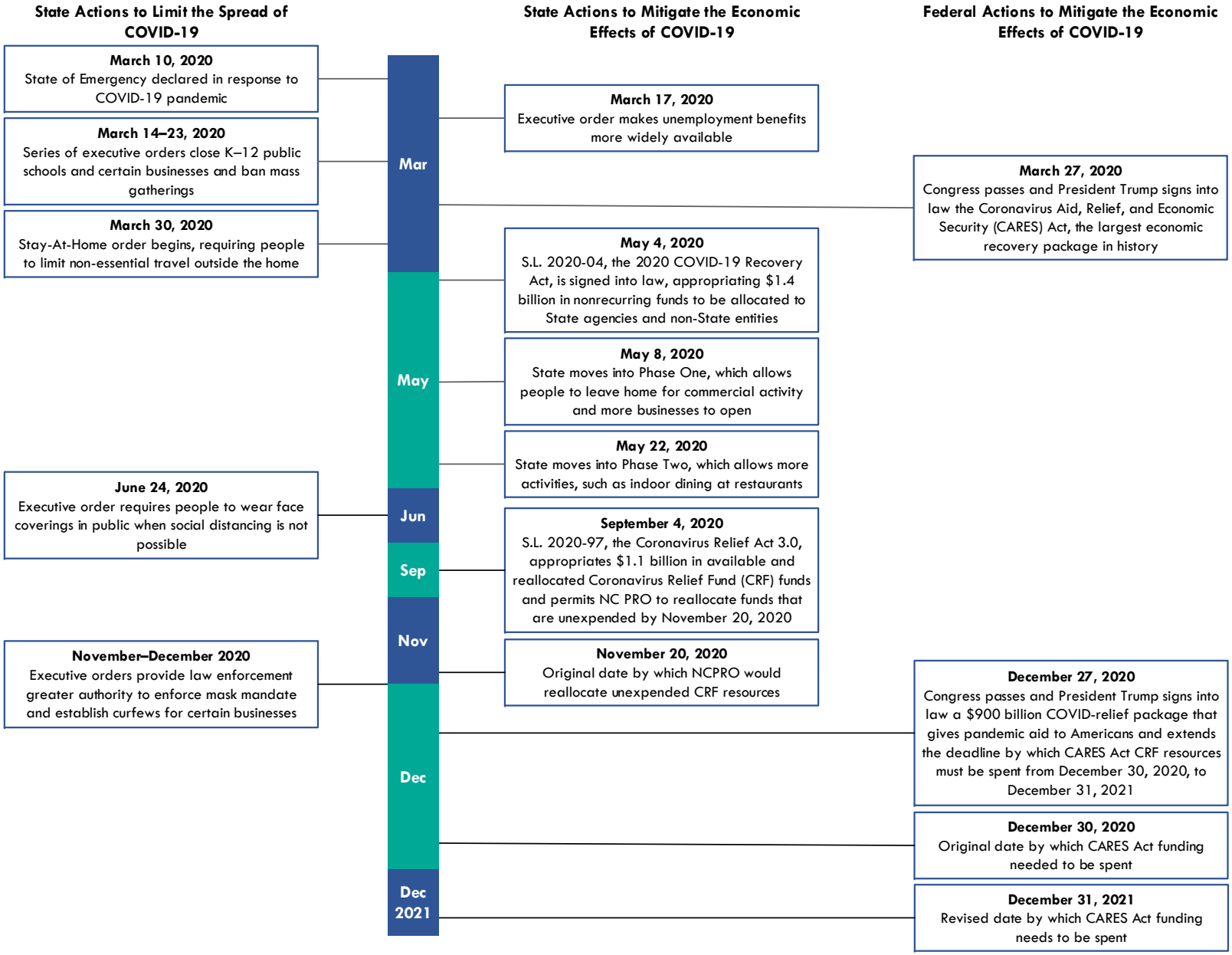
Although public health-related restrictions sought to limit the spread of the virus, they did not allow the economy to operate as it normally would. To mitigate the unexpected costs of responding to COVID-19, federal and state governments provided financial assistance to individuals, businesses, and other organizations. Most notably, the federal CARES Act provided funds to state legislatures to spend at their discretion to address the health and economic needs in their states. The General Assembly moved its allocation of CARES Act funds into the State's Coronavirus Relief Fund

[14] CBO estimates assume the current laws governing spending and revenues remain unchanged and there is no significant additional emergency funding provided.
[15] These projected deficits are significantly larger than the budget shortfall in federal Fiscal Year 2018–19 because of sharply lower revenues and substantially higher interest.
[16] Pew Charitable Trusts (2020, September). COVID-19 Abruptly Ends Decade of State Tax Revenue Growth. Washington, DC: Pew.

(CRF), which served as the source from which all appropriations were allocated.

- **Response to limit the spread of the virus.** As Exhibit 12 shows, Governor Cooper issued several executive orders to limit virus transmission during 2020. Most notably, these orders included banning large gatherings, requiring certain types of businesses to close temporarily, and limiting the number of individuals who could attend private and public gatherings. In addition, the General Assembly appropriated certain CRF funds in an effort to limit the virus's spread, such as funds for research and testing.
- **Response to limit the economic effects of the virus.** The restrictions imposed to limit the spread of the virus did not allow the economy to operate as it normally would. Governor Cooper iteratively eased restrictions by issuing subsequent orders moving the State through various phases of reopening. In addition, the General Assembly appropriated certain CRF funds in an effort to limit the economic effects of the virus, such as funds for essential businesses.

Exhibit 12: Governments Took Several Actions to Limit the Health and Economic Effects of COVID-19



Source: Program Evaluation Division based on a review of session laws, federal laws, and executive orders.

4. How does North Carolina distribute and administer CRF funds appropriated by the General Assembly?

In March 2020, the U.S. Congress appropriated $3.6 billion to the North Carolina General Assembly to respond to the health and economic effects of the COVID-19 pandemic. This section explains how the General Assembly appropriated funds from the State's Coronavirus Relief Fund (CRF) to the Office of State Budget and Management (OSBM), which was tasked with allocating the funds to specific recipients named in 139 legislative provisions. State law established the North Carolina Pandemic Recovery Office (NC PRO) within OSBM. Together, OSBM and NC PRO serve as resources for fund recipients. Appendix B lists and describes each of these provisions.

The remainder of this report and subsequent reviews in PED's series will use the following terms and definitions:

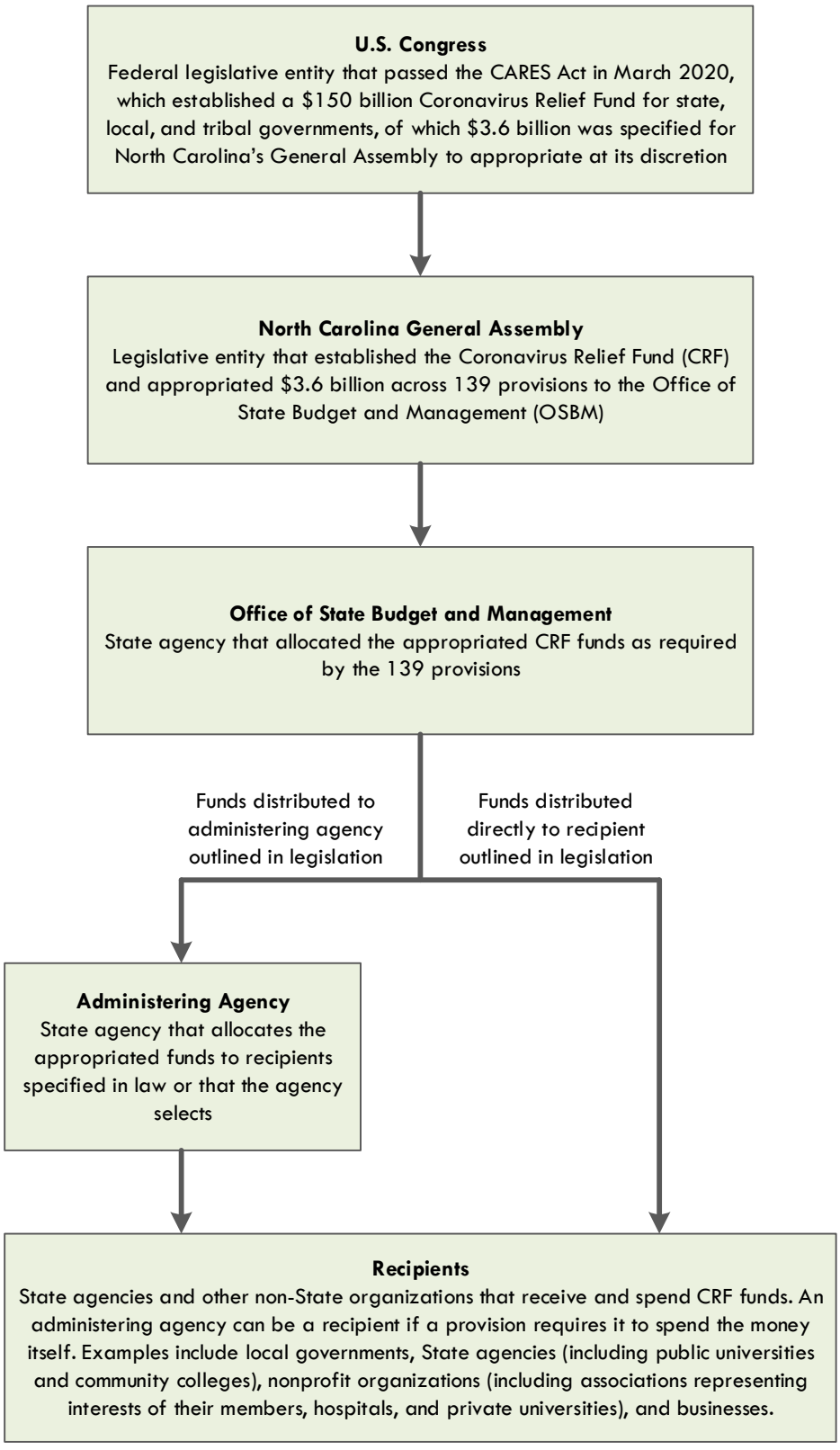
- **Administering agency—who awarded and/or passed the money through and oversaw it.** "Administering agency" refers to the government or nongovernmental actor charged with awarding and overseeing funds distributed to recipients for spending on legislatively-defined purposes; if a provision calls for an agency to retain and spend the funds itself, then the agency is both an administering agency (because they are awarding and overseeing spending) and a recipient (because they are actually spending the money).
- **Recipient—who spent the money.** "Recipient" refers to the government or nongovernmental actor that spent CRF funds on legislatively defined purposes; they are primarily local governments, state agencies (including public universities and community colleges), nonprofits (including associations representing interests of their members, hospitals, and private universities), and businesses. In some instances, administering agencies are recipients, but in other instances, another external entity is the recipient.

Unless otherwise specified in law, the General Assembly required funds to flow through OSBM to spenders in one of two ways (see Exhibit 13):

1. From OSBM to an administering agency, which then either a) kept and spent the money itself or b) distributed it to chosen recipients which then spent the funds or
2. From OSBM directly to a recipient specified in law that then spent the money.

Exhibit 13

General Assembly Appropriated State's $3.6 Billion Share of Discretionary CARES Act Funding to OSBM for Distribution as Specified by Law



Note: This exhibit only displays funds appropriated by the U.S. Congress for the North Carolina General Assembly to appropriate at its direction; it does not reflect other amounts the U.S. Congress appropriated directly to recipients outlined in the CARES Act.

Source: Program Evaluation Division based on a review of session laws.

The General Assembly required that money not spent or not planned to be spent by CRF recipients revert back to OSBM. State law required all organizations administering or spending CRF funds to abide by the State Budget Act. The law required entities to spend their appropriated CRF funds by November 20, 2020, or inform OSBM that they planned to spend their awarded funds by December 30, 2020. Funds that were unspent and not planned to be spent by the latter date were to revert back to OSBM for reallocation by the end of the year.

As of December 31, 2020, the only reallocation reported by NC PRO was $53.2 million for Continuity of Operations to cover hazard pay for the Department of Public Safety. In addition, the report states 10 recipients were granted permission to realign a portion of the money they received.[17] Unlike reallocated funds, realigned funds remain with the agency to which they were originally appropriated but may be used for a different COVID-related purpose for which the recipient was appropriated funds. NC PRO's most recent report states that it does not anticipate any further reallocations.

The President signed into law an additional COVID-19 relief bill on December 27, 2020, extending the State's CRF spending deadline to December 31, 2021. Thus, agencies receiving CRF funds have more time to spend their funds. Recipients have returned or declined $119.4 million, which could be reallocated for relief purposes outlined in the laws originally appropriating the money. With the deadline extension, NC PRO anticipates some recipients may rescind their decision to decline funds and therefore has not yet reallocated any of the declined funds. As of December 31, 2020, $224.4 million (or 6%) in appropriated CRF funds remains to be distributed.

5. What accountability and oversight mechanisms are in place to ensure the efficient and effective distribution and spending of CRF funds in North Carolina?

This section provides information on state offices charged with overseeing CRF funds, including their current or anticipated methods of conducting oversight and any required products that will result from their efforts. These oversight efforts are important because they give a view into how funds are being used; the progress being made in pandemic recovery implementation; and the prevention of fraud, waste, and abuse. Exhibit 14 shows the oversight entities based on their location in state government.

[17] These entities are the Departments of Agriculture and Consumer Services (two realignments), Health and Human Services, Information Technology, Natural and Cultural Resources, Public Instruction, the North Carolina Community College System, the North Carolina State Education Assistance Authority (for North Carolina Independent Colleges and Universities), the University of North Carolina Board of Governors, Gaston County, and the city of Conover.

Exhibit 14: Several Executive and Legislative Offices Provide Oversight of CRF Spending

Branch of Government	Executive		Legislative
Offices within Branch	Council of State	Governor's Cabinet	General Assembly
			
Primary CRF Oversight Office(s)	• Office of the State Auditor (OSA)	• Office of State Budget and Management (OSBM) • North Carolina Pandemic Recovery Office (NC PRO)	• Legislators and various oversight committees • Fiscal Research Division (FRD) • Program Evaluation Division (PED)
Oversight Requirements	• Produce a preliminary financial audit and a final performance audit of the state Coronavirus Relief Fund (CRF) by March 1, 2021	• Distribute funds as required by CRF laws (OSBM) • Oversee the distribution, spending, and reporting of CRF funds; solicit and obtain documentation and other information from entities receiving CRF funds monthly (NC PRO) • Track and audit CRF funds; produce reports for various legislative committees on matters required by law (NC PRO)	• Review reports from NC PRO, OSA, and other agencies on CRF spending and/or performance as required by law; hold hearings on matters of interest or concern (legislative committees) • Receive, review, and seek clarification on material within budget and COVID-specific reports; provide information to members or committees as requested (FRD) • Produce reports on appropriations provisions with shared purposes for adherence to best practices and any performance data; provide information to members or committees as requested (PED)
Other Oversight Activities	• Produce audits of selected appropriations provisions	• Provide ad-hoc reviews of information of interest or concern as deemed necessary (OSBM, NC PRO)	• Provide ad-hoc reviews of information of interest or concern as directed (FRD, PED)

Note: The State's Coronavirus Relief Fund is abbreviated as CRF.

Source: Program Evaluation Division based on interviews, internet research, and a review of session laws.

Executive Branch

The executive branch includes both Council of State and Cabinet offices providing oversight of CRF funds.

- **Council of State offices.** These offices within the executive branch have an elected agency head, as opposed to Cabinet agencies, which have an appointed agency head. The Office of the State Auditor is the Council of State office providing direct oversight of CRF spending; legislation appropriating CRF funds tasked the State Auditor with conducting a preliminary financial audit and a final performance audit of the state CRF by March 1, 2021. OSA plans to conduct audits of OSBM, the Department of Revenue, and the

Department of Health and Human Services to meet this charge and has already released a preliminary audit of the Department of Public Instruction.[18]

- **Cabinet offices.** These offices within the executive branch have an agency head appointed by the Governor. When the pandemic began, the State had offices in place to coordinate responses across agencies and entities for natural disasters like hurricanes but lacked an entity devoted to coordinating and distributing funds to a multitude of entities in a public health emergency. Recognizing this void, the General Assembly established the North Carolina Pandemic Recovery Office (NC PRO) as a temporary office within the Office of State Budget and Management (OSBM) to oversee and coordinate funds made available under COVID-19 recovery legislation. In addition, OSBM serves its traditional role of monitoring agency spending.

Legislative Branch

The legislative branch includes individual members, committees, and nonpartisan staff offices providing oversight of CRF funds.

- **General Assembly offices.** Legislative members can act independently or through committees to provide oversight of CRF spending. In addition, the General Assembly has directed two of its nonpartisan staff offices—the Fiscal Research Division (FRD) and the Program Evaluation Division (PED)—to provide oversight of CRF spending.
    - FRD is monitoring agency reporting to oversight committees and following up in cases where the General Assembly did not name a specific oversight committee to make sure all required reports are submitted and in compliance with the law. In addition, FRD is tracking agency spending of CRF funds through its regular budget report process.
    - PED is reviewing CRF expenditures by domain or shared purpose.[19] PED's reviews will examine the efficiency and effectiveness of agency administration and spending of CRF appropriations.

Together, the work of these oversight entities will provide the General Assembly with more information to exercise its own oversight responsibilities and to aid in making decisions regarding any potential future COVID-19 relief appropriations.

[18] The Office of the State Auditor's report on DPI is available at https://www.auditor.nc.gov/EPSWeb/reports/performance/PER-2021-3510.pdf. The report states that DPI did not monitor the spending of Coronavirus Relief Funds and did not have a method to measure the results of the activities funded with the CRF appropriations.

[19] PED has grouped the 139 legislative provisions by purpose and is examining CRF spending on shared purposes across agencies, whereas OSA has organized its reviews of CRF spending by agency.

Appendices

Appendix A: Selected County-Level Health and Economic Indicators Related to COVID-19

Appendix B: N.C. Coronavirus Relief Fund (CRF) Appropriations Provisions Totaled $3.6 Billion

Program Evaluation Division Contact and Acknowledgments

For more information on this report, please contact the lead evaluator, Brent Lucas, at Brent.Lucas@ncleg.gov.

Staff members who made key contributions to this report include Cody Davis, Jenny Hausman, and Allie Jaarsma. Kiernan McGorty is Acting Director of the Program Evaluation Division.

Appendix A: Selected County-Level Health and Economic Indicators Related to COVID-19

County	Health Indicators (as of December 2020, unless otherwise noted)				Economic Indicators (as of November 2020)	
	Cumulative Number of COVID-19 Cases	Percentage of County Population Diagnosed with COVID-19	COVID-19 Related Deaths	Total Vaccines Administered	County Unemployment Rate (%)	Number of Unemployed in County
Alamance	10,397	6.2	117	12,750	5.9	4,831
Alexander	2,662	6.9	30	2,736	5.6	960
Alleghany	638	5.6	2	866	5.5	250
Anson	1,407	5.9	26	1,440	7.2	771
Ashe	1,212	4.4	27	1,932	4.9	669
Avery	1,342	7.4	15	2,418	5	392
Beaufort	2,534	5.3	61	3,988	5.8	1,121
Bertie	1,204	6.1	27	1,421	5.9	469
Bladen	1,843	5.3	24	3,197	6.2	949
Brunswick	4,402	3.1	72	12,745	7	3,560
Buncombe	9,195	3.5	159	20,782	5.9	7,902
Burke	6,195	6.8	75	7,731	5.8	2,256
Cabarrus	11,161	5.2	146	14,193	5.7	6,135
Caldwell	5,842	7.0	28	9,032	6.6	2,332
Camden	285	2.7	5	759	4.7	219
Carteret	2,723	3.8	17	6,834	4.9	1,544
Caswell	1,160	4.9	9	1,815	6.6	653
Catawba	11,101	7.0	158	14,543	6.2	4,660
Chatham	2,905	3.8	65	9,776	4.5	1,583
Cherokee	1,257	4.3	15	2,027	5.9	683
Chowan	821	5.8	21	1,760	5.4	313
Clay	368	3.2	6	827	6.1	263
Cleveland	6,675	6.7	139	6,427	6.5	3,246
Columbus	3,629	6.5	83	3,225	7.2	1,685
Craven	5,127	5.0	83	9,386	5.9	2,366
Cumberland	13,900	4.2	138	25,902	8.4	10,477
Currituck	649	2.3	11	1,763	4.7	650
Dare	1,024	2.7	5	5,991	6.4	1,114
Davidson	8,700	5.1	85	12,467	5.9	4,661
Davie	2,112	4.9	13	5,689	5.4	1,080
Duplin	4,227	7.0	67	2,732	5	1,287
Durham	14,811	4.7	141	36,509	5.6	9,475
Edgecombe	3,227	6.2	81	2,658	9.9	2,080
Forsyth	20,643	5.5	221	35,831	6.3	11,612
Franklin	3,186	4.5	37	4,866	5.9	1,827
Gaston	15,513	7.0	239	14,315	6.7	7,390
Gates	357	3.0	12	1,307	5.1	266
Graham	395	4.6	11	675	7.3	246
Granville	3,570	5.8	63	5,901	5	1,484
Greene	1,534	7.3	28	1,364	5.1	497
Guilford	24,500	4.6	312	34,529	7.2	18,414
Halifax	2,899	5.7	49	3,343	8.6	1,761
Harnett	5,958	4.4	94	9,083	6.4	3,428
Haywood	2,136	3.4	62	6,501	5.7	1,629
Henderson	5,341	4.5	89	10,944	5.2	2,720
Hertford	1,349	5.7	48	1,641	6.2	584
Hoke	2,758	5.1	35	2,947	8	1,561
Hyde	326	6.3	5	685	6.6	118
Iredell	9,369	5.2	101	12,528	5.8	5,118
Jackson	2,259	5.1	18	2,531	5.3	1,088
Johnston	11,570	5.6	104	14,816	5.3	5,207

County	Health Indicators (as of December 2020, unless otherwise noted)				Economic Indicators (as of November 2020)	
	Cumulative Number of COVID-19 Cases	Percentage of County Population Diagnosed with COVID-19	COVID-19 Related Deaths	Total Vaccines Administered	County Unemployment Rate (%)	Number of Unemployed in County
Jones	407	4.0	16	933	5.2	223
Lee	3,510	5.7	41	4,594	6.5	1,689
Lenoir	3,239	5.7	70	4,655	5.8	1,674
Lincoln	5,378	6.2	20	5,698	5.3	2,283
Macon	1,400	3.8	9	2,512	5.1	807
Madison	797	3.6	19	2,043	5.4	522
Martin	1,328	5.8	25	1,789	6.7	607
McDowell	3,066	6.6	38	3,678	5.6	1,160
Mecklenburg	62,454	5.7	554	62,609	6.5	40,161
Mitchell	875	5.8	7	1,282	6.3	377
Montgomery	1,920	6.9	46	1,846	5.7	631
Moore	4,871	4.8	76	12,282	5.4	2,322
Nash	6,081	6.3	120	5,735	7.5	3,162
New Hanover	9,597	4.1	89	25,968	5.5	6,657
Northampton	1,052	5.2	27	1,282	6.8	522
Onslow	8,730	4.2	66	9,432	6.1	3,997
Orange	5,046	3.4	65	21,634	4.5	3,440
Pamlico	528	4.0	5	1,389	5.3	273
Pasquotank	1,807	4.5	44	5,071	6.2	1,048
Pender	2,737	4.3	22	4,411	5.4	1,495
Perquimans	533	3.9	5	2,130	5.4	270
Person	1,646	4.1	21	3,560	6	1,094
Pitt	11,454	6.3	69	16,227	6.2	5,341
Polk	720	3.3	13	1,388	5.4	479
Randolph	8,048	5.6	123	7,916	5.9	3,751
Richmond	2,630	5.8	47	3,702	8.2	1,429
Robeson	9,840	7.5	137	8,850	8.3	4,279
Rockingham	4,432	4.8	25	4,854	6.9	2,704
Rowan	9,017	6.3	168	7,804	6.3	4,098
Rutherford	4,337	6.3	95	4,603	7.4	1,896
Sampson	4,912	7.7	61	5,847	5.1	1,535
Scotland	2,522	7.1	54	2,123	10.5	1,291
Stanly	4,331	6.8	78	3,675	5.1	1,570
Stokes	2,005	4.3	27	3,619	5.5	1,163
Surry	4,430	6.0	75	6,678	5.2	1,754
Swain	692	4.8	8	964	5	380
Transylvania	917	2.6	10	2,497	4.9	700
Tyrrell	169	4.5	3	409	8.1	106
Union	12,505	5.3	98	14,361	5	6,116
Vance	2,679	5.9	68	4,219	9.1	1,649
Wake	44,059	4.1	345	78,849	5.2	30,588
Warren	1,093	5.5	9	1,240	8.7	588
Washington	444	3.7	10	1,217	7.9	348
Watauga	2,605	4.6	16	5,007	4.2	1,326
Wayne	7,422	5.9	145	6,889	6.1	3,044
Wilkes	3,877	5.5	72	4,779	5.3	1,603
Wilson	5,516	6.7	103	6,249	7.7	2,681
Yadkin	2,377	6.2	28	3,691	5.3	916
Yancey	1,031	5.5	8	1,842	5.2	430

Note: County unemployment rates are not adjusted for seasonality. Vaccination data is as of January 27, 2021, and includes all first and second doses administered with complete information.

Source: Program Evaluation Division based on information from the Centers for Disease Control and Prevention, the U.S. Census Bureau, and the North Carolina Department of Commerce.

Appendix B: N.C. Coronavirus Relief Fund (CRF) Appropriations Provisions Totaled $3.6 Billion

Summary of Intended Recipients and Provision	Total Appropriation
Various state agencies-To offset General Fund appropriations across State government for allowable expenditures of funds from the Coronavirus Relief Fund.	$ 645,400,000
To help families with qualifying children in North Carolina by providing economic support to assist with virtual schooling and childcare costs during the COVID-19 pandemic.	440,541,000
County and municipal governments-For necessary expenditures incurred due to the public health emergency and to meet the other criteria of section 601(d) of the Social Security Act.	300,000,000
Various state agencies-For the continuity of operation needs across State government.	237,500,000
To be used to expand public and private initiatives for COVID-19 testing, contact tracing, and trends tracking and analysis.	125,000,000
Division of Public Safety-For the State match for any Federal Emergency Management Agency public assistance funds provided in response to the COVID-19 pandemic.	120,000,000
Division of Employment Security-To provide the increased benefit amount payable.	87,000,000
Emergency school nutrition services, including innovative school meals, provided to students in response to COVID-19 by public school units participating in the National School Lunch Program, School Breakfast Program, or Summer Food Service Program.	75,000,000
Golden L.E.A.F.-Grants to entities for the purpose of making emergency loans to assist small businesses with business needs during periods of economic hardship occasioned by the COVID-19 pandemic.	75,000,000
Local school administrative units, charter schools, and the Innovative School District-To provide a supplemental summer learning program for students whose learning has been negatively affected by the impacts of COVID-19.	70,000,000
Various hospitals-To establish the COVID-19 Rural Hospitals Relief Fund. OSBM shall allocate the monies in the fund as grants to hospitals designated as critical access hospitals by the Centers for Medicare and Medicaid Services and to hospitals located in (i) a tier 1 county or (ii) a tier 2 county with a population of less than 150,000.	65,000,000
For grants awarded by the Economic Investment Committee, which may provide a one-time grant to a business or nonprofit that retained jobs during and after the COVID-19 pandemic and meets certain conditions.	60,500,000
North Carolina Healthcare Foundation, North Carolina Senior Living Association, the North Carolina Health Care Facilities Association, North Carolina Medical Society for independent medical practices, DPS-Division of Emergency Management, to be allocated to meet the needs of the State Highway Patrol and North Carolina National Guard-To purchase supplies and equipment necessary for life safety, health, and sanitation, such as ventilators, touch-free thermometers, gowns, disinfectant, and sanitizing wipes, and to purchase personal protective equipment.	50,000,000
Healthcare and support providers in rural and underserved communities especially hard hit by the COVID-19 pandemic-To support health provider grants, targeted Medicaid assistance for rural hardship grants to nonhospital providers, enhanced telehealth services, transportation for critical services, health care security for the uninsured, the Office of Minority Health, and related items.	50,000,000
Various applicable federal agencies-To fulfill any outstanding State match requirement due to FEMA under the federal Lost Wage Assistance program at the close of that program.	50,000,000
DHHS, Division of MH/DD/SA, for LEAs/MCOs-To fund behavioral health and crisis services in response to the COVID-19 pandemic.	50,000,000
State Education Assistance Authority for UNC constituent institutions-To effectively respond to COVID-19 impacts; to cover increased costs related to moving coursework and exams online; to implement a digital learning accelerator; to provide for facility sanitation prior to reopening campuses and during the operation of campuses and for other necessary eligible expenses for services for ongoing campus operations; and to cover necessary eligible expenses for assistance to students and employees, including counseling services and information technology support.	44,400,000
NC Community College System-For enrollment growth at North Carolina's community colleges.	41,500,000
Division of MH/DD/SAS to be distributed to the LME/MCOs-To provide eligible individuals with direct services associated with the COVID-19 pandemic via additional lump sum single-stream allocations.	38,000,000
Division of Child Development and Early Education-To provide operational grants to licensed childcare providers.	35,000,000
NC Senior Living Association (NCSLA), NC Health Care Facilities Association (NCHCFA), and NC Assisted Living Association (NCALA)-To purchase COVID-19 tests. UNC Board of Governors-To effectively mitigate the spread of COVID-19 on UNC campuses through testing, tracing, enforcing required on-campus isolation and quarantine, and providing COVID-19-related health care services.	34,002,617

Summary of Intended Recipients and Provision	Total Appropriation
Local school administrative units, charter schools, regional schools, and other elementary or secondary schools operated by the State Board of Education-To purchase computers or other electronic devices for use by students in response to COVID-19.	30,000,000
To provide funding for a special supplementary Growing Rural Economies with Access to Technology Fund (GREAT Act) grant process.	30,000,000
North Carolina Policy Collaboratory-For the rapid development of a countermeasure of neutralizing antibodies for COVID-19 that can be used as soon as possible to both prevent infection, and, for those infected, to treat infection; bringing a safe and effective COVID-19 vaccine to the public as soon as possible; community testing initiatives; and other research and activities related to monitoring, assessing, and addressing the public health and economic impacts of COVID-19.	29,000,000
To provide personal protective equipment for public schools, in response to the COVID-19 pandemic, to facilitate in-person instruction for the 2020-2021 school year.	27,000,000
NC Community College System Office and campuses-To effectively respond to COVID-19 impacts; to enhance online learning capacity and cover increased costs associated with moving to online education for students; to cover necessary eligible expenses for resources and supports for faculty and staff; to provide Small Business Center counselors for small business needs; to cover expenses for expanded demands on information technology, including devices for campuses in rural areas; and to provide facility sanitation and other necessary eligible expenses for services for ongoing campus operations.	25,000,000
State Education Assistance Authority for private colleges/universities-To transition to online education for students and to provide funds for students and families impacted by COVID-19.	25,000,000
Division of Social Services, facilities licensed to accept State-County Special Assistance-To provide a one-time payment to these facilities to offset the increased costs of serving residents during the COVID-19 emergency.	25,000,000
North Carolina Medical Society Foundation-To ensure access to medical care for citizens by distributing these funds to independent medical practices in this State with demonstrable financial needs related to COVID-19.	25,000,000
The North Carolina Health Care Facilities Association (NCHCFA), -To purchase and distribute, free of charge, to licensed skilled nursing facilities. North Carolina Senior Living Association (NCSLA), and North Carolina Assisted Living Association (NCALA)-To purchase and distribute, free of charge, to licensed skilled nursing facilities, licensed adult care homes and family care homes: COVID-19-related supplies and equipment necessary for life safety, health, and sanitation, such as ventilators, touch-free thermometers, gowns, disinfectant, and sanitizing wipes and personal protective equipment, such as surgical and respiratory masks and gloves, that meets Centers for Disease Control and Prevention standards and guidelines.	23,000,000
To hold in reserve and to award as grants, at the discretion of the Department, to public school units that apply for funds to provide access to services for exceptional children who have lost critical services as a result of school closures related to COVID-19.	22,000,000
DPI-To fund an increase in Average Daily Membership (ADM), as reflected in the revised allotted 2020-2021 fiscal year ADM, for low-wealth counties due to the impacts of COVID-19.	22,000,000
To improve Internet connectivity for students, in response to COVID-19, by providing community and home mobile Internet access points.	21,000,000
To provide support for meat processing facilities and for seafood processing facilities.	20,250,000
Wake Forest University-To expand its COVID-19 study to include syndromic surveillance and representative sample antibody testing to provide policymakers and researchers with near-real-time coronavirus prevalence, hospitalization, and fatality data.	20,000,000
Local health departments, rural health providers, State Laboratory of Public Health, and behavioral health and crisis services-For increasing nursing capacity, increasing the number of community health workers, expanding telehealth services, providing infection control support and training in nursing homes and adult care homes, and diverting behavioral health emergencies from emergency departments.	20,000,000
Division of Social Services-For facilities licensed to accept State-County Special Assistance to provide temporary financial assistance in the form of a monthly payment to these facilities to offset the increased costs of serving residents who are recipients of State-County Special Assistance during the COVID-19 emergency.	20,000,000
To provide funds to support behavioral health and crisis services to respond to the COVID-19 pandemic.	20,000,000
To provide funding for food banks, support for residential settings that are incurring additional costs to mitigate spread or isolate positive cases (Special Assistance), adult and child protective services response, support for homeless and domestic violence shelters and housing security (prevention, diversion, and rapid re-housing), child care response, costs to expand NCCARE360, a Statewide coordinated care network that will connect individuals impacted by COVID-19 to local services such as food, housing, childcare and other resources, and technology modifications to support COVID-19 emergency relief to beneficiaries. Of this amount, $3.5 million to Reinvestment Partners for its Produce Prescription Program, which provides a monthly	20,000,000

Summary of Intended Recipients and Provision	Total Appropriation
forty dollar ($40.00) per household benefit for each eligible Food and Nutrition Services recipient enrolled by the recipient's health care provider, to serve individuals impacted by the COVID-19 emergency.	
Providers enrolled in NC's Medicaid program-To reimburse providers enrolled in the North Carolina Medicaid program for costs incurred in providing COVID-19-related treatment to uninsured patients in North Carolina during the COVID-19 pandemic.	20,000,000
DHHS, Division of Child Development and Early Education-For various early childhood initiatives to assist in mitigating the financial impact due to the COVID-19 pandemic.	20,000,000
All North Carolina YMCAs, YWCAs, Boys and Girls Clubs, county and municipal parks and recreation departments, and community-based organizations-To develop and administer a grant program to facilitate remote learning opportunities during the COVID-19 pandemic.	19,850,000
For tower hardware upgrades to the Voice Interoperability Plan for Emergency Responders (VIPER) network.	19,800,530
Various Arts Councils-To mitigate business disruptions due to COVID-19 at Arts Councils throughout the State and at various statewide support groups for cultural and historical attractions. Various specific recipients (museums).	19,700,000
Duke University Human Vaccine Institute (DHVI)-To develop a safe and effective COVID-19 vaccine that will be available to the public as soon as possible and for rapid, low-cost COVID-19 testing for active infections.	17,000,000
DPI-To hold in reserve and to award as grants, at the discretion of the Department, to public school units that apply for funds to support extraordinary costs associated with providing Extended School Year Services or future services, as appropriate, for exceptional children who qualify for these services due to the impacts of COVID-19.	15,000,000
Brody School of Medicine-For the rapid development of a countermeasure of neutralizing antibodies for COVID-19 that can be used as soon as possible to both prevent infection, and for those infected, to treat infection; bringing a safe and effective COVID-19 vaccine to the public as soon as possible; community testing initiatives; and other research and activities related to COVID-19.	15,000,000
Five teaching hospitals in NC-To establish the COVID-19 Teaching Hospitals Relief Fund. OSBM shall allocate the monies in the fund as grants to the five hospitals located within the State that are classified as teaching hospitals by the Centers for Medicare and Medicaid Services (Wake Forest Baptist Medical Center, Duke University Hospital, University of North Carolina at Chapel Hill Medical Center, Vidant Medical Center, and Central Harnett Hospital) for the purpose of offsetting expenses incurred for providing patient care in North Carolina as a result of the COVID-19 pandemic.	15,000,000
Various non-teaching and non-rural grant-receiving hospitals-To establish the COVID-19 General Hospitals Relief Fund. Grants to hospitals located within the State that are not eligible for grants under subdivision (39) or (40) of this section, for the purpose of offsetting expenses incurred for providing care to patients in North Carolina as a result of the COVID-19 pandemic.	15,000,000
Animal depopulation and disposal activities to address possible future supply chain impacts from the closure of animal processing plants due to COVID-19.	15,000,000
A NC nonprofit with DOC contracts as a stimulus investment in Visit North Carolina's marketing budget, for developing COVID-19 specific concepts, strategies, and materials and for research tools and analysis.	15,000,000
PPE NC Initiative (a partnership between the Manufacturing Solutions Center [MSC] at Catawba Valley Community College, Gaston College's Textile Technology Center, the City of Conover, Gaston County, and the private sector)-To create a launch pad for prototyping and testing reusable personal protective equipment (PPE) products for entrepreneurs and existing manufacturers in response to the COVID-19 pandemic.	14,300,000
Constituent UNC institutions-To purchase personal protective equipment in response to the COVID-19 pandemic.	13,000,000
The North Carolina Association of Free and Charitable Clinics-For distribution to its member clinics to cover the cost of eligible health services provided during the COVID-19 emergency.	12,425,000
North Carolina Community Health Centers Association (NCHCA)-For distribution to its member health centers to cover the cost of eligible health services provided during the COVID-19 emergency. Special provision for Black River Health Services, Inc., Hot Springs Health Program, and NeighborHealth Center, Inc.	12,425,000
Six food banks in the State, who are encouraged to use the funds allocated in this subdivision to purchase food from North Carolina-based farmers and vendors.	12,000,000
Council for Women-For domestic violence centers across the State to help mitigate increased incidents of domestic violence as a result of the COVID-19 pandemic and for sexual assault programs across the State to help mitigate increased incidents of sexual assault as a result of the COVID-19 pandemic.	12,000,000
For contracted services and for school health support personnel to provide additional physical and mental health support services for students in response to COVID-19, including remote and in-person physical and mental health support services.	10,000,000
Growing Rural Economies with Access to Technology Fund-To provide supplementary project funding to enable funding for all qualifying GREAT program applications.	9,000,000

Summary of Intended Recipients and Provision	Total Appropriation
UNC-Charlotte Bioinformatics Research Center-For the development and analysis of viral and epidemiological data to address viral spread, assess treatments and therapeutics, and combat the COVID-19 pandemic and future viruses, and for the development of a novel COVID-19 monitoring program based on the presence of the virus in wastewater and public transportation systems.	9,000,000
Division of Child Development and Early Education-To provide assistance payments to parents using remote learning opportunities for the care of their children.	8,000,000
Good Hope Hospital, Inc., Lake Norman Regional Medical Center, Cape Fear Valley Health Hoke Hospital, Catawba Valley Medical Center, Davis Regional Medical Center, Carolinas Healthcare System Blue Ridge, and AdventHealth Hendersonville-To offset expenses incurred for providing patient care in North Carolina to respond to the COVID-19 pandemic.	7,000,000
NC MedAssist-To offset increased costs for providing prescription assistance services during the COVID-19 pandemic to individuals who are indigent or uninsured.	6,500,000
State Education Assistance Authority-To provide scholarships as an alternative educational option for certain students with disabilities during the COVID-19 pandemic.	6,500,000
Campbell University-For a community-focused and rural-focused primary care workforce response to COVID-19, including, but not limited to, supporting community testing initiatives, providing treatment in community-based health care settings, monitoring rural populations, educating health professionals on best practices for a pandemic response, and supporting rural communities through primary care.	6,000,000
To purchase personal protective equipment and sanitizing supplies for prevention efforts to combat COVID-19 in childcare settings regulated by the State.	6,000,000
Local school administrative units, charter schools, regional schools, and other elementary or secondary schools operated by the State Board of Education-To purchase computers or other electronic devices for use by school personnel in response to COVID-19.	5,000,000
To administer the Extended Learning and Integrated Student Supports Competitive Grant Program (Program) for the 2019-2020 and 2020-2021 fiscal years. The purpose of the Program is to fund high-quality, independently validated extended learning and integrated student support service programs for at-risk students whose learning has been negatively affected by COVID-19 impacts. Grants shall be used to award funds for new or existing eligible programs for at-risk students operated by nonprofit corporations and nonprofit corporations working in collaboration with local school administrative units.	5,000,000
DMH/DD/SA-For group homes for individuals with intellectual or developmental disabilities, or both, to support the implementation of recommended Centers for Disease Control and Prevention guidance for preventive measures to address the introduction and spread of COVID-19 among residents and staff of these facilities.	5,000,000
Community college campuses-To purchase personal protective equipment in response to the COVID-19 pandemic.	5,000,000
State Education Assistance Authority-To provide funds to each eligible private postsecondary institution to purchase personal protective equipment in response to the COVID-19 pandemic.	5,000,000
Community college campuses-For equipment costs for the health care workforce and first responder programs necessary for the State's response to the COVID-19 pandemic.	5,000,000
To complete physical and virtual technology laboratories required to continue existing research on the impacts of the COVID-19 pandemic and to develop solutions for industry partners and vulnerable populations.	5,000,000
State Board of Elections and County Boards of Elections-To prevent, prepare for, and respond to the coronavirus pandemic during the 2020 federal election cycle.	5,000,000
For the UNC School of Medicine's Asheville Campus, a joint program between the UNC School of Medicine, other UNC System universities, and the Mountain Area Health Education Center, for COVID-19-related response activities, including outreach and education.	4,800,000
UNC-Board of Governors, for the Southern Regional Area Health Education Center (SR AHEC)-For residencies in the SR AHEC service areas and for COVID-19-related response activities.	4,800,000
To establish a statewide shared cybersecurity infrastructure to protect school business systems and minimize instructional disruption and district cybersecurity monitoring and support in consultation with the School Connectivity Initiative.	4,500,000
The Community Foundation of Greater Greensboro, Inc., and Guilford, Alamance, Randolph, and Rockingham Counties-To mitigate impacts resulting from the COVID-19 pandemic.	4,500,000
Division of Social Services-To assist in serving children in foster care during the COVID-19 emergency. These funds shall be used for monthly supplemental payments in the amount of one hundred dollars ($100.00) for each child receiving foster care assistance payments.	4,350,000
Children's Advocacy Centers of North Carolina, Inc. (CACNC)-To child advocacy centers in this State that are in good standing with CACNC to cover the cost of increased child caseloads and the statewide provision of more effective and available virtual counseling due to the COVID-19 pandemic.	4,300,000

Summary of Intended Recipients and Provision	Total Appropriation
CAGC Foundation, Inc.-To make subgrants to entities for coronavirus pandemic mitigation in the construction workplace; make subgrants to entities for multilingual education, training, and community outreach programs with accompanying educational materials using various media to reach construction workers, including those who lack proficiency in the English language; and online and in-person construction industry job safety events related to coronavirus pandemic mitigation measures.	3,750,000
For Caitlyn's Courage, Inc.-To conduct domestic violence prevention pilot programs in at least nine judicial districts.	3,500,000
To provide nondigital remote instruction resources to students with limited connectivity, in order to continue learning growth during the school closure period related to COVID-19.	3,000,000
For an advanced analytics project focusing on providing a better understanding of the nature and impact of the COVID-19 pandemic, particularly in rural and at-risk communities.	3,000,000
Prospera North Carolina, LLC., a North Carolina nonprofit corporation with which the Department contracts pursuant to G.S. 143B-431.01(b) for economic marketing, Southeastern Economic Community Development Corporation, Inc., Sampson County, Sampson Community College, the Paul J. Ciener Botanical Garden, and Old Salem, Inc.-To address impacts related to COVID-19.	2,650,000
To provide additional funding for the statewide health information exchange network known as NC HealthConnex to implement certain COVID-19-related operations and improvements.	2,600,000
Office of Science, Technology, and Innovation (within DOC)-To administer a statewide pilot program to promote access to innovative digital and personalized learning solutions for high school students that bridge the gap between chemistry and physical science classes and career and technical education (CTE) career pathways.	2,500,000
Any county designated as a development Tier 2 area, as defined in G.S. 143B-437.08, with a population of less than 150,000, that has a hospital located within its borders meeting certain criteria-For the purpose of offsetting expenses incurred for providing care to patients in North Carolina as a result of the COVID-19 pandemic.	2,500,000
To address needs at State parks and trails caused by high demand and record visitation levels due to COVID-19.	2,100,000
To cover allowable costs incurred as a result of the COVID-19 pandemic.	2,000,000
Outdoor Heritage Special Fund-For the Outdoor Heritage Advisory Council's NC Schools Go Outside grant program to provide local opportunities for young people to reengage with learning experiences in safe outdoor settings.	2,000,000
For the Department of Nursing in the College of Health Sciences-For assistance with specialized medical and patient safety training to address the unique settings and procedures necessary when caring for COVID-19 patients in a variety of facility settings.	2,000,000
Carolina Small Business Development Fund-To be used for business advisory services to and deploying capital to small businesses in North Carolina to assist those businesses with losses due to a disruption of services resulting from the COVID-19 pandemic. Funds shall be used for financial assistance, business solutions and research, technology for applications for and reporting on aid, underwriting and loan servicing, technical assistance and advisory services, consulting for technical assistance workshops, and marketing and communication regarding services.	2,000,000
For emergency support of milk producers to compensate eligible dairy producers for losses incurred as a result of the collapse in dairy prices due to the COVID-19 pandemic or to improve the resiliency and adaptability of the dairy supply chain to future pandemics.	2,000,000
Division of Employment Security-To contract and utilize the subject matter expertise and technical infrastructure available through existing Government Data Analytics Center (GDAC) public-private partnerships; to enhance existing unemployment insurance (UI) fraud and compliance alerting capability to prevent and detect cybersecurity attacks on DES information technology assets and resources during the pandemic; to provide DES with COVID-19-related program fraud detection analytics and information reporting; to provide pandemic UI assistance documentation analysis; and to enhance economic modeling for underground economy analysis with COVID-19 claims.	2,000,000
Old North State Medical Society, Inc.-To be used to target rural areas and African American communities with outreach, health education, and testing to address COVID-19 disparities in North Carolina.	1,800,000
For a NC nonprofit with DOC contracts-For grants targeted for those areas of the State that are most dependent on the travel and tourism economy to promote North Carolina tourism as the State begins to reopen.	1,500,000
One NC Small Business Fund-For the mitigation of impacts from COVID-19 at eligible businesses to foster job creation and promote research and technological development in response to COVID-19.	1,500,000
To assist and support public school units in providing remote instruction in response to the impacts of COVID-19 by expanding the learning management platform provided by the Department of Public Instruction to local	1,488,000

Summary of Intended Recipients and Provision	Total Appropriation
school administrative units, charter schools, regional schools, the Innovative School District, and any other public school units, in the discretion of the Department.	
Communities in Schools of North Carolina, Inc.-In response to COVID-19, to purchase personal protective equipment for staff and to provide assistance for students in kindergarten through 12th grade with remote instruction, nutrition, family support, and mental health.	1,100,000
To improve Internet connectivity for students, in response to COVID-19, by installing extended reach mobile Wi-Fi gateway router devices in school buses.	1,000,000
NC Zoo-To facilitate and assist with the costs of health and safety enhancements to protect the public and Zoo staff, ensuring the limited reopening of the Zoo does not result in community spread of COVID-19.	1,000,000
North Carolina Association of Agricultural Fairs-For a grant to the Department of Agriculture and Consumer Services to alleviate enterprise impacts due to COVID-19 at the North Carolina State Fair and the Western North Carolina Agricultural Center.	1,000,000
Alamance-Burlington Schools-For school nutrition services, transportation services, technology, remote instruction materials and services, personal protective equipment that meets applicable federal standards and guidelines from the Centers for Disease Control and Prevention, temperature screening tools, Alamance-Burlington Connects Initiative, and other goods and services necessitated by the COVID-19 pandemic.	1,000,000
Cleveland Community College-For personal protective equipment and costs for equipment and training related to COVID-19.	1,000,000
For the New Teacher Support Program, to provide mentoring and coaching support to beginning teachers who are employed in public schools most impacted by COVID-19 at no cost to the local school administrative units.	1,000,000
To make available to public school units one or more Gaggle safety management products to enhance student safety while providing remote instruction in response to COVID-19.	1,000,000
Nurse Family Partnership-To help offset COVID-19-related expenses incurred for the following services provided and supplies used: for overtime, additional staffing requirements, teaching program participants and their families preventive measures, supporting program participants and their families in coping with preventive social distancing or quarantine, and translating, as needed, educational and health interventions to a distance platform; personal protective equipment for distribution, free of charge, to program participants, their families, and the visiting nurses serving program participants; and any other allowed uses under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, P.L. 116-136.	1,000,000
GDAC-To develop a COVID-19 economic analytics and reporting tool to provide insight into how State and federal assistance is impacting North Carolina businesses.	750,000
To provide emergency aid for farmers market operators and local food enterprises. The aid will allow those operations to adapt to new market conditions and further support communities experiencing food insecurity.	750,000
North Carolina Assisted Living Association (NCALA)-To facilitate safe visitation and communication between residents and family members and to maintain Centers for Disease Control and Prevention infection control guidance and safety standards. NCALA Member Facilities-To purchase communications equipment and technology, such as smart devices for residents and to purchase environmental supplies and develop plans to redesign visitation or common areas to address resident isolation.	750,000
High Point International Home Furnishings Market Authority Corporation-To expand and enhance public health and safety measures to enable the Market to open during its international shows, which are critical to North Carolina's economy and jobs.	725,000
Carolina Ballet-To alleviate operational disruptions due to the COVID-19 pandemic.	700,000
Governor Morehead School for the Blind, Eastern North Carolina School for the Deaf, and North Carolina School for the Deaf-For school nutrition, cleaning and sanitizing, digital and nondigital remote learning resources, compensatory services, and Extended School Year services related to the impacts of COVID-19.	660,029
Division of Social Services-To continue increasing access to Food and Nutrition Services (FNS) benefits for individuals who are dually eligible for Medicare and Medicaid in response to the COVID-19 pandemic (for various operating costs, including, but not limited to, nonrecurring staff pay increases consistent with the applicable federal law or guidance governing the use of funds, offsetting transportation costs, and any other reasonable costs incurred in providing childcare in response to the COVID-19 pandemic).	600,000
NC Biotechnology Center-To provide grants and educational job placement services to connect workers displaced or unemployed due to COVID-19 with essential job openings at life science companies that are currently working on treatment, therapy, vaccines, and equipment in response to COVID-19.	500,000
Bertie County, Camden County, Chowan County, Perquimans County, Tyrrell County, and Washington County-For school nutrition services, transportation services, technology, remote instruction materials and services, personal protective equipment that meets applicable federal standards and guidelines from the Centers for Disease Control and Prevention, temperature screening tools, and other goods and services necessitated by the COVID-19 pandemic.	500,000

Summary of Intended Recipients and Provision	Total Appropriation
For the Southern Regional Area Health Education Center, for COVID-19-related response activities, including outreach and education.	500,000
To conduct research in partnership with the Dartmouth Atlas Project at the Dartmouth Institute for Health Policy and Clinical Practice on the key impacts of COVID-19, including studying patient clinical outcomes; health impacts; resulting economic hardships; and other long-term economic outcomes, such as unemployment, bankruptcy, and recovery.	500,000
Triangle Residential Options for Substance Abusers, Inc.-For offsetting increased operational expenses incurred for providing comprehensive residential substance use disorder treatment associated with the COVID-19 pandemic and any other COVID-19-related losses or expenses incurred.	500,000
State Library's NC Kids Digital library-For enhancement of digital offerings to students lacking physical access to local libraries due to the COVID-19 emergency.	400,000
NC Museum of History-For the development and implementation of and access to virtual history programs for statewide student educational purposes and online public access to the historical content of the North Carolina Museum of History during the closure of facilities due to the impact of "stay-at-home" orders.	400,000
North Carolina Symphony Society-To mitigate increases in operational expenses for the Symphony's educational and community outreach missions due to COVID-19.	400,000
Bridge to Recovery, Inc.-To offset the costs of increased demand for substance use disorder services related to the impacts of COVID-19 and to fund the development of innovative substance use disorder programs designed to address growing substance use disorder concerns in Union County, Stanly County, and surrounding areas as a result of COVID-19.	400,000
Crossnore School and Children's Home-For COVID-19-related preventative measures to protect staff and children in a close congregate living facility.	375,000
Craven County Sheriff's Office-To purchase Voice Interoperability Plan for Emergency Responders (VIPER) radios. Town of Chocowinity-To purchase VIPER radios.	300,000
Division of Social Services for Children's Home Society of North Carolina, Inc.-To provide virtual foster care and adoption services for families and children experiencing hardship as a result of the COVID-19 pandemic.	300,000
Division of Social Services-To establish a student health collaborative pilot program.	300,000
Division of Social Services-To provide funds for the LINKS program, a foster care support program for youth ages 13–21 years. These funds shall be used to support youth in the LINKS program who are not receiving foster care assistance payments and need assistance with housing or transitional costs due to COVID-19.	290,000
State Education Assistance Authority-To nonpublic schools that enroll students who receive scholarship funds pursuant to the Opportunity Scholarship Grant Program, for the purchase of personal protective equipment for use in schools.	250,000
Steve Smith Family Foundation-For its virtual learning support program that assists homeless students during the COVID-19 pandemic to prevent those students from falling further behind. These funds shall be used for COVID-19 eligible expenses, including the cost of tutors, meals, personal protective equipment, cleaning, rental of work space for students, and on-site support of information technology and counseling.	150,000
Mount Airy City Schools, in response to COVID-19, to establish the Smart School Bus Safety Pilot Program.	115,000
To reimburse funds previously provided to Wake Forest University Health Services for COVID-19 research data to facilitate future work of legislative committees.	100,000
Lenoir Community Emergency Services-For equipment needed to respond to COVID-19.	100,000
Backpack Ministry, Inc., d/b/a Food for Families-To address increased food service demands due to the impact of COVID-19.	100,000
Division of Non-Public Education-To fund temporary positions to assist in processing the increased volume of homeschool filings resulting from the COVID-19 pandemic.	50,000
Robeson County-For eligible costs incurred due to the COVID-19 pandemic by an existing innovative court pilot project in the county.	50,000
Iredell County Health Department-To purchase a cargo trailer, temporary fencing, and a canopy to support a mobile mass-testing site for COVID-19.	34,000
Watauga County-To purchase a portable broadband kit for the local health department to facilitate the real-time transmission of testing data from COVID-19 mobile testing sites located in rural areas served by the local health department.	10,000

Source: Program Evaluation Division based on information from the Fiscal Research Division and a review of session laws.