Report Template A: QUARTERLY STATUS REPORT
Please use this reporting template for each of the quarterly reports

Recipient Name:	Union County
Recipient Tax ID #	56-6000345
Project/Activity Title:	Directed Grant for Operational Costs & Equipment
Reporting Period (Quarter):	Q4 – April 1, 2025 – June 30, 2025
Report Completion Date:	7/14/25
Preparer of This Report:	Stephanie Dudley

Were grant funds expended during this reporting period? _XYesNo
Do you certify that all expenses to date have been submitted for this grant? _X_YesNo
Do you certify that all funds to date were used for the purposes for which they were awarded and in complian with your contract? _XYesNo
Provide a brief report of activities and accomplishments related to your Grant Project during this reporting period.
The South Piedmont Regional Autopsy Center (SPRAC) continues to perform autopsies in its temporary location. SPRAC began accepting Montgomery County cases for autopsy on May 1, 2025.
2. Provide an update on the objectives, as outlined in your Scope of Work, of the grant project. Have you accomplished any of your objectives?
SPRAC has started performing autopsies for Union, Anson, Cabarrus, and Montgomery Counties. The permanent facility has entered the programming phase, and staffing considerations have begun.
Provide an update on your expected results, as outlined in your Scope of Work, of the Grant
Project(s). Have you accomplished any of your expected results?
SPRAC is on target with expected results, providing forensic autopsy services to Union, Anson, Cabarrus and Montgomery Counties.

4. Provide an update on your performance measures, as outlined Project(s).	ned in your Scope o	f Work, for the Grant
SPRAC is on schedule adding additional counties to the service	ce area.	
5. Provide a summary of expenditures during the reporting pe	riod (quarter).	
Expenditure Category	Amount of	Amount of
<u>Experialture Gategory</u>	Expenditure	Expenditure
	SFY 2023-2024	SFY 2024-2025
Amount of Appropriation	\$2,000,000	\$2,000,000
Amount of Appropriation		
Personnel/Contracted Services Expenses (e.g., program-	\$	\$0
related staffing)	Φ.	Φ0
Supplies and Materials Expenses (e.g., office supplies):	\$	\$0
Non-Fixed Operating Expenses (e.g., travel, utilities):	\$	\$0
Fixed Operating Expenses (e.g., office rent, dues and	\$	\$0
subscriptions):		
Property and Equipment Expenses (e.g., buildings and	\$	\$0
improvements):		
Services/Contracts Expenses (e.g., purchase of services,	\$	\$0
contracts with service providers):		
Other Expenses (Specify):	\$	\$0
Total Expenses:	\$	\$0
6. Provide a summary of year-to-date expenditures through th	e end of the current	reporting period. The
total expenditures on this table should equal the cumu		
quarterly reports to date.	•	•
Expenditure Category	Amount of	Amount of
<u>Experialture Gategory</u>	Expenditure	Expenditure
	SFY 2023-2024	SFY 2024-2025
Amount of Appropriation	\$2,000,000	\$2,000,000
Personnel/Contracted Services Expenses (e.g., program-	\$	\$0
related staffing)	φ	φυ
	Φ.	\$0
Supplies and Materials Expenses (e.g., office supplies):	\$	
Non-Fixed Operating Expenses (e.g., travel, utilities):	\$	\$0
Fixed Operating Expenses (e.g., office rent, dues and	\$	\$0
subscriptions):	Φ.	Φ0
Property and Equipment Expenses (e.g., buildings and	\$	\$0
improvements):	Φ.	40
Services/Contracts Expenses (e.g., purchase of services,	\$	\$0
contracts with service providers):		
Other Expenses (Specify):	\$	\$0
Total Expenses:	\$	\$0

If there are any questions, please contact the Contract Administrator.

Report Template C: END OF YEAR Report
Please use this state grant compliance reporting template for each of the end of year reports.

DESIDIENT INFORMATION								
RECIPIENT INFORMATION								
1. Organization:	I	0 1						
Recipient Name:	Union County							
Recipient Tax ID #	56-6000345 Directed Grant for Operational Costs & Equipment							
Project/Activity Title:					s & Equipment			
Reporting Period:			4 – June 30, 2	025				
Recipient Fiscal Year End:	6/30/2025							
Mailing Address	500 N Main Street							
(street, city, state, zip code):	Monroe, NC 28112							
Phone Number	704-	292-2668						
(area code + number):								
Fax Number								
(area code + number):								
Contact Person:		hanie Dudle						
Contact Person Title:		ness Manag						
E-Mail Address:	step	hanie.dudle	y@unioncount	ync.g	lov			
Preparer (PLEASE INDICATE WHO PRE	PARED 1			Х	Employee		CPA/Acc	<u>ountant</u>
Name and Title of Preparer:			Dudley – Busi					
Phone Number and Email Addr	ess:	704-292-2	668 stephanie.	dudle	ey@unioncoun	tync.	gov	
2. Please provide a list of th	e Org	anization's				S, IF NEE	EDED]	
Name of Board Member			Board Memb					
Melissa Merrell	Chair – Board of County Commissioners							
Brian Helms					d of County Co	mmis	ssioners	
Clancy Baucom			Commissione					
Christina Helms	Commissioner							
Gary Sides			Commissione	r				
3. What restrictions are placed	d upor	n the grant b	y the grant aw	ard d	ocument? If the	e gra	nt award	
document does not identify	speci	fic restriction	ns, please iden	tify th	ne intended use	e of t	he grant fu	unds as
included in the award docu	ment.		-	-			_	
Intended Use: Funds are intend	led to	be used for	operational co	sts a	nd equipment a	asso	ciated with	the
establishment of a county-operated regional autopsy center.								
	ve a Conflict of Interest policy? X N/A Local Govt. yes no							
5. Is the organization a for pro								
6. Did the organization cont	ract w	ith anothe	r organization	or ir	ndividual?		X ves	no
If yes, answer the following (ins							,	

6. Did the organization contract with another organization or individual?						no
If yes, answer the following (insert more rows as needed):						
a. Name of Contractor b. Description of Work c. Contract Amount						
Medical Investigation Services, PLLC	LLC Forensic Autopsy Services \$3,000 per autopsy					
MRL Consulting, LLC	Management Consultant	\$47,750				
				•		•
				•		•

1. DETAILED SCHEDULE of RECEIPTS and EXPENDITURE	S
a. Receipts	T. (15. )
Funding State Agency Grant Title	Total Receipts
NCDHHS, Division of Public Health   Directed Grant: Operation	nal Costs & Equipment   \$4,000,000
b. Expenditures	5 " 4
Category	Dollar Amount
Personnel	\$0
Contracted Services	\$0
(a)Total Personnel/Contracted Services Costs:	\$0
Office Supplies & Materials	\$0
Service-Related Supplies	\$0
Medical Supplies	\$0
Laboratory Supplies	\$0
Other Supplies (provide description here): Storage supplies	\$0
(b)Total Supplies & Material Costs:	\$0
Travel	\$0
Communications & Postage	\$0
Utilities	\$0
Printing & Binding	\$0
Repair & Maintenance	\$0
Meeting/Conference Expense	\$0
Employee Training (no travel)	\$0
Classified Advertising	\$0
In-State Board Meeting Expenses	\$0
Other (provide description here):	\$0
(c)Total Non-Fixed Operating Expense:	\$0
Office Rent (Land, Buildings, etc.)	\$0
Furniture Rental	\$0
Equipment Rental (Phones, Computers, etc.)	\$0
Vehicle Rental	\$0
Dues & Subscriptions	\$0
Insurance & Bonding	\$0
Mortgage Principal, Interest and Bank Fees	\$0
Other (provide description here):	\$0
(d)Total Fixed Charges & Other Expenses:	\$0
Buildings & Improvements	\$0
Leasehold Improvements	\$0
Furniture/Non-Computer Equip., \$500+ per item	\$0
Computer Equipment/Printers, \$500+ per item	\$0
Medical Equipment, \$500+ per item	\$0
Laboratory Equipment, \$500+ per item	\$0
Furniture/Equip., under \$500 per item	\$0
Other (provide description here):	\$0
Other (provide description here):	\$0
Other (provide description here):	\$0
(e)Total Property & Equipment Outlay:	\$0
Purchase of Services	\$0
Contracts with Service Providers	
	\$0
Other Contracts (provide description here): Architectural Services	
(f)Total Services/Contracts:	\$0
Other (provide description here):	\$0
(g)Total Other Expenses:	\$0
Total Expenditures (sum a through g)	\$0

## PROGRAM ACTIVITIES and ACCOMPLISHMENTS

Recipient must complete and submit a Program Activities and Accomplishments Report, detailing the program name, the original goals of each program, and a brief narrative of program accomplishments for each funded program. This information is required of all recipients of state funding in an amount greater than or equal to \$25,000.

7. What were the original goals and expectations for the activity supported by this grant?

The South Piedmont Regional Autopsy Center (SPRAC) shall serve as a Regional Autopsy Center (RAC) in North Carolina's Medical Examiner System. This new facility will provide a full range of autopsy, exam, and identification services to the following counties (catchment area): Anson County, Cabarrus County, Montgomery County, Richmond County, Stanly County, and Union County. Reasonable efforts shall be made to meet the current National Association of Medical Examiners (NAME) accreditation standards for staffing, equipment, and supplies.

8. If applicable, how have those goals and expectations been revised or refined during the course of the project?

There have been no revisions to the goals and expectations at this time.

9. What has the activity accomplished with these grant funds? Please include specific information including facts and statistics to support conclusions and judgments about the activity's impact.

The South Piedmont Regional Autopsy Center (SPRAC) has made progress in establishing regional autopsy services and preparing for the construction of a permanent facility. On December 16, 2024, SPRAC began accepting autopsy cases from Union County at its temporary location. Services expanded to include Anson County on February 1, 2025, Cabarrus County on March 1, 2025, and Montgomery County on May 1, 2025. A Business Manager was hired on March 24, 2025, to oversee daily operations, ensure accountability, and support continued development of the center's infrastructure. On May 23, 2025, contracts were executed with a Construction Manager and Architectural/Engineering team to begin design and planning for the permanent facility.

As of 6/30/2025, SPRAC has performed 80 autopsies for four regional counties: 39 for Union County, 12 for Anson County, 27 for Cabarrus County, and two for Montgomery County.

10. If the activity is a continuing on, briefly summarize future plans and funding prospects.
SPRAC added Stanly County to its regional catchment area on July 1, 2025, and plans to add Moore, Richmond, and Rowan counties over the next 6 to 8 months. Coverage for Gaston County is anticipated to begin with the opening of the permanent facility, currently estimated for June 2027.

If there are any questions, please contact the Contract Administrator.