



# TOWN COUNCIL

## Regular Meeting

March 20, 2014

St. Charles Parish Hall

6:00 PM

1. Call to Order
  - A. Roll Call
  - B. Establish quorum
2. Invocation and Pledge of Allegiance
3. Recognition of Visitors / Presentations
  - A. Hollye Carpenter & Spencer Parker – Cape Charles Volunteer Fire Company
  - B. Carol Evans – Eastern Shore of Virginia Tourism Commission
  - C. Marion Naar – Cape Charles Historical Society
  - D. Presentation of Town Seal to NRYG
4. Public Comments (3 minutes per speaker)
5. Consent Agenda
  - A. Approval of Agenda Format
  - B. Approval of Minutes
6. Department Reports
  - \*A. Treasurer's Report
  - B. Planning Commission and Boards
  - C. Other Department Reports
7. Old Business
  - \*A. Town Code Modifications – § 66-57 Transient Occupancy Tax – Set Public Hearing
8. New Business
  - A. Northampton County Ad-Hoc Emergency Care Committee Report
  - \*B. Acquisition of Fig Street Lots
  - \*C. Name for Former Library Building
9. Mayor & Council Comments (5 minutes per speaker)
10. Announcements
  - March 27, 2014 – Town Council Budget Work Session, 3:00 PM, Town Hall
  - April 3, 2014 – Town Council Budget Work Session, 6PM, Town Hall (tentative)
  - April 10, 2014 – Town Council Budget Work Session, 3:00 PM, Town Hall
  - April 17, 2014 – Town Council Regular Meeting, 6PM, St. Charles Parish Hall
11. Adjourn at 8:00 P.M.



**The Cape Charles  
Historical Society**



**P.O. Box 11  
Cape Charles, Virginia 23310  
(757) 331-1008**

**[www.smallmuseum.org/capechas.htm](http://www.smallmuseum.org/capechas.htm)**

March 4, 2014

To: Town Council Members  
Dora Sullivan, Mayor  
Heather Arcos, Town Manager

From: Marion Naar, President/Treasurer - Cape Charles Historical Society

Re: CCHS Funding Request for FY 2014/2015

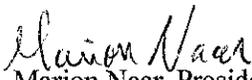
The Cape Charles Historical Society requests an allocation of \$15,000 to partially fund a full or part-time professional director for the Historical Society. Focus of the position would be to use the Cape Charles Crater and related critical climate issues to obtain funding for a permanent educational facility and its support.

Right now Cape Charles now has a major opportunity. It is unique, timely, and important – and not just for tourism and local living. The opportunity comes from the current unprecedented sea level rise, which is taking place all along the east coast but is highest in Hampton Roads and the Eastern Shore. A recent NY Times article reported sea level rise in Hampton Roads at over 1.5 inches every 10 years, and close to that on the Eastern Shore. At the same time there is heightened interest in the Cape Charles crater of 35 million years ago, which as a possible contributor to land subsidence may well also be a factor in sea level rise. The February issue of Chesapeake Bay Magazine has an excellent article on the crater, a point noted by the Cape Charles Rotary Club, which has made the crater its 2014 service project.

Given the importance of sea level rise, there is a real need for public education and awareness – a place and support personnel to deliver this education. It could include dramatic simulations of the crater impact and models of the impact of sea level rise on the region as well as lectures – both live and on video. Our previously planned Country Store Museum Annex, reborn as the CC Crater Annex, might serve – or it could be something bigger. Cape Charles can take it on and create such an institution or dally while some institution across the Bay does so first.

Foundation, state and/or federal funding would be essential to building and maintaining such a facility, and evidence of local support is a prerequisite for any funding request to outside agencies. Existence of a professional director would be that evidence. That director would then make procuring project funding a major activity, in addition to much needed museum work. State funding for museums is beginning to come back after several years of near zero funding, and given the importance of this issue, might again be possible if enough pressure were brought to bear on the Legislature. Conversely, without assurance that CCHS has in place a professional director, no state or federal agency would consider funding any such project.

We thank you for consideration of this request, and welcome any questions you may have.

  
Marion Naar, President

CAPE CHARLES HISTORICAL SOCIETY  
Profit and Loss Budget vs. Actual - Operating Only  
January through December 2013; 2014 Budget

	Actuals Jan - Dec '13	2013 Budget	2014 Budget
<b>Ordinary Income/Expense</b>			
<b>Income</b>			
4010 — Fundraising Income	14,475.63	14,000	14,600
4030 — Unrestricted Grants/Contributions	2,380.00	7,000	2,500
4050 — Contributions Income - Museum	2,807.64	2,400	2,900
4062 — Dividends -Checking Acct	40.71	0	0
4090 — Membership Dues	12,625.07	13,000	13,000
4150 — Miscellaneous Income	0.00	0	0
4160 — Rental - Tent/Museum	100.00	100	0
4190 — Museum Shop Sales	2,087.44	2,500	2,000
<b>Total Income</b>	<b>34,516.49</b>	<b>39,000</b>	<b>35,000</b>
<b>Expense</b>			
6112 — Advertising	16.42	50	100
6120 — Banking Expenses	5.00	50	50
6130 — Contract Services	6,787.05	7,500	7,500
6160 — Dues and Subscriptions	195.00	200	300
6170 — Equipment Rental	450.00	450	450
6180 — Exhibits & Archival Supplies	382.26	1,500	500
6185 — Programs & Socials	105.00	100	300
6190 — Insurance	2,260.00	2,500	2,500
6240 — Miscellaneous	47.75	500	100
6250 — Postage and Delivery	637.60	800	700
6260 — Printing and Reproduction	241.50	1,000	600
6310 — Building Repairs & Maintenance	1,845.56	2,000	2,800
6330 — Equipment Repairs & Small Equip	1,009.34	2,000	2,000
6390 — Utilities	5,012.01	6,500	6,000
6400 — Telephone	462.32	450	500
6500 — Special Projects	0.00	5,000	2,000
6550 — Office Supplies/ Equipment	47.14	600	100
6670 — Museum Shop Expense	1,433.85	2,000	2,000
6680 — Fund Raising Expense	5,704.63	5,800	6,500
<b>Total Expense</b>	<b>26,642.43</b>	<b>39,000</b>	<b>35,000.00</b>
<b>Net Ordinary Income</b>	<b>7,874.06</b>	<b>0</b>	<b>0</b>

# CAPE CHARLES HISTORICAL SOCIETY

## Balance Sheet Prev Year Comparison

01/16/14

Cash Basis

As of December 31, 2013

	Dec 31, '13	Dec 31, '12	\$ Change
<b>ASSETS</b>			
Current Assets			
Checking/Savings			
1200 — Cash - NMA			
1201 — Operating Cash - Operations...	37,675.70	32,376.64	5,299.06
1202 — Operating Cash - Capital Proj...	181.76	181.91	-0.15
1204 — Operating Cash- Bldg Annex ...	1,000.00	0.00	1,000.00
1205 — Operating Cash - Archives Fund	482.34	86.83	395.51
1207 — Operating Cash-Country Store	10.74	10.74	0.00
1210 — Endowment fund -cash	65.00	0.00	65.00
<b>Total 1200 — Cash - NMA</b>	<b>39,415.54</b>	<b>32,656.12</b>	<b>6,759.42</b>
1240 — NMA Savings Account			
1260 — Regular Savings	5,130.26	5,128.15	2.11
1302 — Endowment at NMA Savings	11,248.78	10,248.78	1,000.00
<b>Total 1240 — NMA Savings Account</b>	<b>16,379.04</b>	<b>15,376.93</b>	<b>1,002.11</b>
<b>Total Checking/Savings</b>	<b>55,794.58</b>	<b>48,033.05</b>	<b>7,761.53</b>
Other Current Assets			
1500 — Prepaid Memberships	-50.00	-125.00	75.00
<b>Total Other Current Assets</b>	<b>-50.00</b>	<b>-125.00</b>	<b>75.00</b>
<b>Total Current Assets</b>	<b>55,744.58</b>	<b>47,908.05</b>	<b>7,836.53</b>
Fixed Assets			
1600 — Land and Museum Building	246,775.97	246,775.97	0.00
1605 — Archives and Display Cases	47,693.25	47,648.26	44.99
1606 — Railroad Baggage Car & Caboo...	19,918.95	16,339.55	3,579.40
1607 — Bloxom Railroad Station	163,377.62	163,203.63	173.99
1608 — Country Store Collection	75,000.00	75,000.00	0.00
1609 — Jetty House	5,477.00	5,477.00	0.00
1610 — Capital Equipment	6,272.36	6,272.36	0.00
<b>Total Fixed Assets</b>	<b>564,515.15</b>	<b>560,716.77</b>	<b>3,798.38</b>
<b>TOTAL ASSETS</b>	<b>620,259.73</b>	<b>608,624.82</b>	<b>11,634.91</b>
<b>LIABILITIES &amp; EQUITY</b>			
Equity			
3000 — Opening Bal Equity	2.11	0.00	2.11
3900 — Retained Earnings	608,624.82	587,828.51	20,796.31
Net Income	11,632.80	20,796.31	-9,163.51
<b>Total Equity</b>	<b>620,259.73</b>	<b>608,624.82</b>	<b>11,634.91</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>620,259.73</b>	<b>608,624.82</b>	<b>11,634.91</b>

## 2013 CCHS Accomplishments – Partial List

Shrimp Boil and Oyster Roast both successful - socially and financially. Volunteer run.

Created large signs for both the Bloxom Station and Jetty House, explaining their history.

Bob Sellers did major work on refurbishment of Caboose interior – replaced all 16 windows, plywood walls at far end of the car, and constructed a platform adjacent to the car platform for easy access.

Received grant from United Way of ES \$2,140 which financed part of caboose work.

Member Betty May of Hawaii donated \$1000 toward a future Museum Annex featuring the crater.

Set up an antique toy exhibit for the Dec “Grand Illumination” run by the CC Business Association. 22 people came. Also opened the Museum the previous afternoon so people attending the Holiday Sampler could visit. No one came, which is our previous experience.

August 2 was the 100<sup>th</sup> anniversary of John Beall's raid on the CC Lighthouse, then under construction. Historian Kellee Blake gave a lecture on the raid which was attended by 120 people. The Eastern Shore Refugees, a local re-enactment group cooked on the premises. Another lecture will take place March 2014.

Bill Neville did extensive research on the lens and bell from old Cherrystone Light. No luck on the light, may get a bell like the one that was in it.

Held Board elections.

Bill added a video of the crater – a portion of what was in a PBS documentary about the Bay. Very popular.

Contributed a display at the Eastville courthouse – part of the Northampton Preservation Society exhibit.

Donated some books and objects to the new CC library

Museum Network meetings continued. New brochure for all the museums to be produced in spring, 2014

Had 197 paid-up memberships for the year.

The Wave ran transcriptions of Lloyd Kellam's and Alston Godwin's oral history interviews, and will continue to run others in 2014.

Loaned Arlington objects to Ker Place for their 17<sup>th</sup> century exhibit.

Board members Virginia and Nancy refurbished a Custis Family tree done some years back by Jean Mihalika. To be displayed in 2014.

Board members Regina Davis and Carolyn Spencer did a museum and book talk at Kiptopeke

Elementary. Bill did a Museum presentation.

Provided photos for Heritage hall.

Bill and Jan interviewed former ferry captains on video, to be transcribed.

CCHS sponsored a party for Chris Volk who died early in the year.

Participated in the February Community College Heritage Day.  
Replaced one of the A/C units.

Applied for and received money from United Way.

Provided 3 Newsletters to about 400 members, prospects and friends – all produced in-house with help of Town copier machine. 197 paid up members in 2013

Began study of new sound system, to be installed Spring 2014.

Created 14 memorial and honorary plates for museum plaque

Ended year with operating surplus

Accepted, catalogued about 10 donations of archival objects, providing deed-of-gift agreement to donors. Also received hundreds of photos from member Robert Lewis, who is closing and distributing his large collection. Some will be catalogued, some donated.

Analyzed visitors' information from Visitor Sign-in book, created statistics. About visitors including the 2 fundraisers.

Continued distribution of maps of Cape Charles and Cheriton, and county maps, plus other visitor information

Maintained buildings and grounds, with mostly volunteer labor – town help on pruning and mulch appreciated.

Received over 2,500 regular visitors, and another 350 at the 2 fundraisers. Paid attendants weekdays and Saturdays, volunteers on Sunday afternoons.

## Monthly Totals of Museum Visitors: 2009 - 2013 Regular Visitors, Groups/Lectures, and Fundraisers

From 2003 on, Museum has been open weekdays from 10-2, Saturdays 10-5, Sundays 1-5 from end of April through November.

### Number of Individual Visitors per Visitor Register – excluding Fundraisers

Year	Total	April	May	June	July	Aug	Sept	Oct	Nov	Group Visits
2009	2377	87	212	294	623	526	322	236	77	.incl.
2010	2245	45	276	258	365	532	289	212	128	140
2011	2303	0	240	374	480	551	270	237	151	.incl.
2012	2607	54	259	409	690	526	315	290	64	.incl.
2013	2538	37	214	437	571	632	254	279	114	.incl.

#### Notes

- 2009 Added model locomotive and Bridge-Tunnel exhibit. Several meetings & seminars; Southern Welcome Center Re-Opened Aug 10; Volk walk started. Recession; November storms
- 2010 Museum closed the first week in July because of ceiling problem. Lost at least 120 visitors. Very hot starting in June through end of summer. Last Birding seminars
- 2011 New Welcome Center sign at our property for entire summer. Weather very hot June through Sept. 6 group visits including 2 lectures, 2 elderly groups, CC School visit; no birding seminars
- 2012 Hot all summer. Tall Ship days in June. Major storm in October. 2 visits by school tall ship crews
- 2013 Generally good weather. Tall ships in June. July lecture attracted 121 people – mostly Eastern Shore

### Percent of Visitors by Individual Visitor's Home Region

Region	2009	2010	2011	2012	2013
C. Charles, Cheriton	6.7%	4.9%	4.3%	3.3%	5.9%
Other VA E.S.	6.0%	4.0%	7.4%	2.5%	4.8%
MD, DE, DC	10.8%	14.2%	12.9%	13.5%	9.9%
Hampton Roads	8.8%	13.6%	16.7%	12.8%	13.7%
Other Virginia	30.3%	26.2%	22.1%	24.2%	22.9%
Other U.S.	35.5%	35.3%	34.7%	40.2%	38.6%
Other countries	1.9%	1.8%	1.9%	3.5%	4.3%
<b>Total visitors</b>	<b>2377</b>	<b>2245</b>	<b>2303</b>	<b>2607</b>	<b>2538</b>
<b>Fundraisers</b>	<b>389</b>	<b>376</b>	<b>331</b>	<b>329</b>	<b>345</b>
<b>Grand total</b>	<b>2766</b>	<b>2621</b>	<b>2634</b>	<b>2936</b>	<b>2883</b>
<b>% change: prev. yr</b>	<b>1.3%</b>	<b>-5.2%</b>	<b>0.5%</b>	<b>11.5%</b>	<b>-1.8%</b>

#### Primary Interest\*

	2011	2012	2013
Museum	55%	53%	60%
Visitor Info	8%	8%	7%
Both	37%	39%	33%

\* from June, Aug & Sept entries in 2013

### Results for "How Did You Hear about the Museum?" in Visitor Register

By party (1 or more people who came together). Sampling per heading

How did you hear?	2009	2010	2011	2012	2013
	Jul/Aug	Jul/Aug	May-Sep	May-July	June/Aug/Sept
Passed by & saw sign	54.0%	41.5%	50.2%	53.5%	50.0%
Family/friends	13.8%	15.3%	13.2%	12.3%	13.1%
Welcome Center	4.8%	11.2%	8.3%	8.3%	6.9%
Internet/Web sites	4.1%	4.9%	5.0%	4.2%	8.5%
Rt13 Museum Sign \$450/yr	4.3%	4.7%	2.0%	2.0%	2.4%
Local Accommodation	2.3%	3.3%	2.8%	0.8%	2.5%
Live (or once lived) here	-	-	5.1%	3.4%	2.9%
Previous visit/s	-	-	3.8%	4.0%	5.1%
Campgrounds	-	-	3.2%	1.8%	2.4%
Shops, boat				2.4%	-
Volkmarsch Club (38 for season)	-	-	1.5%	1.2%	0.9%
Other: books, guides, tour, brochures	16.8%	19.1%	5.0%	5.0%	5.1%
Tall ships				1.4%	0.2%



***DRAFT***  
**TOWN COUNCIL**  
**Regular Meeting**  
**St. Charles Parish Hall**  
**February 20, 2014**

At approximately 6:00 p.m. Mayor Dora Sullivan, having established a quorum, called to order the Regular Meeting of the Town Council. In addition to Mayor Sullivan, present were Vice Mayor Bannon, Councilmen Godwin and Sullivan, and Councilwoman Natali. Councilmen Bennett and Wendell were not in attendance. Also in attendance were Town Planner Rob Testerman, Code Official Jeb Brady, Accountant Jerry Murphy, Chief Jim Pruitt, and Town Clerk Libby Hume. The majority of the Department Heads were in attendance as well as approximately 25 members of the public.

Councilman Godwin gave the invocation which was followed by the recitation of the Pledge of Allegiance.

**RECOGNITION OF VISITORS / PRESENTATIONS**

*Tammy Holloway – New Roots Youth Garden*

Ms. Holloway, President of the New Roots Youth Garden (NRYG), introduced the other board members in attendance and continued to give the background of how the NRYG was formed and an overview of their activities. An average of 30 children participated in the 2013 Fall Garden Club. Through the NRYG programs, children were learning to grow, harvest and eat healthy foods, and the excess harvest was shared with the Food Bank. Ms. Holloway thanked Chef Amy Brandt for helping to introduce healthy foods to the children and helping with the various fundraisers, especially the Thanksgiving Pie Sales. Ms. Holloway also thanked Jen Lewis, the Town's Recreation Coordinator, for all her help with programs throughout the year. (Please see attached.)

Vice Mayor Bannon thanked Ms. Holloway and all the members of the NRYG for all they did for the children.

*Presentation of Certificates of Commendation*

Chief of Police Jim Pruitt presented Certificates of Commendation to Mr. Neil Lessard and Ms. Carol Habel in recognition of their quick thinking and heroic actions undertaken in helping to save a victim from drowning at Kings Creek Marina on January 30, 2014. (Please see attached.)

Chief Pruitt presented a Certificate of Commendation to Mr. Mike Muller, a Town employee in the Public Works Department, in recognition of his quick thinking and gallant actions undertaken at a risk to his own safety in aiding an assault victim on January 28, 2014. (Please see attached.)

Mayor Sullivan read a letter from Ms. Carol Habel and the Kings Creek Marina Staff expressing their appreciation of Chief Pruitt's actions on January 30, 2014. (Please see attached.)

**PUBLIC COMMENTS:**

*George Proto, 607 Pine Street, President of Cape Charles Business Association*

Mr. Proto addressed the Council regarding letters sent to the Town dated February 13, 2014 and August 19, 2013 on behalf of the Cape Charles Business Association regarding their concerns and questions on the proposed Public Service Authority line from Route 13 to the Cape Charles Wastewater Treatment Plant. Mr. Proto proceeded to read the letter from February 13, 2014 and added that to date, he had not received a response to the questions. (Please see attached.)

Mayor Sullivan informed Mr. Proto that staff was researching the issues brought up in the letters and a response would be forthcoming.

There were no other public comments to be heard nor any additional written comments submitted prior to the meeting.

**CONSENT AGENDA – APPROVAL OF AGENDA FORMAT:**

**Motion made by Vice Mayor Bannon, seconded by Councilman Godwin, to approve the agenda format as presented. The motion was approved by unanimous vote.**

**CONSENT AGENDA – APPROVAL OF MINUTES:**

The Town Council reviewed the minutes of the January 16, 2014 Executive Session, the January 16, 2014 Regular Meeting, the January 22, 2014 Special Meeting and the February 8, 2014 Retreat.

**Motion made by Vice Mayor Bannon, seconded by Councilwoman Natali, to approve the minutes from the January 16, 2014 Executive Session, the January 16, 2014 Regular Meeting, the January 22, 2014 Special Meeting and the February 8, 2014 Retreat as presented. The motion was approved by unanimous consent.**

**DEPARTMENT REPORTS:**

A. *Treasurer's Report:*

Accountant Jerry Murphy reviewed the Treasurer's report dated January 31, 2014 which showed \$1,031,382 in the Shore Bank checking account, \$95,216 in the Shore Bank checking account for reserved facility fees, \$68,509 in the Local Government Investment Pool (LGIP) account for the New Library and \$440,650 in the Local Government Investment & Restricted Funds with the Total Cash on Hand at \$1,635,757. The total cash held in reserve was \$356,124. Jerry Murphy went on to review the Tax Collection Comparison for Fiscal Years (FY) 2013 and 2014, the revenues vs. expenditures, the capital improvement projects, the 2013 real estate tax collections, and the 2013 personal property tax and 2014 license tax collections.

**Motion made by Councilman Godwin, seconded by Councilwoman Natali, to accept the Treasurer's Report as submitted. The motion was approved by unanimous consent.**

B. *Planning Commission and Boards:*

Town Planner Rob Testerman reported the following: i) The Historic District Review Board met on February 18 and revisited an application for 621 Jefferson Avenue. After review of the application, the Board unanimously approved the removal of the chimney; ii) A Joint Permit Application was received for the harbor dredging. He was contacting the Wetlands Board to schedule a meeting; and iii) The final letter of determination would be issued May 5, 2014 regarding the new flood maps. Localities had until

November 5, 2014 to update their Flood Plain Ordinances. The maps would become effective November 5, 2014.

C. *Other Departmental Reports:*

Code Enforcement Officer Jeb Brady reported that plans for the Cape Charles Lofts project had been received. He and Rob Testerman reviewed the plans and comments had been sent to the architects and the plans were expected to be finalized within the next month.

**OLD BUSINESS**

There was no Old Business to review.

**NEW BUSINESS:**

A. *Planning Commission 2013 Annual Report:*

Rob Testerman stated that Virginia Code § 15.2-2221.5 called for commissions to “make recommendations and an annual report to the governing body concerning the operation of the commission and the status of planning within its jurisdiction.” Staff prepared a draft 2013 Annual Report which included i) a recap of development that occurred in the Town in 2013; ii) lists any Planning Commission and/or staff updates that occurred in 2013; iii) a breakdown of applications received in 2013 by the Planning and Zoning Department; and iv) a list of other work items that were reviewed by the Planning Commission during 2013. The Commissioners reviewed the report at their February 4, 2014 meeting and voted unanimously to forward the report to the Town Council.

B. *Compensation and Classification Study:*

Mayor Sullivan stated that the Town had not updated the employee wage scale in a number of years. Most localities obtained a professional compensation and classification study every so often but there was no record of the Town having done so. During the budget discussion for FY 2013-2014, the Town Council expressed their desire for a professional study and a proposal was obtained from Springsted, Inc., who had previously worked with a number of localities in the Commonwealth of Virginia, including Accomack County. Due to lack of funding, the project was deferred. At the February 8, 2014 Council Retreat, the study was revisited and the majority of Council were in favor of obtaining a professional study as soon as possible. A compensation and classification study would evaluate the efficiencies and deficiencies of each department to help determine staffing needs. A cost estimate of \$10,300 was confirmed. The scope of work and cost estimate remained unchanged from the original proposal received in March 2013. A portion of the savings from the Comprehensive Plan update could be allocated for the study.

**Motion made by Councilman Godwin, seconded by Vice Mayor Bannon, to authorize the Town Manager to execute the agreement with Springsted, Inc. to proceed with the compensation and classification study as presented. The motion was unanimously approved.**

C. *Local Government Challenge Grant – Arts Enter:*

Mayor Sullivan stated that the Town had participated in the Virginia Commission for the Arts Local Government Challenge Grant since 1997. The Commission matched local government funds up to \$5K. In FY 2013-2014, the Town allocated \$2,500 as the local match, but the Town provided \$5K for FYs 2009-2010 through 2012-2013. The grant application deadline was April 1, 2014 and the Town must confirm in writing to the Commission the Council’s decision to appropriate the matching funds by July 1, 2014. A local match in the amount of \$5K would be included in the draft FY 2014-2015 budget and the amount would be reviewed by Council at a future budget work session. Submission of the application for \$5K did not bind the Town to that amount. Council could opt to reduce the amount to \$2,500 during the budget discussions.

**Motion made by Vice Mayor Bannon, seconded by Councilwoman Natali, to approve submittal of the Local Government Challenge Grant application by the April 1, 2014 deadline as discussed. The motion was approved by unanimous vote.**

*D. Grinder for Mason Avenue Pump Station:*

Mayor Sullivan stated that a Capital Project Priority List was established by Council on December 3, 2013. On December 5, 2013, the Town Council approved financing of Capital Projects using the funds from the 2013B financing. At the February 8, 2014 Retreat, Council again reviewed the Capital Projects Priority List. The #2 priority project was the installation of the comminutor (grinder) at the Mason Avenue Pump Station. As part of the Mason Avenue Pump Station upgrades, the old grinder was removed due to budget restraints with the intent to replace it at a later time. The grinder would grind rags, handy-wipes and other debris before it entered the wet well. The existing bar screen, which was cleaned daily, caught 60-80% of the debris, but the grinder would eliminate close to 100% of the debris and rarely required maintenance. Without the grinder, the rags and other debris were pulled into the volute where they remained, decreasing the efficiency of the pump or in some cases clogging or stopping the pump completely. Staff preferred to have a new grinder installed prior to the increase of flow that was experienced in the spring/summer months. The proposal from JWC Environmental was for \$42,701. The work would be completed in-house but electrical work was required at an estimated cost of \$7K. The total project cost would be within the \$50K amount included in the FY 2013-2014 budget. Staff requested approval to finance the purchase and installation of the grinder through the 2013B financing as previously discussed.

**Motion made by Councilman Godwin, seconded by Councilman Sullivan, to approve the purchase and installation of the grinder using the 2013B financing as discussed. The motion was approved by unanimous vote.**

**MAYOR AND COUNCIL COMMENTS**

Mayor Sullivan, Vice Mayor Bannon, Councilwoman Natali and Councilman Sullivan stated that they had no further comments.

Councilman Godwin stated that he felt Council made the right decision in selecting Jim Pruitt as the new chief of police, not because of his actions in helping to rescue the gentleman as discussed earlier, but because Jim Pruitt was a good man and good chief.

**ANNOUNCEMENTS**

- February 24, 2014 – Riverside Shore Memorial Heart Seminar at Little Italy Restaurant, \$10 per person. Call the Cardiac Rehab Center to schedule.
- February 27, 2014 – Town Council Budget Work Session, 3:00 PM, Town Hall
- Beginning March 1, 2014 – Boating Safety Class, Coast Guard Station Cape Charles. Contact Ron West for more information.
- March 6, 2014 – Town Council Work Session, 6:00 PM, Town Hall
- March 13, 2014 – Town Council Budget Work Session, 6PM, Town Hall
- March 20, 2014 – Town Council Regular Meeting, 6PM, St. Charles Parish Hall

**Motion made by Councilwoman Natali, seconded by Vice Mayor Bannon, to adjourn the Town Council Regular Meeting. The motion was approved by unanimous consent.**

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Mayor Sullivan

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Town Clerk

**Presentations and Public Comments Provided in Writing**  
**February 20, 2014**

**Re: Neil Lessard & Carol Habel**  
**From: Chief Jim Pruitt**

On January 30, 2014, I was dispatched to the Kings Creek Marina for a subject who had fallen off the dock and was drowning. I arrived on the scene and saw an older gentleman on the dock, soaking wet and trembling from the cold. Due to the extreme cold weather, I decided that the victim needed to be moved off the dock and into a warm area. The gentleman couldn't walk so I carried him up the ramp and into a golf cart to transport him to the tackle shop.

The gentleman stated that he had walked down the dock to check on his boat when he slipped and fell into the icy water. He could not get out and was calling for help. Luckily, Neil Lessard was walking down the dock and heard the faint cries for help, ran over and with the help of Carol Habel, pulled him out of the water saving his life. Without question, the gentleman would have succumbed to the icy water.

Heroes come in many forms. In this case, it was not a policeman, firefighter or soldier – it was members of our community. January 30, 2014 would have turned out to be a tragic day for the gentleman's family without Neil Lessard and Carol Habel's quick thinking and heroic actions.

\*\*\*\*\*

**Re: Mike Mullner**  
**From: Chief Jim Pruitt**

On January 28, 2014, Town employee Mike Mullner was making his morning rounds when he came across a female assault victim in distress. Mike stopped and began to render aid and called the police. Mike did this selfless act without thinking that he could possibly be in harm's way. Mike stayed with the victim and made her feel safe until I arrived.

Mike is a tremendous asset to the Town of Cape Charles and has my utmost respect. Due to his selfless act for rendering aid and putting himself in harm's way, Mike Mullner should be recognized for his actions on January 28, 2014.

\*\*\*\*\*

**From: Kings Creek Marina**  
**Sent: Friday, February 14, 2014 1:16 PM**  
**Subject: Letter of Appreciation**

Dear Town of Cape Charles,

On Jan. 30, 2014 we had an incident at Kings Creek Marina that required medical attention and our staff called 911. Cape Charles Police Department's Chief Jim Pruitt was first on scene. It was less than 30 degrees outside. Chief Pruitt sensed the urgency of the situation and the need to relocate our injured tenant. With the help of some bystanders, Chief Pruitt lifted our injured tenant up and over his shoulder and carried the gentleman up a steep ramp and then another 100 ft. or so to a waiting golf cart. At that point, Chief Pruitt placed the patient into the cart drove it to the Pier House. Once again, Chief Pruitt carried our guest inside the warm Marine Store to wait for an ambulance. All local ambulances had been dispatched elsewhere and so Chief Pruitt continued to communicate with the dispatcher on the patient's condition. Officer Greg Rippon also arrived on scene before the ambulance arrived to help in any way that he could, possibly knowing that the Ambulance was going to take a while.

Chief Pruitt remained very calm and stayed with our injured tenant until the ambulance arrived. Chief Pruitt took control of the logistics of getting a wide stretcher into our somewhat over crowded store and to the patient.

I truly believe that Chief Pruitt's quick and calm actions were monumental not only to our patients comfort level, but also greatly appreciated by our staff.

Thank You,  
Carol Habel and the Kings Creek Marina Staff

\*\*\*\*\*

Cape Charles Business Association  
P. O. Box 461  
Cape Charles, Virginia 23310  
February 13, 2014

Mayor Dora Sullivan  
Town of Cape Charles  
2 Plum Street  
Cape Charles, Virginia 23310

Dear Mayor Sullivan,

On August 19, 2013 I sent a letter on behalf of the Business Association relative to the proposed PSA line from Route 13 to the Cape Charles wastewater treatment plant. This letter requested that the project be put on hold until certain significant questions had been answered. Subsequently the Town Board met in a work session on September 25, 2013 to discuss these questions. Specifically, the main topics of discussion were the August 19 letter itself and a financial analysis of the proposal to address specifically one of the issues the letter raised. At that time it became clear that there was still work to be done and the Board wisely decided to require further analysis. My original letter is attached for your convenience.

Since then there have been a number of actions and events relative to the PSA Line proposal, mostly at the County level. At this point it's unclear whether this proposal will go forward or not and what the actual status of the line is. The recent proposal to change the original special tax district structure does make it appear that this is still a viable option as far as the county is concerned. At the same time my original questions have yet to be answered after almost 6 months.

Based on this I have the following questions which encompass those in my original letter with some additional ones:

1. What is the projected financial benefit to the Town from the PSA line? This would include, for example, reduction in wastewater utility rates, reduction in connection fees, etc.
2. Are there any technical benefits to the Town (e. g. reduction of the smell that occurs from time to time?)
3. What is the mid- to long-term plan for wastewater treatment in the county in the immediate vicinity of Cheriton and areas north and south of 184 on Route 13. For example, as we go forward would the plan be to connect Cheriton and additional Route 13 commercial property to the same or a via second PSA line going into Cape Charles?
4. Given the questions in item 3, there are a number of possible expansion scenarios that could occur. When do we need to expand the capacity of the existing plant, and how do these scenarios affect timing for that? More importantly, how would the expansion be paid for, given it would likely need to be made sooner if the existing plant supports connections out in the county.
5. Finally, what is the current status of the PSA Line plan as far as the town is concerned? Is it on hold? Has the town committed to doing this yet?

I appreciate your attention in this matter and look forward to your response.

Sincerely,



George R. Proto, President  
Cape Charles Business Association  
845 702 2768  
757 331 4664

cc: Heather Arcos  
Robert Panek

Cape Charles Business Association  
P. O. Box 461  
Cape Charles, Virginia 23310  
August 19, 2013

Mayor Dora Sullivan  
Town of Cape Charles  
2 Plum Street  
Cape Charles, Virginia 23310

Dear Mayor Sullivan,

As you are aware there has been a significant amount of discussion over the past few months relative to the proposed Northampton County Public Service Authority wastewater treatment line to be run from the Route 13 commercial district to the Town of Cape Charles wastewater treatment plant.

First, I wish to express my appreciation to Bob Panek for his time and clear presentation at the recent all-members meeting of the Cape Charles Business Association on this topic. In addition on behalf of the members and board I wish to thank Heather Arcos, Jen Lewis, you and various members of the town council. They and you have taken the time over the course of many weeks to answer questions on this and other topics and been very forthright and professional in sharing information. This openness in government is much appreciated.

The CCBA Board has discussed the topic of the PSA line in detail and received informal feedback on it from a number of members of the business community. In reviewing what we have learned thus far we have come to the following conclusions:

1. There does not appear to be any significant benefit to the Town of Cape Charles from the proposed connection. As yet there have been no formal estimates of sewer rates after the connection, but based on discussions with Bob Panek the amount of reduction is believed to be minimal. No technical benefits (e. g. reduction in the smell that from time to time plagues the town) have been proposed.

2. There does appear to be a potential long term downside for the town in terms of the availability of future capacity, even with plant expansion, to contain demand as the town expands through the build out of Bay Creek and as more properties in town are renovated and occupied. The addition of properties on Route 13, and perhaps in Cheriton will speed up the need for expansion of the plant and might cause us to run out of capacity even with expansion. The argument can be made that this is not likely to happen for 10 to 20 years, but a 10 to 20 year horizon is not a long time in the life of a town. The concern is that this could unduly burden future generations financially.

3. Finally, we are all residents of the county as well as of the town. Given that at some point there will be economic development activity, additional residential development, and connection of existing residential units currently using septic systems, it would seem to be more cost effective to design an expandable county system that could better meet future needs.

Note that, aside from these points, the PSA's July 2012 survey of 64 property owners on Rt. 13 showed minimal interest (5 yes's and 4 maybe's out of 64 surveyed).

Given these concerns the business association urges the town council to put the matter of the PSA line on hold and not to proceed with further work which would commit the town and expend county funds until the points above are satisfactorily addressed.

Understand that this in no way reflects on the outstanding job that the PSA Authority, or Bob Panek in particular have done, but we do feel the questions above need to be answered to assure a good decision is made in this regard.

Sincerely,  
George R. Proto, President  
Cape Charles Business Association  
845 702 2768  
757 331 4664

cc: Heather Arcos  
Robert Panek



**DRAFT**  
**TOWN COUNCIL**  
**Special Meeting**  
Town Hall  
February 28, 2014  
5:30 PM

At 5:30 p.m., Vice Mayor Chris Bannon, having established a quorum, called to order the Special Meeting of Town Council. In addition to Vice Mayor Bannon, present were Councilmen Sullivan and Wendell, and Councilwoman Natali. Councilman Bennett arrived at 5:32 and Councilman Godwin arrived at 5:38 p.m. Mayor Sullivan was not in attendance. Also present were Town Manager Heather Arcos, Assistant Town Manager Bob Panek, Town Clerk Libby Hume, and Eyre Baldwin and Dan Brown representing South Port Investors, LLC, and Northampton County Board of Supervisors Chairman Larry LeMond. There were two members of the public in attendance.

Vice Mayor Bannon announced the business for the evening would be to discuss the request from South Port Investors, LLC (SPI) regarding submission of an Aid to Local Ports (ALP) Grant application to the Virginia Port Authority (VPA).

**PUBLIC COMMENTS**

*Larry LeMond, Northampton County Board of Supervisors Chairman*

Mr. LeMond stated that he wanted to set the record straight regarding comments on the Cape Charles Wave which stated that the County would not support SPI in their project and for the VPA ALP Grant. The County could not submit a grant application for it because it did not own the land, but the County fully supported SPI's project and would do all it could to help the project succeed.

*Karen Jolly Davis, 5 Randolph Avenue*

Town Clerk Libby Hume stated that she received a call earlier in the day from Ms. Karen Jolly Davis, who was out of town, expressing her "100% support of the Town submitting an application for the VPA ALP Grant Program for SPI."

There were no other public comments heard or any other comments submitted in writing prior to the meeting.

Vice Mayor Bannon stated that he fully supported submission of the application to the VPA but added that he would have preferred that the Town had been notified when SPI initially went to the County with this request vs. finding out about it and having to schedule a last minute meeting regarding the matter. The Town Manager was notified the night of February 26<sup>th</sup> and the Council was notified the morning of February 27<sup>th</sup> when this meeting was scheduled.

Chairman LeMond stated that he learned about the request at 2:45 p.m. on February 26<sup>th</sup> when he met with County Administrator Katie Nunez.

Mr. Eyre Baldwin informed Council that he was informed by representatives from the VPA that he needed to start with the County and that the County would refer the issue to the Accomack-Northampton Planning District Commission, which was clearly a mistake on VPA's part.

Councilwoman Natali agreed with Vice Mayor Bannon and added that she would appreciate it if, in the future, the Town would be kept apprised, as a courtesy, of anything that could possibly affect the Town.

Town Manager Heather Arcos and Mr. Baldwin pointed out the areas included in this portion of SPI's project, noting the locations of the attenuator, the dredging, site work, etc. Mr. Baldwin added that the floating dock and attenuator would also help protect the Town's floating docks and the future docks that were planned. The dredge vessel from MurTech was scheduled to arrive tonight.

Heather Arcos stated that Council previously approved a request to the VPA to carryover the \$575K funding for the two projects planned for the Harbor. If approved, this application would also be submitted to the VPA electronically tonight after the meeting with hard copies being mailed. SPI had agreed in writing to paying the required 25% match of the project amount. This year, VPA had a total of \$1M available for all requested projects. The Town would receive notification of the award in May, with a project period of July 1, 2014 to June 30, 2015. The SPI project was for continued development on Town-owned land. Once notification of the award was received from the VPA, an agreement would be made with SPI regarding payment of the 25% match based on the award and management of the grant which would be done by Town staff. The Town would be the applicant on the grant since it owned the property.

Councilwoman Natali asked whether the Town would be liable to pay any shortfall in the project if the full amount of the request was not awarded. Mr. Baldwin stated that the Town would have no liability. Heather Arcos added that the Town would work with SPI regarding the project.

This grant would have no effect on the two existing grants through the VPA ALP program.

Councilman Wendell stated that he hoped it would all work out but asked what would happen if the grant application was denied. Mr. Baldwin stated that SPI would figure it out. Heather Arcos added that the grant application was just another way for the Town to try to help with SPI's project.

Heather Arcos stated that most of the information in the presentation had been discussed and briefly reviewed the presentation with Council. (Please see attached.)

Councilwoman Natali asked whether the Town had all the necessary information to submit the grant application. Heather Arcos stated that the grant guidelines did not define the specific information for the application. The application would include cost estimates and the master plan which showed SPI's projects.

Councilman Wendell asked if the Town had any paperwork to back up the cost estimates. Heather Arcos stated that it was not required for the application. Mr. Baldwin added that SPI had the information and could provide it if needed.

Heather Arcos went on to state that the Town's procurement procedures would be followed and reiterated that the Town would control the funding awarded and manage the grant.

**Motion made by Councilman Wendell, seconded by Councilman Sullivan, to authorize the Town Manager to submit the Virginia Port Authority Aid to Local Ports Grant Application as requested by South Port Investors, LLC. The motion was approved by unanimous vote.**

**Motion made by Councilman Bennett, seconded by Councilwoman Natali, to adjourn the Town Council Special Meeting. The motion was approved by unanimous consent.**

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Vice Mayor Bannon

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Town Clerk

# Commonwealth Port Fund Aid to Local Ports

South Port Investors, LLC Proposal

February 28, 2014

## Purpose

- Fund was established to “support port capital needs and the preservation of existing capital needs of all ocean, river, or tributary ports within the Commonwealth, to foster and stimulate the flow of commerce through the ports of Virginia.”
- Virginia Port Authority (VPA) awards grants to localities from the fund.
- Cape Charles has successfully competed for several grants to redevelop the Town Harbor.

## Policy

- Key provisions of VPA policy:
  1. Funds will be used to support port capital needs of publicly-owned ocean, river, and tributary ports and their marine terminals within the Commonwealth whose primary purpose is the flow-through of goods for consumption.
  2. For a project to be eligible for funds, VPA, in its sole discretion, must determine that the proposed project is economically feasible based on preplanning study or current level of business, will not directly competitively disadvantage existing publicly-owned port facilities, and will further the interests of the Commonwealth of Virginia. Development and presentation of information needed to determine project feasibility will be the responsibility of the applicant.

## Policy

3. Local interests must pay:
  - ✓ 25% of total project costs for projects up to \$500,000.
  - ✓ 50% of total project costs for projects whose total cost exceeds \$500,000.
4. Grant money can't be used for studies to determine project feasibility, but the local share can be reduced by that amount for approved projects.
5. Local share must be met with an applicant's locally generated funds excluding state and federal grants. This requirement is imposed to insure that an applicant has carefully considered whether or not a proposed project will justify the investment.
6. Applications due by March 1.

## South Port Proposal

- Construct a marine terminal on a portion of Town-owned Parcel 19, now leased to South Port.
- Would include:
  1. Floating dock/wave attenuator (235 feet) as a berthing slip.
  2. Offloading site, including sheet piling, apron, and access area.
  3. Dolphins at the docking area.
  4. Dredging.
- Cost estimate = \$427,000
- South Port would fund 25%; grant request of \$320,250.

## Elements of Application

- For a project to be eligible for funds, VPA must determine that the proposed project is economically feasible based on preplanning study or current level of business.
- Project cost estimates need to be reviewed.
- Facility maintenance & repair costs need to be in the business case, operating agreement, and rates.

## Contract Considerations

- Property leased to South Port for commercial boat repair business.
  - Amend lease to include this purpose?
  - Carve out a portion of the property from the lease?
- How are the property acquisition rights in the lease affected by grant investment?
- Managing the project as the Applicant.

## Conclusion

- March 1, 2014; Grant application is due.
- May 2014; Notice will be made to the localities by resolution of the approved projects and funding appropriated by the VPA for FY15. A total of \$1 Million is allocated for this program.
- If grant is approved, comprehensive agreement/contract between Town and South Port needs to be in place before project commences.



**DRAFT**  
**TOWN COUNCIL**  
**Budget Work Session**  
Town Hall  
March 6, 2014  
6:00 p.m.

At approximately 6:00 p.m., Vice Mayor Chris Bannon, having established a quorum, called to order the Work Session of Town Council. In addition to Vice Mayor Bannon, present were Councilmen Godwin, Sullivan and Wendell, and Councilwoman Natali. Mayor Sullivan and Councilman Bennett were not in attendance. Also present were Town Manager Heather Arcos, Assistant Town Manager Bob Panek, Harbor Master Smitty Dize, Code Official Jeb Brady, Public Works/Utilities Director Dave Fauber, Accountant Jerry Murphy and Town Clerk Libby Hume. There were three members of the public in attendance.

Vice Mayor Bannon announced the business for the evening would be to review the proposed Fiscal Year (FY) 2014/2015 Enterprise Fund budgets which include Waterworks, Wastewater, Sanitation and Harbor.

Town Manager Heather Arcos began by reviewing the budget assumptions and highlights and Council discussed the following:

Personnel: i) All Personnel Services included a proposed 2% COLA for existing employees. FY 2013/2014 did not include any COLA increases. FYs 2012/2013 and 2011/2012 each included a 1% COLA increase.

Sanitation: i) In FY 2013/2014, the Town decreased the Trash Collection Fee to \$12.57 (from \$14.00) per month. On September 1, 2013, as a result of the new contract with Davis Disposal, the residential price for trash pickup increased from \$12.57 to \$13.00 per residence. The Town did not raise the cost to the residents but offset the increase from the Fund balance as of June 30, 2012. Per the contract, Davis Disposal's prices were increasing from \$13.00 to \$13.50 per month for FYs 2014/2015 and 2015/2016. The proposed budget reflected the increased costs; ii) Re-allocated wages include 10% for two Public Works employees to the General Fund.

There was some discussion regarding alternatives to Davis Disposal. Heather Arcos stated that the Town put the contract out for bid and Davis Disposal was the only company that responded. Dave Fauber added that Waste Management provided dumpster services in Northampton County but residential services were only available in Accomack County. Another possibility was to bring the trash collection services back in-house but the Town would have to purchase a trash truck, along with the maintenance, insurance, and other related costs, and possibly hire additional staff. Heather Arcos noted that in FY 2005/2006, the Town provided the trash collection services in-house and the cost per resident was \$13.00 per month and the costs decreased when the Town contracted with Davis Disposal.

Councilman Wendell asked about a recycling program. Heather Arcos stated that last year the Town looked at the possibility of providing curbside recycling services to the residents and the quote from Davis Disposal was \$5 per residence but Davis could not accept glass. The Town residents paid taxes to Northampton County and the County provided a number of convenience centers, the closest one in Cheriton, where residents could take their recycling.

Harbor: i) Included a request to reclassify the part-time harbor assistant position to a full-time head dock hand/maintenance position. The request included a \$.50 increase per hour to offset the mandated 5% employee VRS contribution. The individual in this position had 28+ years of

experience with Bayshore Concrete and was very mechanically inclined and performed the majority of the required maintenance at the Harbor vs. having to hire an outside contractor. This would make three full-time positions at the Harbor including the Harbor Master and Assistant Harbor Master. The proposed budget reflected this new full-time position. Harbor Master Smitty Dize stated that during the summer, the Harbor was open 80 hours per week with two employees on duty at all times. The budget also included four seasonal part-time assistants for the busy months; ii) The proposed budget reflected a rate increase from \$1.50 to \$1.75 per foot in docking fees; iii) The Resale Expenses were primarily for estimated fuel sales. The year-to-date fuel sales was down compared to this time last year with four months left in this FY; iv) The Debt Service reflected a decrease of \$66,865 from the current FY; v) Contributions/Special Events included a proposed increase of \$40,109 for a total of \$73,183 (Blessing of the Fleet - \$1K; July 4<sup>th</sup> Fireworks - \$5K; Clam Slam - \$47,683; Haunted Harbor - \$1K; Holiday Decorations - \$2,500; Misc. Event Contributions - \$1K; Dropping of the Crab Pot (for New Year's Eve) - \$15K); vi) The Capital Projects of \$575K included the breakwater and attenuator which were funded by the Virginia Port Authority. The matching funds were included on the list for the long term financing in place but these projects were low priority due to the existing debt service capacity of the Harbor Fund; and vii) The proposed allocation for consumption of water and wastewater usage was included in this budget. In the past, the Harbor had not paid for usage.

It was explained that all expenses in the Harbor Fund were supported by Harbor revenue and was not subsidized by the General Fund.

Meter & Utility Billing: i) Included one full-time utility clerk; and ii) Postage and office supplies were increased to allow for a new bill format using 8.5" x 11" sheets vs. the postcard. This would enable the Town to provide users with additional account information as well as the ability to include other informational notices, flyers, etc.

Councilwoman Natali agreed that the utility bills should include when the last payment was received, the new charges, etc. Heather Arcos stated that Edmunds, the Town's accounting software, defaulted to an 8.5" x 11" bill but when the Town contracted with Edmunds, it had the billing format customized for postcards.

Public Utilities Administration: i) Personnel Services and Employee Benefits included two-thirds of the Director's salary, 10% of the Treasurer, 10% of the Accountant and 10% of the Town Manager.

Prior to the discussion on the Waterworks Dept., Council reviewed information regarding the Class II connection charges. (Please see attached.)

There was much discussion regarding the recommendation and the consensus was to move forward as recommended and the issue could be revisited after more dealings with high volume users such as hotels.

There was some discussion regarding the connection charges for residential, currently \$12,350 (\$4,875 for water and \$7,475 for sewer), compared to the cost for septic system which were approximately \$20K for a conventional system and \$25K - \$30K for an aboveground system.

Waterworks: i) Included three full-time employees (two in operations and one in maintenance); ii) Included a request for half of a new full-time position to support the distribution system. This position would be shared with the Wastewater Dept. It was noted that the Town had lost two positions in Public Utilities over the last several years and was unable to perform some of the required maintenance due to lack of staffing. The Public Works crew assisted on a routine basis but they were stretched with their own responsibilities of maintaining Town public properties, streets and alleys. The Town's systems were aging and were very high maintenance; iii) A

Capital request for the installation of five automatic flush systems which would help with the issue with the TTHM levels in the water. Currently the Town staff performed quarterly Town-wide water system flushes and this would alleviate that process. Councilman Wendell asked that the Fig Street Pump Station be added to the list for an automatic flush unit; iv) A request for a replacement vehicle (truck) in the Public Utilities Dept to be shared by waterworks and wastewater. Currently, the Public Utilities Dept drove an old Dodge Intrepid that was formerly a police vehicle. The vehicle was in bad shape and was not reliable. A pickup truck would be more feasible to carry equipment, tools, etc. Some of the workers had been driving their personal vehicles for this purpose; and v) Included a carryover from FY 2013/2014 for the Keck Wells Design.

There was some discussion regarding the Town-owned vehicles and that if an employee used their personal vehicle they should be compensated for mileage. Heather Arcos stated that currently, staff only submitted mileage reimbursement requests when travelling outside of Town on business. Councilman Wendell asked that a list of Town-owned vehicles be emailed to Council.

Wastewater: i) Included four full-time employees (three in operations and one in maintenance); ii) Also included a request for half of a new full-time position to share with the Waterworks Dept.; iii) A Capital request to upgrade controls at the Mason Avenue Pump Station; iv) A Capital request for a pickup truck to share with the Waterworks Dept.; v) Capital Projects included repair work on the manholes throughout Town. Dave Fauber stated that each manhole would be assessed and a bid would be advertised for up to 100 manholes. This project was necessary to improve the Inflow & Infiltration issue.

Heather Arcos informed Council that the insurance rates for the next plan year had been received and the cost for the benchmark plan (PPO) had decreased. In FY 2013/2014, the Town had allocated \$544.98 per month per employee for health coverage which included medical and dental. The difference in premiums for employees who chose an HMO plan was credited into a health savings plan. The premium amount for the PPO for FY 2014/2015 was \$535.15 per month and staff recommendation was to keep the Town's contribution at the current rate of \$544.98 unless Council wanted to reduce the amount. Under the Affordable Care Act, the rates were based on an individual's age and health. The rules were still changing and staff was following the updates. Council reviewed the Employee Insurance Benefit Comparison and no changes were made.

Heather Arcos continued to state that staff was looking at the disability plans through the Virginia Municipal League. Employees had to make a decision regarding their disability plans on whether they opted to stay with their current plan or convert to the hybrid plan which would enable the employee to make additional contributions to their account, similar to a 401K or IRA.

The next Budget Work Session was scheduled for March 13, 2014 beginning at 6:00 PM.

**Motion made by Councilman Godwin, seconded by Councilman Sullivan to adjourn the Town Council Work Session. The motion was approved by unanimous consent.**

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Vice Mayor Bannon

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Town Clerk

# Class II Connection Charges

Council Work Session

March 6 2014

## Class II Connection Charges

- Class II water and wastewater connection charges apply to construction of new commercial or industrial buildings.
- Most of it is the Facility Fee to generate funds for plant capacity.
- Developers view it as a barrier to bringing economic activity to town.
- Reviewed at the Council Retreat on February 8, 2014.
- Council requested further study.

## Class II Connection Charges

- Facility fee calculation problems:
  - Overstated VDH usage factors.
  - Inequity between low and high volume users due to residential fee floor.
- Reviewed charges by other small towns:
  - Cape Charles in the middle.
- Reviewed "meter size" method used by some other towns:
  - Poor estimation of demand on water and wastewater facilities.
  - Might generate pressure for inadequately sized building supply.
  - Not recommended as an appropriate methodology.

## Class II Connection Charges

- Staff has continued to refine actual usage factors (gpd) for CC businesses:

<u>Type</u>	<u>VDH</u>	<u>Actual</u>
Restaurant	50/seat	8/seat
Lodging	130/room	44/room
Retail	1,000/4,000 ft	14/4,000 ft

## Class II Connection Charges

- Sample calculations using realistic usage estimates and eliminating both the residential floor and discount factor (Class I Facility Fee X Residential Equivalent):
  - 4,000 ft retail - \$1,187 vs. \$19,080 now.
  - 50 seat restaurant - \$33,920 vs. \$31,800 now.
  - 100 room hotel - \$373,120 vs. \$120,840 now.
- Eliminates inequity between low and high volume uses.
- Calculation for high volume uses appears reasonable. Former developer of hotel on US 13 proposed paying \$250K, plus an existing well, to connect to town water and wastewater systems.

## Class II Connection Charges

- Recommended way ahead:
  - ✓ Continue to refine usage data for various types of businesses.
  - ✓ Develop estimated usage table for Council approval.
  - ✓ Revise town code, via ordinance, to change the formula; reference table.
  - ✓ Update table if usage patterns appreciably change.



**DRAFT**  
**TOWN COUNCIL**  
**Executive Session**  
**Town Hall**  
**March 10, 2014**  
**5:30 p.m.**

At 5:30 p.m. Mayor Dora Sullivan, having established a quorum, called to order the Executive Session of the Town Council. In addition to Mayor Sullivan, present were Vice Mayor Bannon, Councilmen Bennett, Sullivan and Wendell and Councilwoman Natali. Councilman Godwin was not in attendance. Town Manager Heather Arcos was also in attendance.

**Motion made by Councilman Wendell, seconded by Councilman Bennett, and unanimously approved to go into Closed Session in accordance with Section 2.2-3711-A of the Code of Virginia of 1950, as amended for the purpose of:**

**Paragraph 1:** Discussion, consideration, or interviews of prospective candidates for employment; assignment, appointment, promotion, performance, demotion, salaries, disciplining, or resignation of specific public officers, appointees, or employees of any public body.

**Specifically:** Interviews for Treasurer

**Paragraph 3:** Discussion or consideration of the acquisition of real property for a public purpose, or of the disposition of publicly held real property, where discussion in an open meeting would adversely affect the bargaining position or negotiating strategy of the public body.

**Specifically:** Real Property Acquisition Opportunity

**Motion made by Councilwoman Natali, seconded by Councilman Bennett, to return to Open Session. The motion was approved by unanimous consent.**

Mayor Sullivan noted that Vice Mayor Bannon had another meeting to attend and left at 6:50 p.m.

Motion to certify to the best of each member's knowledge (i) only public business matters lawfully exempted from open meeting requirements under this chapter and (ii) only such public business matters as were identified in the motion by which the closed meeting was convened were heard, discussed or considered in the meeting by the public body. Roll call vote: Bennett, yes; Natali, yes; Sullivan, yes; Wendell, yes.

**Motion made by Councilwoman Natali, seconded by Councilman Bennett, to adjourn the Town Council Executive Session. The motion was approved by unanimous consent.**

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Mayor Sullivan

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Town Clerk



**DRAFT  
TOWN COUNCIL**

**Work Session**  
Town Hall  
March 13, 2014  
6:00 p.m.

At approximately 6:00 p.m., Mayor Dora Sullivan, having established a quorum, called to order the Work Session of Town Council. In addition to Mayor Sullivan, present were Vice Mayor Bannon, Councilmen Godwin, Sullivan and Wendell, and Councilwoman Natali. Councilman Bennett was not in attendance. Also present were Town Manager Heather Arcos and Town Clerk Libby Hume. There were 11 members of the public in attendance.

Mayor Sullivan announced the business for the evening would be to continue discussions regarding transient occupancy taxes (TOT) with i) a determination of the amount of increase; ii) a review of the draft ordinance; iii) discussion regarding the creation of a Cape Charles Tourism Board; and iv) discussion of funding priorities.

Councilman Wendell suggested that, with the number of people in attendance, a public comment period could be considered. Mayor Sullivan stated that this meeting was a work session and public comment generally was not accepted during a work session. A public hearing would be held prior to a decision being made regarding this issue. Heather Arcos added that this item would be on the March 20, 2014 Council agenda to set a public hearing for April 17, 2014 immediately preceding the regular meeting.

Town Manager Heather Arcos stated that Council discussed its focus on tourism and reviewed the amount of tourism revenue and expense at their February 8, 2014 meeting and tasked staff to develop a draft tourism budget showing the TOT revenue and expenses for tourism-related activities over the last several years.

Council reviewed the Town of Cape Charles Tourism Budget – Pro Forma and the consensus was to increase the TOT by .7% for a total of 3.7%. Northampton County collected 2% TOT from Cape Charles and 5% from surrounding areas in the County. A total tax of 11% would be collected from the combined TOT and the Virginia state sales tax of 5.3%.

Heather Arcos read the language in the current Town Code § 66-57. Council went on to review Draft Ordinance 20140417, specifically the proposed language for § 66-57. After much discussion, Council agreed upon the following language:

“There is hereby levied and imposed on each transient a tax equivalent to 3.7 percent of the total amount paid for lodging, by or for any such transient, to any hotel, motel, bed and breakfast, campground, and other facilities offering guest rooms rented out for continuous occupancy for fewer than 30 consecutive days. The revenue collected from the Transient Occupancy Tax shall be allocated for tourism-related initiatives.”

Council agreed that the intent of the revisions was to enable the Town to further support tourism-related initiatives within the Town. There was much discussion regarding the amount of funding provided to the Eastern Shore of Virginia Tourism Commission (ESVTC) from the Town and Northampton County vs. Accomack County and the Towns of Onancock and Chincoteague. Cape Charles was the only Town in Northampton County providing funding assistance to the ESVTC in addition to the County. Councilman Sullivan stated that Northampton County had 25% of the residents on the Eastern Shore, but contributed 60% of the funding, including the Town’s contribution, to the ESVTC.

Heather Arcos stated that the Welcome Center at the Chesapeake Bay Bridge Tunnel referred a lot of visitors to the Town and added that she would like to see continued support to the Welcome Center. There was further discussion regarding the benefits received for the Town's 1% of TOT which equated to \$17,491 this year. In previous years, the Town also contributed an additional \$5K over the 1% TOT. After further discussion, the majority of Council was in favor of limiting the Town's contributions to the ESVTC to \$5K annually to support the Welcome Center.

There was much discussion regarding the creation of a Cape Charles Tourism Board but the general consensus was that, although a Board could possibly be a good resource and provide marketing support for tourism, it was premature for the Town at this time. Councilman Wendell stated that the Cape Charles Business Association (CCBA) meetings came close to what a Tourism Board would discuss and added that a separate Tourism Board might be duplicating the efforts of the CCBA. Council was in agreement that a work session would be scheduled for early April with the non-profit groups requesting financial assistance from the Town.

Council briefly discussed uses for the TOT revenue and requested that it be a separate line item, if not a separate account, for tracking purposes. The Town currently paid other law enforcement officers for additional support during events and the TOT fund could be used to pay for this additional support as well as the cost of overtime for staff.

There was some discussion regarding the tourism website, [www.capecharlesbythebay.com](http://www.capecharlesbythebay.com), and Council agreed that the website helped tourism and the Town needed to continue its support. It was noted that the Cape Charles By the Bay website included listings for short-term rental properties outside the Town's limits.

Heather Arcos reiterated that this item would be on the March 20 Council agenda to schedule a public hearing for April 17. A work session would be scheduled for early April for Council to meet with the non-profit organizations requesting funding assistance from the Town.

**Motion made by Councilwoman Natali, seconded by Vice Mayor Bannon, to adjourn the Town Council Work Session. The motion was approved by unanimous consent.**

\_\_\_\_\_  
Mayor Sullivan

\_\_\_\_\_  
Town Clerk

**MUNICIPAL CORPORATION OF CAPE CHARLES**  
**CASH POSITION**  
**FEBRUARY 28, 2014**

<b>Cash on Hand</b>	<b>1/31/2014</b>	<b>2/28/2014</b>
Shore Bank Checking Account	1,031,382	761,795
Shore Bank Checking Account - Facility Fees Reserved	95,216	96,579
Local Government Investment Pool - New Library Funds from CD	68,509	68,515
Local Government Investment & Restricted Funds	440,650	440,685
<b>Total Cash On Hand</b>	<b>\$ 1,635,757</b>	<b>\$ 1,367,574</b>

<b>Restricted Cash Balance</b>	<b>1/31/2014</b>	<b>2/28/2014</b>
LGIP - Rural Development	97,309	97,317
Shore Bank Savings Account - Police Funds	1,231	1,231
US Bank - VRA Interest Free Loan	257,584	257,585
<b>Total Cash Held in Reserve</b>	<b>\$ 356,124</b>	<b>\$ 356,133</b>

**Tax Collection Comparison - FEBRUARY 28, 2014:**

<b>Tax Category</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>Difference</b>
Admission Taxes	13,601.00	14,475.40	874.40
Business License Tax	2,346.48	17,493.02	15,146.54
Consumer Utility Taxes	26,087.97	29,671.02	3,583.05
Electric, Gas & Telephone	32,753.88	31,508.61	(1,245.27)
Franchise License Taxes	-	-	-
Golf Cart Decals	1,333.00	558.00	(775.00)
License Tax **	9,974.25	17,280.99	7,306.74
Machinery & Tools	30,780.00	31,194.00	414.00
Meals Tax	148,654.72	183,401.09	34,746.37
Penalties & Interest - All Property Taxes	22,903.17	25,658.98	2,755.81
Penalty & Interest - Miscellaneous Taxes	-	-	-
Personal Property Taxes	86,608.96	177,629.58	91,020.62
Prior Year Real Estate & Personal Property Taxes	44,106.13	50,034.89	5,928.76
Real Estate Taxes	1,021,611.36	969,544.65	(52,066.71)
Short Term Rental Tax	3,414.31	3,334.96	(79.35)
Transient Occupancy Tax	36,695.54	43,517.16	6,821.62
<b>Total</b>	<b>\$ 1,480,870.77</b>	<b>\$ 1,595,302.35</b>	<b>\$ 114,431.58</b>

MUNICIPAL CORPORATION OF CAPE CHARLES  
 TREASURER'S REPORT  
 FEBRUARY 28, 2014  
 REVENUE VS. EXPENDITURES

FUND	ANNUAL BUDGET	CURRENT MONTH	CURRENT YEAR-TO-DATE	PRIOR YEAR-TO-DATE	INCREASE/ DECREASE YTD	% REALIZED/ EXPENDED FY14
GENERAL						
REVENUES	2,957,183	46,236	1,777,000	1,749,030	27,970	60.09%
EXPENDED	2,957,183	222,312	1,262,639	1,460,334	(197,695)	42.70%
PUBLIC UTILITIES						
REVENUES	1,496,082	132,460	1,288,845	1,249,751	39,094	86.15%
EXPENDED	1,496,082	210,567	944,154	1,120,199	(176,045)	63.11%
HARBOR						
REVENUES	2,566,869	21,785	604,753	607,390	(2,638)	23.56%
EXPENDED	2,566,869	186,504	801,098	754,166	46,932	31.21%
SANITATION						
REVENUES	160,452	14,173	116,272	117,697	(1,424)	72.47%
EXPENDED	160,452	28,527	96,679	90,256	6,422	60.25%

# FY 2014 Capital Improvement Project (CIP) History

2/28/2014

General Fund

	FY11		FY12		FY13		FY14		FY14 budgeted
	actual	budgeted	actual unaudited	budgeted	actual unaudited	budgeted	actual unaudited	budgeted	
Cape Charles Multi-Use Trail	\$ 351,814	\$ 165,000	\$ 55,486	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Cape Chas Multi-Use Trail Phase 2	\$ -	\$ 433,026	\$ -	\$ 96,000	\$ 57,752	\$ 96,000	\$ 17,930	\$ 750,000	\$ 750,000
CBDG Broadband	\$ 207,410	\$ 512,300	\$ 254,742	\$ 209,703	\$ -	\$ -	\$ -	\$ -	\$ -
Fishing Pier Old Section Replacement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 310,000
Gator 4WD with Sides	\$ -	\$ -	\$ 12,000	\$ 12,000	\$ -	\$ -	\$ -	\$ -	\$ -
Handicap Accessibility Old Library	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 40,000
New Library Building	\$ -	\$ -	\$ -	\$ -	\$ 207,633	\$ 207,633	\$ -	\$ -	\$ -
Pickup Truck - Public Works	\$ 20,437	\$ 20,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Public Works Building	\$ 28,293	\$ 30,000	\$ 36,277	\$ 24,795	\$ -	\$ -	\$ -	\$ -	\$ -
Restrooms Central Park - Town Portion	\$ -	\$ -	\$ -	\$ -	\$ 15,000	\$ 15,000	\$ -	\$ -	\$ -
Sidewalk - Connect from Heritage Acres	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 130	\$ 10,000	\$ 10,000
Street Sweeper	\$ -	\$ -	\$ -	\$ -	\$ 19,089	\$ 20,000	\$ -	\$ -	\$ -
<b>subtotal</b>	<b>\$ 607,954</b>	<b>\$ 1,160,326</b>	<b>\$ 358,504</b>	<b>\$ 342,498</b>	<b>\$ 299,474</b>	<b>\$ 338,633</b>	<b>\$ 19,560</b>	<b>\$ 1,110,000</b>	<b>\$ 1,110,000</b>
Water Fund									
Asset Management System Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15,000	\$ 1,200	\$ -	\$ -
Control Panel	\$ -	\$ -	\$ -	\$ 120,000	\$ 114,809	\$ 120,000	\$ 3,178	\$ -	\$ -
Generator New Water Plant	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 45,000
Infrastructure 2 Wells	\$ 120,906	\$ 280,000	\$ 26,650	\$ 325,000	\$ 5,083	\$ 117,367	\$ 3,150	\$ 60,000	\$ 60,000
Project Consultant/Management	\$ 3,060	\$ 4,613	\$ 2,576	\$ 3,339	\$ -	\$ -	\$ -	\$ -	\$ -
Softener Media	\$ -	\$ -	\$ -	\$ -	\$ 24,750	\$ 50,000	\$ -	\$ -	\$ -
Stainless Steel Racks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,000	\$ -	\$ -	\$ -
Stainless Steel Walkway	\$ -	\$ -	\$ -	\$ -	\$ 9,950	\$ 10,000	\$ -	\$ -	\$ -
Utility Trailer New (50% Cost)	\$ -	\$ -	\$ -	\$ -	\$ 1,433	\$ 2,500	\$ -	\$ -	\$ -
Water Production Expansion	\$ 25,183	\$ 20,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>subtotal</b>	<b>\$ 149,149</b>	<b>\$ 304,613</b>	<b>\$ 29,226</b>	<b>\$ 448,339</b>	<b>\$ 156,025</b>	<b>\$ 324,867</b>	<b>\$ 7,528</b>	<b>\$ 105,000</b>	<b>\$ 105,000</b>
Sewer Fund									
Asset Management Design/Population	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15,000	\$ 1,200	\$ -	\$ -
Generator New Mason Ave	\$ -	\$ -	\$ -	\$ 35,000	\$ -	\$ -	\$ -	\$ -	\$ -
Generator Replacement Wastewater	\$ 45,000	\$ 45,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Inflow & Infiltration Project	\$ 779,889	\$ 1,200,000	\$ 722,664	\$ 325,000	\$ -	\$ -	\$ -	\$ -	\$ -
Project Consultant/Management	\$ 36,081	\$ 41,519	\$ 24,047	\$ 30,049	\$ -	\$ -	\$ -	\$ -	\$ -
Pump Stations - Engineering Plum St	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 30,000
Utility Trailer	\$ -	\$ -	\$ -	\$ -	\$ 1,433	\$ 2,500	\$ -	\$ -	\$ -
Vehicle New for Department	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,000	\$ -	\$ -	\$ -
WWTP Plant Construction (1)	\$ 9,721,278	\$ 13,041,519	\$ 3,620,370	\$ 6,100,000	\$ 1,233,024	\$ 1,783,944	\$ 90,172	\$ -	\$ -
<b>subtotal</b>	<b>\$ 10,582,248</b>	<b>\$ 14,328,038</b>	<b>\$ 4,367,081</b>	<b>\$ 6,490,049</b>	<b>\$ 1,234,457</b>	<b>\$ 1,821,444</b>	<b>\$ 91,372</b>	<b>\$ 30,000</b>	<b>\$ 30,000</b>
Harbor Fund									
Bathhouses	\$ -	\$ -	\$ 343,300	\$ 343,977	\$ -	\$ -	\$ -	\$ -	\$ -
Gator	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,000	\$ 12,000	\$ 12,000
Marina Inshore Floating Slips	\$ 1,540,370	\$ 1,643,977	\$ 75,378	\$ -	\$ -	\$ -	\$ 7,500	\$ 100,000	\$ 100,000
Offshore Breakwater Phase 1	\$ 122,485	\$ -	\$ -	\$ -	\$ -	\$ 500,000	\$ -	\$ -	\$ -
Site Work *	\$ -	\$ -	\$ 60,368	\$ -	\$ 1,711	\$ -	\$ -	\$ -	\$ -
Surveillance Cameras	\$ -	\$ 5,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Walkways West Dock *	\$ -	\$ -	\$ 62,043	\$ 20,000	\$ 720	\$ -	\$ -	\$ -	\$ -
Wave Attenuators	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000,000
<b>subtotal</b>	<b>\$ 1,662,855</b>	<b>\$ 1,648,977</b>	<b>\$ 541,090</b>	<b>\$ 363,977</b>	<b>\$ 2,431</b>	<b>\$ 500,000</b>	<b>\$ 19,500</b>	<b>\$ 1,112,000</b>	<b>\$ 1,112,000</b>
* Site Work and Walkways are funded by VPA grant ** Capital Project Carryover									
<b>TOTAL</b>	<b>\$ 13,002,206</b>	<b>\$ 17,441,954</b>	<b>\$ 5,295,901</b>	<b>\$ 7,644,863</b>	<b>\$ 1,692,387</b>	<b>\$ 2,984,944</b>	<b>\$ 137,960</b>	<b>\$ 2,357,000</b>	<b>\$ 2,357,000</b>

MUNICIPAL CORPORATION OF CAPE CHARLES  
 TREASURER'S NOTES  
 FEBRUARY 28, 2014

**2013 Real Estate Tax Collections**

2/28/14

Total Land Value	\$ 206,709,800.00	
Total Improvement Value	<u>\$ 203,219,700.00</u>	
<b>Total Real Estate Value</b>	<b>\$ 409,929,500.00</b>	
Total Budgeted	\$ 1,073,856.00	
Total Bills Mailed	\$ 1,140,275.63	
Total Collected as of 02/28/2014	<u>\$ 969,544.65</u>	85%
<b>Amount Due</b>	<b>\$ 170,730.98</b>	

**2013 Personal Property Tax & 2014 License Tax Collections**

2/28/14

<b>Total Personal Property Value</b>	<b>\$ 13,783,200.00</b>	
Total Budgeted	\$ 160,000.00	
Total Bills Mailed	\$ 162,207.51	
Total Adjustments (will increase)	\$ (1,916.17)	
Total Collected as of 1/31/2014	<u>\$ 121,692.78</u>	75%
<b>Amount Due</b>	<b>\$ 38,598.56</b>	

**Credit Cards Processed in Office with Swipers purchased last year (since November 20, 2012)**

2/28/14

	<u>Visa</u>	<u>Mastercard</u>	<u>Discover</u>	<u>Total</u>
In Office	\$ 113,137.94	\$ 47,245.61	\$ 9,405.85	\$ 169,789.40
By Phone	<u>\$ 37,546.26</u>	<u>\$ 9,949.20</u>	<u>\$ 2,077.56</u>	<u>\$ 49,573.02</u>
<b>Total</b>	<b>\$ 150,684.20</b>	<b>\$ 57,194.81</b>	<b>\$ 11,483.41</b>	<b>\$ 219,362.42</b>

**Other Notes:**

# Planning Commission Report for Town Council

From: Rob Testerman  
To: Town Council  
Date: March 10, 2014  
Subject: Report for Planning Department

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1. FEMA has contacted the town regarding the preliminary FIRM's. Digital copies of the FIRMs and FIS report can be found at [www.fema.gov/preliminaryfloodhazarddata](http://www.fema.gov/preliminaryfloodhazarddata). We are currently in an appeal period. Any owner or lessee of property who believes their property rights will be adversely affect by the proposed flood hazard determinations may appeal the preliminary FIRMs prior to their adoption. The "sole basis for such appeals is the possession of knowledge or information indicating that the proposed flood hazard determinations are scientifically or technically incorrect." Any property wishing to appeal the FIRM should submit their appeal to the Planning and Zoning Department. Appeals will then be forwarded to FEMA for their review.
2. Accomack-Northampton Planning District Commission has completed their initial review of the Comprehensive Plan, identifying areas that they believe may be in need of a major update. We will be meeting with Elaine Meil soon to schedule public meetings.
3. The Army Corps of Engineers has altered their plans for spoils resulting from the upcoming harbor dredging. After consulting with environmental agencies, they have decided that due to tiger beetle habitat, subaqueous vegetation, and nearby oyster leases, they no longer plan to use the beaches in Bay Creek South. They do still plan to place sand on the Town Beach. Because Bay Creek is no longer being considered, the Wetlands Board hearing has been cancelled.
4. Staff plans to attend the Eastern Shore Healthy Communities meeting, Thursday, March 13, to hear a presentation by Kevin Byrd, of the New River Valley Planning District Commission, on livable communities.

## Planning Commission Meeting – February 4

1. The Planning Commission held its regular meeting on March 4, 2014.
  - a. The Commission completed its preliminary review of the Comprehensive Plan. As mentioned above, we anticipate beginning work with the A-NPDC shortly.
  - b. The Planning Commission continued to discuss backyard chickens, further investigating typical concerns that are raised regarding backyard chickens. Other localities' regulations regarding backyard chickens were also discussed, including Madison, WI; Richmond, VA; Onancock, Eastville and Chincoteague, among others.
  - c. As a next step staff is preparing a community survey for property owners to gauge public interest of backyard chicken keeping. For the next meeting, staff will present draft language to the Planning Commission.

## Historic District Review Board Meeting – February 18

1. The Historic District Review Board met February 18 to hear and review an application for 621 Jefferson Avenue, the application was approved unanimously.
2. The HDRB will hold its regular meeting on March 18 to hear and review one application that has been received.

## Code Enforcement

Month of February FY 2014

### Building Permits Issued/Permit Fees Collected:

Permits this month: 21	
Permits this year: 150	Total permits last year: 257
Total construction this month: \$494,604	
Total construction this year: \$4,719,258	Total construction last fiscal year: \$7,411,540
Permit fees this month: \$2,231.36	
Total permit fees this fiscal year: \$59,488.84	Total permit fees last fiscal year: \$177,559.27
Bay Creek Water/Sewer Tap fees: \$0	
The Colony/Sewer Water Tap fees: \$0	
Marina Village/Marina Village East Sewer/Water Tap fees: \$0	
Bayside Village Sewer/Water Tap fees: \$24,700	
Old-Town Water/Sewer Tap fees: \$0	
Total Tap fees this year: \$24,700	Total Tap fees last fiscal year: \$105,756
Fire Dept. levy this month: \$167.99	
Total Fire Dept. levies this year: \$2,369.11	Total Fire Dept. levies last fiscal year: \$3,195.93
State levy this month: \$33.60	
Total state levies this year: \$544.52	Total state levies last fiscal year: \$638.20
Miscellaneous Revenue: \$0	

### Existing Structures Code Enforcement Cases:

Total Cases: 27	
New this month: 0	
Closed this month: 0	
Rental Inspections: 0	
Rental C.O's Issued: 0	
Rental Inspection fees collected: \$0	
Grass cutting enforcement: 13	
Grass cutting: 7	
Enforcement fees charged this month: \$0	
Enforcement fees charged this year: \$2,750	Fees charged last fiscal year: \$10,050
Enforcement fees collected: \$1,272.70	
Enforcement fees collected this year: \$1,272.70	Fees collected last fiscal year: \$1,129.36

### Annual Fire Inspections (updated) (Completed)

Total Cases: 92  
Inspections conducted: 0  
Closed this month: 0  
Closed altogether: 92  
Cases unresolved: 0

### Annual Fire Reports (updated) (Completed)

Total Cases: 59  
Received this month: 0  
Closed: 59  
Unresolved: 0

Month of February FY14

**Other items of note:**

1. Completed **40** inspections
2. Conducted 0 zoning clearances
3. Completed 1 courtesy residential inspections
4. Conducted 1 courtesy commercial inspection
5. Conducted 28 E & S control inspections
6. Conducted 0 commercial plan reviews for Erosion and Sedimentation Control.
7. Completed 0 residential plan reviews
8. Issued 0 Public Utilities Shallow Well permits
9. Continuing correspondence with Designers of Cape Charles Loft Project regarding plan review.
10. Continuing work with Bob Panek on alternatives to Class II Connection Fees.

03/10/14

# Permit/Construction Fee Report

Map Number	Permit #	Type	Date	Address	Work description	Permit Fee	Value
	PB140010	Building	02/04/2014	1134 Bayshore Lane	40x40 Tent	\$50.00	\$1,000
	PB140012	Building	02/20/2014	1134 Bayshore Lane	Constructing 3 Fabric steam covers for pro	\$300.00	\$400,000
	PP140007	Plumbing	02/21/2014	1011 Bayshore Road	On-Site Utilities for Parcel 12	\$420.00	\$20,000
	PE140009	Electrical	02/20/2014	634 Carousel Place	100 amp temp pole	\$56.00	\$200
	PE140004	Electrical	02/04/2014	505 Harbor Avenue	Electrical Alteration	\$56.00	\$2,500
	PM140005	Mechanical	02/06/2014	505 Harbor Avenue	Replacement Mechanical Equipment	\$151.20	\$12,000
	PP140005	Plumbing	02/18/2014	505 Harbor Avenue	Plumbing Alteration	\$66.93	\$4,450
083A1-0100-10	PB140009	Building	02/03/2014	209 Jefferson Avenue	Rear Addition	\$168.00	\$15,000
083A3-0207-00	PP140006	Plumbing	02/21/2014	2 Madison Avenue	Replacement of on-site sewer line	\$61.68	\$3,513
083A1-0100-19	PE140010	Electrical	02/28/2014	529 Madison Avenue	Kitchen & Bath Remodel	\$58.24	\$2,900
	PP140008	Plumbing	02/27/2014	33 Marina Road	New Plumbing For Fresh Market Area	\$110.83	\$4,895
	PT140001	UST/ AST	02/21/2014	900 Marina Village Cir	Moving 2 UST	\$84.00	\$500
83A3-0201-063	PE140005	Electrical	02/10/2014	117 Mason Avenue D	New Circuit for X-Ray Equipment	\$56.00	\$350
083A3-0100-61	PM140006	Mechanical	02/19/2014	321 Mason Avenue	1 new air to air heat pump	\$145.60	\$8,000
083A3-0100-34	PP140003	Plumbing	02/13/2014	606 Monroe Avenue	New Plumbing for Rehab	\$56.00	\$2,196
083A3-0100-48	PP140004	Plumbing	02/13/2014	114 Peach Street	Plumbing Alteration	\$67.20	\$4,500
083A3-0100-48	PE140006	Electrical	02/13/2014	114 Peach Street	Electrical Alteration	\$56.00	\$2,200
083A3-0202-08	PB140011	Building	02/06/2014	2 Randolph Avenue	Siding Replacement on a portio of house	\$63.28	\$3,800
	PE140007	Electrical	02/20/2014	530 Randolph Avenue	New Electrical to finish renovation	\$64.40	\$4,000
	PF140001	Fire Suppresio	02/27/2014	2198 Stone Road	Suppression System for Spray Booth	\$84.00	\$2,500
	PE140008	Electrical	02/20/2014	138 Sunset Blvd	100 amp temp pole	\$56.00	\$100

**\$2,231.36**

**\$494,604**

**Total Permits: 21**

PerDisclosed Range from 02/01/2014 to  
02/28/2014



# **Town Harbor Town Council Report February, 2014**

March 1, 2014

## **Maintenance:**

1. Completed women's restroom
2. Began re-screwing the inner harbor basin board walk
3. Cleaned and organized workshop.

## **Upcoming Items that needs to be completed by spring:**

1. Replace leaky water valves. (if any)
2. Repair main back flow preventer on the floating docks.
3. Replace waterline on Coast Guard dock.
4. Finish painting the fuel tank.
5. Relocate fire and electric pedestals on T-Heads
6. Replace existing water hose with a quick connect water hose under the East Gangway.
7. Repair wire way under West Gangway.
8. Re-tighten all cleats on floating docks.
9. Continue re-screwing boardwalk at the inner harbor.
10. Replace all broken pile caps.
11. Re-nail all rubber bumpers.
12. Clean all electrical pedestal bus bars in the inner harbor.
13. Paint the boat ramp parking stripes.
14. Add shells to Shanty parking area

## **Capital Projects and Harbor improvements:**

1. Folks from the Waterman's Memorial began to lay out the sight.

## **Other Items:**

1. Follow us on Face Book (**Cape Charles Town Harbor**) almost 1,700 likes!!!
2. Current Office Hours – 8 am to 4:30 pm Monday – Friday (Closed Weekends and Holidays)
3. I attended a Virginia Working Waterfront Seminar at the Eastern Shore Community College on Thursday, February 27<sup>th</sup>.

## **Important Dates:**

1. **March 15, 2014** – Harbor Office open 7 days a week,
2. **March 17, 2014** – Crabbing season opens
3. **April 25 & 26, 2014** - 7<sup>th</sup> Annual Blessing of the Fleet
4. **May 1, 2014** - Summer Office hours begin
5. **May 22, 2014** – National Maritime Day
6. **June 7, 2014** – CBF's 26<sup>th</sup> Annual Clean the Bay Day
7. **June 14 – 15, 2014** – Annual Tall Ships at Cape Charles
8. **June 14, 2014** – National Marina Day
9. **July 4, 2014** – Fireworks and celebration
10. **July 5, 2014** – Annual Cape Charles Fire Department Seafood Festival
11. **August 1 – 3, 2014** – Clam Slam 2014
12. **October 25, 2014** – Haunted Harbor



# Town Harbor Town Council Report February, 2014

## Total Nights Docked

	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
July	539.0	900.0	870.0	1090.0	1771.6	1991.9	2535.0	2256.0	2657.5
August	871.0	654.0	471.0	1300.0	1759.0	1757.1	2216.4	2356.2	2331.0
September	539.0	2578.0	2431.0	1123.0	1753.0	1647.9	1845.0	2217.1	1955.0
October	409.0	945.0	767.0	1311.0	1890.1	1752.9	2073.0	2257.5	2230.2
November	508.0	731.0	601.0	887.0	1333.7	1790.2	1808.8	2159.9	2048.0
December	900.0	2513.0	2322.0	1103.0	1587.2	1431.2	1395.9	1783.0	1887.1
January	972.0	1168.0	1021.0	776.0	1195.0	1287.8	1366.7	1436.0	1346.0
February	736.0	387.0	564.0	748.0	1008.0	1130.0	1372.5	1264.0	1286.5
March	5722.0	6278.0	4685.0	2021.0	871.0	1342.1	2662.0	1451.1	0.0
April	2052.0	2410.0	2832.0	2827.0	3142.8	2645.6	2290.0	3285.0	0.0
May	671.0	798.0	1364.0	1718.0	2141.1	2089.8	2785.9	2531.1	0.0
June	3409.0	2960.0	1401.0	2069.0	1610.1	2124.9	2647.0	2985.6	0.0
<b>Total</b>	<b>17,328.0</b>	<b>22,322.0</b>	<b>19,329.0</b>	<b>16,973.0</b>	<b>20,062.6</b>	<b>20,991.4</b>	<b>24,998.2</b>	<b>25,982.4</b>	<b>15,741.3</b>
<b>YTD Total</b>	<b>5,474.0</b>	<b>9,876.0</b>	<b>9,047.0</b>	<b>8,338.0</b>	<b>12,297.6</b>	<b>12,789.0</b>	<b>14,613.3</b>	<b>15,729.7</b>	<b>15,741.3</b>
<b>YTD Avg.</b>	<b>22.5</b>	<b>40.6</b>	<b>37.2</b>	<b>34.3</b>	<b>50.6</b>	<b>52.6</b>	<b>60.1</b>	<b>64.7</b>	<b>73.2</b>
<b>% of Capacity</b>	<b>33.13%</b>	<b>59.77%</b>	<b>54.75%</b>	<b>50.46%</b>	<b>74.42%</b>	<b>77.40%</b>	<b>48.89%</b>	<b>52.63%</b>	<b>59.52%</b>

**Note:**

From July 1, 2005 – June 30, 2011 Numbers are based on 68 places to berth, we now have 123.  
Avg. is number of vessels we averaged on a nightly basis year to date.

## Gallons of Fuel Sold

	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
July	6,464.100	12,734.703	12,013.021	7,730.331	10,211.513	11,722.477	26,427.288	30,754.913	30,345.500
August	3,806.300	11,108.235	8,914.005	8,890.595	10,088.031	11,290.827	25,819.462	23,390.141	26,572.231
September	4,516.300	4,530.053	4,349.228	3,225.399	5,573.967	5,290.375	14,779.695	19,911.683	16,722.271
October	212.300	5,624.647	4,173.804	3,529.506	5,232.763	7,454.961	8,180.768	10,930.802	14,913.378
November	630.900	7,363.152	7,225.106	1,822.606	20,000.271	4,299.427	6,496.114	8,975.326	9,902.455
December	23,927.700	24,279.537	22,290.181	5,483.225	8,925.826	6,891.013	8,834.040	11,814.189	13,119.259
January	14,830.000	19,296.883	9,253.928	478.286	2,749.446	4,057.270	2,421.252	5,344.767	3,460.834
February	14,571.025	6,878.796	5,637.253	5,492.921	2,048.767	3,207.629	4,862.586	2,392.290	3,573.099
March	7,859.400	11,745.183	8,421.375	2,192.653	5,202.423	6,013.726	16,657.846	5,954.819	0.000
April	13,975.846	18,708.018	17,222.361	20,910.338	19,516.885	21,057.695	11,446.466	21,467.503	0.000
May	10,698.173	13,105.475	9,100.716	12,381.295	13,773.825	16,498.664	21,105.820	22,336.015	0.000
June	7,168.276	10,939.289	7,168.498	6,394.439	11,735.395	15,678.604	18,830.919	20,089.120	0.000
<b>Total</b>	<b>108,660.320</b>	<b>146,313.971</b>	<b>115,769.476</b>	<b>78,531.594</b>	<b>115,059.112</b>	<b>113,462.668</b>	<b>165,862.256</b>	<b>183,361.568</b>	<b>118,609.027</b>
<b>YTD Total</b>	<b>68,958.625</b>	<b>91,816.006</b>	<b>73,856.526</b>	<b>36,652.869</b>	<b>64,830.584</b>	<b>54,213.979</b>	<b>97,821.205</b>	<b>113,514.111</b>	<b>118,609.027</b>
<b>YTD Month Avg</b>	<b>8,619.828</b>	<b>11,477.001</b>	<b>9,232.066</b>	<b>4,581.609</b>	<b>8,103.823</b>	<b>6,776.747</b>	<b>12,227.651</b>	<b>14,189.264</b>	<b>14,826.128</b>
<b>YTD Daily Avg.</b>	<b>283.780</b>	<b>377.844</b>	<b>303.936</b>	<b>150.835</b>	<b>266.793</b>	<b>223.103</b>	<b>402.556</b>	<b>467.136</b>	<b>488.103</b>

NOTE: July 1, 2005 thru June 30, 2008 includes Crab Dredging.



# Town Harbor Town Council Report February, 2014

## Wharf Fees in Lbs.

	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
July	179,426.5	47,206.0	7,769,560.0	21,478.0	143,590.0	94,956.0	179,508.0	266,770.0	217,139.0
August	162,482.0	363,024.0	3,988,148.3	121,800.0	159,935.0	181,640.0	143,970.0	13,808.0	137,467.0
September	42,210.0	67,543.0	133,280.0	170,055.0	133,355.0	166,235.0	124,700.0	155,440.0	96,350.0
October	60,175.0	69,610.0	3,708,765.0	69,935.0	108,596.0	1,160,140.0	3,020.0	93,610.0	584,550.0
November	238,375.0	87,695.0	2,339,445.0	5,200.0	73,455.0	90,710.0	100,744.0	8,685.0	3,569.0
December	933,105.0	588,147.5	8,646,542.5	31,099.0	124,880.0	23,995.0	4,745.0	31,425.0	14,260.0
January	492,087.5	438,502.5	7,591,883.0	13,749.0	104,030.0	15,720.0	0.0	313,730.0	0.0
February	157,557.0	256,042.5	3,978,997.5	247,500.0	0.0	28,000.0	45,522.0	0.0	0.0
March	281,980.5	121,470.0	262,094.0	30,691.3	296,430.0	62,267.5	423,350.0	22,275.0	0.0
April	671,460.0	482,142.5	1,005,028.0	764,278.5	869,185.0	758,760.0	147,185.0	367,871.0	0.0
May	137,341.3	4,045,130.0	109,336.0	177,528.0	340,480.0	307,810.0	355,825.0	322,534.0	0.0
June	103,233.8	108,003.0	89,104.0	79,885.0	143,805.0	267,645.0	94,457.0	30,249.0	0.0
<b>Total</b>	<b>3,459,433.5</b>	<b>6,674,516.0</b>	<b>39,622,183.3</b>	<b>1,733,198.8</b>	<b>2,497,741.0</b>	<b>3,157,878.5</b>	<b>1,623,026.0</b>	<b>1,626,397.0</b>	<b>1,053,335.0</b>
<b>YTD Total</b>	<b>2,265,418.0</b>	<b>1,917,770.5</b>	<b>38,156,621.3</b>	<b>680,816.0</b>	<b>847,841.0</b>	<b>1,761,396.0</b>	<b>602,209.0</b>	<b>883,468.0</b>	<b>1,053,335.0</b>
<b>YTD Monthly Avg.</b>	<b>283,177.3</b>	<b>239,721.3</b>	<b>4,769,577.7</b>	<b>85,102.0</b>	<b>105,980.1</b>	<b>220,174.5</b>	<b>75,276.1</b>	<b>110,433.5</b>	<b>131,666.9</b>
<b>YTD Daily Avg.</b>	<b>9,322.7</b>	<b>7,892.1</b>	<b>157,023.1</b>	<b>2,801.7</b>	<b>3,489.1</b>	<b>7,248.5</b>	<b>2,478.2</b>	<b>3,635.7</b>	<b>4,334.7</b>

## Cape Charles Memorial Library February 2014

1. Our attendance for February was 290, with 285 less customers than last year. (It was a very cold, snowy month which could have affected our attendance.)

2. Monthly attendance for programs held during February 2014:

**Children's Programs:**

Wednesday	10:30	Crafts	7 attended
Thursday	3:30	Chess	35 attended
Thursday	10:30	Storytime	61 attended
Monday	4:00	Book Club	2 attended
Tuesday	3:30	Lego Club	53 attended
Total			156

3. On February 27 we celebrated the birthday of **Dr. Seuss**. Jen Lewis dressed up as the Cat in the Hat and read Dr. Seuss books to the children for storytime.

4. Our first **LEGO Club** meeting was held on Tuesday, February 4 at 3:30 and again on February 18, with a total of 53 attending. In the future the club will be meeting on every other Tuesday of the month. We're offering two age groups with ages 7-12 meeting in the program room and the younger children, ages 4-6 meeting on the first floor and using Duplo block.

5. In celebration of **Black History Month** the first display in our glass display case featured crafts by Mama Girl and we also had 3 of her large canvases on display. Thank you to Joan Natali and Chris Bannon for transporting the items to the library from Mama Girl's studio in Painter.

6. Other displays during the month of February featured books for children and adults by black authors and books by Dr. Seuss for children.

7. Beginning on February 27, a representative from **Health Insurance Marketplace** will be offering information in the library lobby on Thursday nights and Saturdays. Stop by and get your questions answered.

8. As of today our Facebook page has 351 likes (7 new likes this month) and our postings reached 387 people in the past week. For additional information about library programs and library related information check out our **Facebook** page!

  <b>TOWN OF CAPE CHARLES</b>	<b>AGENDA TITLE:</b> Cape Charles Police Department		<b>AGENDA DATE</b> March 20,2014
	<b>SUBJECT/PROPOSAL/REQUEST:</b> Monthly Law Enforcement Statistic		<b>ITEM NUMBER</b>
	<b>ATTACHMENTS:</b> None		<b>FOR COUNCIL:</b> Action ( ) Information ( X )
	<b>STAFF CONTACT (s):</b> Jim Pruitt Chief of Police	<b>REVIEWED BY:</b> Heather Arcos Town Manager	

The following information is the monthly statistics regarding law enforcement activities for the Cape Charles Police Department.

Calls for Service in Cape Charles: 32

Calls for Service Outside of Cape Charles: 14

10-13 Calls

(A) By Dispatch: 39

(B) By Phone via Officer/Trooper:

(C) In Person 7

Felony Arrests: 0

Misdemeanor Arrests: 2

DUI Arrests: 0

Traffic Summons Issued: 5

Traffic Warnings Issued: 8

Parking Tickets Issued: 0

Assisted Northampton County Sheriff's Office: 10

Assisted Virginia State Police: 0

Assisted Other Local Police: 0

Assisted Other Federal Agencies 0

Assisted Fire & Rescue: 14

Assisted VDOT:

Foot Patrol hours – 60.5

# Public Utilities

## Monthly Report February 2014



### Production Summary

- Miss Utility Tickets: 15
- Emergency Call Outs After Hours and Weekends:  
Number of times called out: 0  
Total Man Hours: 0
- Sludge: 8 Tons
- Water: Total Production: 3,002,923 gallons  
High: 166,600 gallons on February 2  
Low: 69,400 gallons on February 21

Average	Raw Water	Finished Water
Hardness	380.8	158.8
Iron	8.00	.017
Manganese	.497	.011

All Data in PPM

- Waste Water: Average Flow 126,600  
Maximum 245,100  
Total for Month 3.54 Million Gallons

### Personnel

- Water
  - Ron Bailey Operator Class 3 water
  - Scottie Neville Passed his Class 4 Water Exam
  - Gerald Elliott Maintenance
- Waste Water
  - Patrick Christman Operator in Charge,
    - Class 2 Waste Water
    - Class 3 Water Plant Operator.
  - Freddie Meditz Operator Class 3, Lab Manager
  - Dan Dabinett Operator Class 3, Maintenance
  - Billy Powell Maintenance Supervisor



# PUBLIC WORKS

## February 2014



### Dump Fees

- Oyster Landfill: 11 Trips, 4.06 Tons @ cost of \$263.90

Note to Town residents: We have free mulch available. Contact Pete in Public Works.

### Personnel

- None

### Routine Monthly Responsibilities

- Water meter reading - Assist the Utilities Department Staff
- Maintenance of town vehicles and equipment.
- Maintenance, cleaning, and landscaping for outdoor public areas, including public beach, Central Park, Fishing Pier, Harbor and downtown commercial district. (Slowing Down)
- Maintenance, cleaning, and landscaping of all public facilities, including the town hall, library, water and wastewater, public works, and old library.
- Maintain streets and alleys in the historic district; including debris pickups/work orders.
- Assistance with preparation for events being held in town.
- Maintenance and mowing of Town properties outside of Old Town area. (Slowing Down)

### Completed Projects

- Trimmed rose bushes and weeded flower bed at Route 184 & Route 13
- Installed 2 deadbolt locks in the admin offices.
- Painted the Washington Avenue Pump Station.
- Trimmed and cleared out scrub bushes on the hump.
- Submitted to ANEC a list of street lights for repair.
- Painted Fig Street welcome sign.
- Cleaned and Organized Utilities Shed.

### In Progress

- Rope fence being installed at Keck Well Site.
- Cleaning street gutters.
- Alley maintenance.
- Grading at Central Park bathroom and BMP at SE corner.
- Replacing electrical feed to the War Memorial on Mason Avenue.
- Replace lighting at the Fig Street welcome sign.
- New sign for CCPD.
- Getting quotes for new carpet in the Municipal Building.
- Quotes for HVAC in Library.
- Looking at Bay Creek Golf Cart Path.
- Helping with Backwash Vault expansion.

### Upcoming Projects

- Install Randolph Avenue Sidewalk. We have VDOT permit. Work to be completed soon.

### Man Hours per Project/Task

Vehicle Maint.	Equipment Maint.	Building Maint.	Public Debris Areas	Street Cleaning	Beach Maint.	Public Sanitation	Public facilities cleaning	Admin. training	Property maint. & repair	Events	Meter Reads
32	38	74.5	36	30.5	19.5	34	40.5	30	69	0	11

### Capital Projects

- Central Park Restrooms - Complete
- Former Library Building Renovations
- Multi-Use Trail

## **Recreation Department March 2014 Council Report**

### **Projects:**

1. Melissa Lacks from Childforms will be visiting Friday, March 7. Childforms is a playground equipment company. Melissa will be helping staff to develop a plan for Cape Kids. Due to insurance and maintenance issues it has been recommended that we start to phase out wooden playground equipment and Melissa will help us with that process. Heather Arcos, Pete Leontieff, Dave Fauber, Jen Lewis and Joan Natali will meet with Melissa to discuss options and a plan will be brought to Council for review. Joan will be representing both the Cape Charles Woman's Club and Citizens for Central Park as both organizations have been instrumental in the development of the playground.
2. Staff continues to work with CZM on a grant for a new kiosk at the end of the fishing pier. The next stage is to design the panels that will be in the kiosk. The kiosk will consist of six different panels that will provide information to citizens and visitors to Cape Charles.
3. Staff continues to gather information and suggestions for the new name for the former library building. A report will be presented to Council with the findings.
4. A committee has met to develop a permanent LOVE installation for the Town of Cape Charles. A LOVE installation was rented for a week earlier this year and had a great turn out. Once all the information has been put together a formal presentation will be given to Council.

### **Events and Programming:**

1. February Freeze took place in Cape Charles on February 8. There was a great turn out and we look forward to Habitat for Humanity returning to Cape Charles next year for this event.
2. Jen helped with the LEGO Club on February 18. Sharon was with the older kids while Jen assisted with the younger kids.
3. Jen met with the New Roots Youth Garden to discuss Spring and Summer scheduling on February 20. Jen will be planning the Get Fit portion of each session.
4. Jen attended a Clam Slam meeting on February 25. Jen will be assisting Smitty during the event as well as overseeing the Crab Pot Cork Races and Cornhole tournament.
5. Jen joined the library for Storytime on February 27 dressed as the Cat in the Hat to celebrate Dr. Seuss' birthday.
6. Jen has sent out vendor and parade registration forms for July 4. She has already started to get a good reply from the vendors.

## **Summer Programming and Events:**

1. June 2, 16, July 7 and August 7 – Adult Book Club.
2. June 6, 20, August 1, 15 – Bingo for all citizens
3. June 12, 26, July 10, August 14, 28 – Scrapbooking
4. June 19, 26, July 10, 17, 31, August 7 – Get Fit at NRYG
5. June 23 – Ident-A-Kid
6. June 24, July 29, August 26 Clover Bud 4-H Club
7. June 25, July 9, 16, 30, August 6, 13, 20, 27 – Arts and Crafts
8. June 26, July 31, August 28 – Fun with Science
9. June 30 – July 3 – First Tee Golf Camp
10. July 4 – 4<sup>th</sup> of July Street Fair
11. July 5 – Rain Date for Fireworks
12. July 11 – Wildlife Refuge Presentation
13. July 28 – DARE – Bullying
14. August 18 – Wildlife Refuge Presentation
15. August 25 – DARE - Cyberbullying

 <p><b>TOWN OF CAPE CHARLES</b></p>	<b>AGENDA TITLE:</b> Transient Occupancy Tax (TOT)		<b>AGENDA DATE:</b> March 20, 2014
	<b>SUBJECT/PROPOSAL/REQUEST:</b> Set a public hearing regarding modifications to Town Code § 66-57 - Transient Occupancy Tax.		<b>ITEM NUMBER:</b> 7A
	<b>ATTACHMENTS:</b> Draft Ordinance 20140417		<b>FOR COUNCIL:</b> Action (X) Information ( )
	<b>STAFF CONTACT (s):</b> Bob Panek	<b>REVIEWED BY:</b> Heather Arcos, Town Manager	

**BACKGROUND:**

The Town Code currently specifies a Transient Occupancy Tax (TOT) of 3%, with one third of that remitted to the Eastern Shore of Virginia Tourism Commission (ESVTC). The contribution to ESVTC has grown significantly over time as the lodging business has improved. The Town has benefitted from ESVTC efforts, particularly the Welcome Center at the Chesapeake Bay Bridge Tunnel. Prior to 2013, the Town did not have a marketing program for tourism related businesses.

However, a tourism website, [www.capecharlesbythebay.com](http://www.capecharlesbythebay.com), and a marketing campaign were implemented last year as part of the Our Town Project. This project was a joint effort by Arts Enter, the Town of Cape Charles, Citizens for Central Park, the Cape Charles Business Association, and the Cape Charles Bed and Breakfast Association. The project was funded by several grants, Town matching funds, and contributions from non-governmental organizations and Town businesses.

At the Retreat on February 8, 2014, Town Council held their first discussion regarding TOT and was in favor of increasing support for Town tourism related businesses, which included the following: i) Increasing the TOT from 3% to possibly 3.7%, 4% or higher; ii) Removing the statutory requirement that a set percentage be remitted to ESVTC; and iii) The possibility of creating a Tourism Board to propose a budget to Council, balancing tourism related expenditures among organizations and initiatives.

**DISCUSSION:**

Town Council held a work session on March 13, 2014 to discuss several options regarding TOT and reviewed a draft ordinance. The general consensus is as follows:

1. Increase the TOT by .7% for a total TOT of 3.7% to the Town.
2. Draft Ordinance 20140417 was reviewed and the language for Town Code § 66-57 was modified to read:

“There is hereby levied and imposed on each transient a tax equivalent to 3.7 percent of the total amount paid for lodging, by or for any such transient, to any hotel, motel, bed and breakfast, campground, and other facilities offering guest rooms rented out for continuous occupancy for fewer than 30 consecutive days. The revenue collected from the Transient Occupancy Tax shall be allocated for tourism-related initiatives.”

3. Although the creation of a Cape Charles Tourism Board could possibly be a good resource and provide marketing support for tourism, it was premature for the Town at this time.

**RECOMMENDATION:**

Staff recommends the scheduling of a Public Hearing on April 17, 2014 immediately preceding the Town Council Regular Meeting to hear public comment regarding the modifications to Town Code Section 66-57 – Transient Occupancy Tax.

**ORDINANCE 20140417**  
**REVISING CHAPTER 66 – TAXATION**  
**ARTICLE IV – TRANSIENT OCCUPANCY TAX**  
**SECTION 66-57 – LEVIED; AMOUNT**

**WHEREAS**, the Code of Virginia Sections 15.2-1104 and 58.1-3819 authorizes the levy of a Transient Occupancy Tax; and

**WHEREAS**, the Town Code specifies a Transient Occupancy Tax rate of 3%, with one percent being collected and paid to the Eastern Shore of Virginia Tourism Commission and two percent being collected as revenue in the General Fund to support annual contribution requests from various organizations; and

**WHEREAS**, the Town Council supports the vision of the Eastern Shore Tourism Commission and will continue to allocate an annual contribution; and

**WHEREAS**, the Town Council deems it beneficial to increase emphasis on supporting tourism within the Town as an important component of economic development; and

**WHEREAS**, the Town Council desires to increase the Transient Occupancy Tax for the purpose of providing greater support to Cape Charles' tourism related initiatives; now

**THEREFORE BE IT ORDAINED** by the Town Council of Cape Charles, this 17<sup>th</sup> day of April 2014, that the Town Code of the Town of Cape Charles, Chapter 66 – Taxation, Article IV – Transient Occupancy Tax, Section 66-57 – Levied; Amount, be modified to read as follows:

There is hereby levied and imposed on each transient a tax equivalent to 3.7% percent of the total amount paid for lodging, by or for any such transient, to any hotel, motel, bed and breakfast, campground, and other facilities offering guest rooms rented out for continuous occupancy for fewer than 30 consecutive days. The revenue collected from the Transient Occupancy Tax shall be allocated for tourism-related initiatives.

\*\*\*\*\*

Adopted by the Town Council of Cape Charles on April 17, 2014

By: \_\_\_\_\_  
Mayor

ATTEST:

\_\_\_\_\_  
Town Clerk

 <p><b>TOWN OF CAPE CHARLES</b></p>	<b>AGENDA TITLE:</b> Northampton County Ad-Hoc Emergency Care Committee Report to Board of Supervisors		<b>AGENDA DATE:</b> March 20, 2014
	<b>SUBJECT/PROPOSAL/REQUEST:</b> Review the Ad-Hoc Emergency Care Committee Report to the Board of Supervisors		<b>ITEM NUMBER:</b> 8A
	<b>ATTACHMENTS:</b> Ad-Hoc Emergency Care Committee Report		<b>FOR COUNCIL:</b> Action ( ) Information (X)
	<b>STAFF CONTACT (s):</b> Heather Arcos	<b>REVIEWED BY:</b> Heather Arcos, Town Manager	

**BACKGROUND:**

The Northampton County Board of Supervisors created an Ad Hoc Emergency Care Committee in August 2013 to consider medical and emergency service needs for residents of the County in light of the pending move of the hospital and medical offices. The committee was charged with exploring all options to provide emergency medical services to Northampton County including, but not limited to i) establishing a freestanding emergency room; ii) expanding emergency medical services (EMS) transport capabilities with associated staffing capabilities; and iii) any other service offerings that could improve the provision of emergency and medical care in the County.

The committee retained the services of Virginia Rural Health Resource Center to explore the legal, financial and practical options available to Northampton County. The committee issued its final report to the Board of Supervisors at the February 11, 2014 regular meeting of the Board.

The committee's determinations included i) The choices of a Critical Access Hospital or a freestanding Emergency Dept. are not viable at this time due to high costs of construction and operation. The County has insufficient population and demand to carry the expense. The demand for medevac transport in the past years also did not support basing a helicopter on this side of the bay; ii) A new "Federally Qualified Health Center" or Community Health Center is also not viable. The funding is extremely competitive and the presence of Eastern Shore Rural Health would likely preclude any award of funds for the County; and iii) The most viable options for Northampton County residents are increased EMS support and working with an established or a new provider to provide urgent care center services including basic lab testing and radiology. These services should include weekday and weekend hours beyond what is currently offered by Eastern Shore Rural Health and Riverside Cape Charles Medical Center.

The committee's recommendations included i) Given the longer distances and time required for EMS transport by the hospital's move, the County needed at least two ambulances to be available at all times which means increasing staffing of up to 15 qualified EMTs at a projected increased cost of \$665K annually. Additional wear and tear on the available ambulances would require more maintenance and earlier replacement; ii) Establish partnerships with medical services providers already serving Northampton County's residents such as Eastern Shore Rural Health and Riverside Health System as well as potential new providers, including Sentara Healthcare. These facilities should be staffed with a minimum of a Nurse Practitioner or Physicians' Assistant and provide extended weekday and weekend availability including basic laboratory and radiology services; iii) Consider modified EMS protocols to provide flexibility in EMS response and transport to ensure improved health services overall; iv) Establish three designated helipads in northern, central and

southern locations; v) Provision and upgrades of defibrillators to major locations and in all Sheriff's vehicles; vi) Explore and establish as appropriate: Para-Medicine, Tele-medicine and Tele-monitoring programs to reduce unnecessary EMS calls for transport, reduce overall medical costs and provide healthier outcomes for residents; and vii) Formalize agreements with volunteer units and increasing training opportunities and consider stipend payments for critical coverage.

A copy of the complete Report to Study Alternatives for Providing Emergency Care in Northampton County is attached.

**RECOMMENDATION:**

This information is provided for information only. Staff recommends Council discussion regarding the report and any future plans/options for emergency medical services for the Town's residents and those of southern Northampton County.

**NORTHAMPTON COUNTY AD-HOC  
EMERGENCY CARE COMMITTEE**

**REPORT TO STUDY ALTERNATIVES  
FOR PROVIDING EMERGENCY CARE  
IN NORTHAMPTON COUNTY**

**February 6, 2014**

## Contents

I. Introduction .....	3
II. Emergency Medical Services (EMS) .....	3
A. <i>Current Environment &amp; Resources</i> .....	3
B. <i>Impact of ER relocation to Onley</i> .....	4
C. <i>Equipment Upgrades</i> .....	5
D. <i>Community Paramedicine (CP) or Mobile Integrated Health Care (MIHC)</i> .....	6
E. <i>Helipads</i> .....	7
F. <i>EMS Staffing Increase/Budget Impact</i> .....	7
G. <i>Coordination and Contracts with Volunteer EMS Agencies</i> .....	8
III. Medical Facility/ Emergency Ambulance Destination in Lower Northampton County .....	8
A. <i>Challenges:</i> .....	8
B. <i>Helipad locations</i> .....	8
C. <i>Continuing and Future Needs:</i> .....	9
IV. Potential Sources of Funds .....	9
A. <i>Special Tax Line Item for EMS and Medical Services – Northampton Citizens</i> .....	9
B. <i>Grants</i> .....	9
C. <i>Local Support</i> .....	10
D. <i>Creation of a new Northampton EMS and Medical Services Foundation</i> .....	10
V. Executive Summary of Short and Long Term Recommendations .....	11
A. <i>Emergency Medical Services (EMS)</i> .....	11
B. <i>Medical Care/Emergency Room Destination in lower Northampton County</i> .....	12
C. <i>Requested Action for the Board of Supervisors</i> .....	12
APPENDIX A - RESOLUTION .....	14
APPENDIX B - LIST OF MEMBERS.....	16
APPENDIX C - POTENTIAL SOURCES OF GRANTS.....	17
APPENDIX D - COUNTY ORDINANCE ON VOLUNTEERS .....	21
APPENDIX E – REPORT FROM KEN COOK .....	22

## **I. Introduction**

The relocation of Shore Memorial Hospital in Nassawadox by Riverside Health Services, Inc., to Onley in Accomack County presents new challenges and opportunities for Northampton County leadership and citizens. This report attempts to document the problems and offer potential solutions, both immediate and longer term.

For over 60 years, Shore Memorial Hospital in Nassawadox, Northampton County, has provided emergency care, inpatient services, and doctors for both Northampton and Accomack citizens. Travel from northern Accomack, especially by ambulance, from Parksley and points north, can far exceed the “golden hour” response standard. There is no question that for decades Accomack citizens have needed an emergency hospital.

The opportunity for a hospital in Accomack came in 2009 when the Shore Memorial local hospital board affiliated with Riverside Health Services, Inc., Newport News, Virginia. When completed, now projected for October 2015, a citizen of Northampton County will face long ambulance rides, including the possibility of crossing the 17-mile Chesapeake Bay Bridge & Tunnel.

Northampton leadership and citizens find this unacceptable and are seeking alternatives and resources that must be in place before the Nassawadox facility is closed. On July 22, 2013, the Northampton Board of Supervisors passed a resolution establishing an Ad-Hoc Committee to study alternatives to provide emergency care in Northampton County (see Appendix A: Resolution).

The Committee membership (see Appendix B: Membership) has two (2) members of the Northampton County Board of Supervisors, two (2) doctors, financial and medical services expertise and is supported by an external consultant with over fifteen (15) years of rural health care experience.

The following report is organized to offer analyses and recommendations to meet two objectives:

- Enhanced EMS – No later than 2015
- Urgent care/E.R. destination in lower Northampton County

Other complimentary medical services will also be pursued.

## **II. Emergency Medical Services (EMS)**

### ***A. Current Environment & Resources***

Emergency Medical Services (EMS) in Northampton County is currently provided by four (4) Designated Emergency Response Agencies (DERAs). Three (3) of the four are volunteer

agencies: Cape Charles Rescue Service, Inc., Northampton (Nassawadox) Fire & Rescue, Inc. and Community (Exmore) Fire Company, Inc. The fourth agency is the Northampton County Department of EMS (NCEMS), which provides career EMS providers to the volunteer agencies as needed and has a station strategically located in Machipongo, providing centralized services.

These agencies collectively provide six (6) ambulances and two (2) quick response vehicles (QRV) available for response. However all three (3) volunteer agencies are experiencing difficulty maintaining an adequate number of volunteers to answer the 2675 EMS calls dispatched for Fiscal Year 2013 (July 1, 2012 thru June 30, 2013), thus requiring the assistance of career EMS providers from NCEMS on almost 80% of the calls.

A performance measure is used to gauge adequate response county-wide. This measure requires response (time of dispatch, to time on scene) to be twenty (20) minutes or less, ninety percent (90%) of the time, 24 hours a day, 7 days a week.

Each licensed EMS agency is required to have an Operational Medical Director (OMD). The OMD shall hold a current, unrestricted license to practice medicine or osteopathy issued by the Virginia Board of Medicine and qualifies under the Virginia Office of EMS rules and regulations. The OMD's responsibilities include but are not limited to the following:

- 1) providing medical direction to EMS providers through direct communications or protocols;
- 2) verification of EMS provider qualifications;
- 3) medical audits to review patient care and outcomes for the purpose of education;
- 4) resource in planning and delivery of training and continuing education programs;
- 5) taking and recommending appropriate remedial or corrective measures for EMS providers;
- 6) ensuring an effective quality management program for continuous system and patient care improvement;
- 7) oversight of comprehensive mechanism for the management of patient complaints, allegations of substandard care and/or deviations from patient care protocols or other established standards; and
- 8) interaction with state, regional and local EMS authorities to develop, implement and revise medical and operational protocols.

The current OMD, Dr. Richard Hatch, is secured through an agreement established by the Eastern Shore EMS Council, covering all four (3) of the EMS agencies in Northampton County. Dr. Hatch has indicated his desire to retire soon, therefore an active search is ongoing for his replacement.

#### ***B. Impact of ER relocation to Onley***

The hospital currently located in Nassawadox is projected to move to a new facility located in Onley within the next two (2) years, or by fall 2015. This relocation pushes the nearest Emergency Department (ED), typically required for ambulance transports, 18 miles north of its current location and out of our local jurisdiction.

This relocation causes several challenges in the provision of EMS services for Northampton County.

- 1) Increased ambulance turnaround times caused by the extra distance of travel to and from the closest ED.
- 2) Decreased access to available ambulances as they will now be required to travel a significant distance outside the county to the closest ED. Also other ambulances (Accomack County based) will no longer be traveling into our county to the ED currently located in Nassawadox. This is problematic when call volume peaks at an inopportune time.
- 3) For locations south of the Cape Charles Shore Stop (generic point of reference) the “closest” ED is now Sentara Independence located in Virginia Beach. Transports to this facility require the ambulance to traverse a 17 mile long bridge and tunnel (Chesapeake Bay Bridge Tunnel), which frequently experiences delays and closures due to traffic, weather, maintenance work, accidents, etc.
- 4) Required utilization of an ED in Virginia Beach, which is already serving a large population, could cause delays in patient turnover times.
- 5) Many citizens of the Eastern Shore have never traversed the CBBT and will have significant challenges returning home upon release from the ED. Pressure could potentially be placed on ambulance crews to bring patients back home which places this ambulance and crew out of service for more extended time. Failure to offer some type of service to assist our citizens with this challenge could create customer service concerns and patient refusal of transport when emergency care is truly required.

### ***C. Equipment Upgrades***

- All ambulances in Northampton County are equipped with a Traffic Opticom, utilized to change red traffic lights to green, for safe passage through. Originally it was felt this was an option not available in all ambulances; however research has shown this is not an issue as all are equipped.
- All ambulances and QRVs are also equipped with twelve (12) lead acquisition and transmission capability, which allows for the pre-hospital diagnosis of ST-elevation myocardial infarction (STEMI). The quick identification of a STEMI is of major importance in reducing time to treatment, in particular when patients can be transported directly to a Centre with interventional capabilities, which we do not have here on the Shore. Primary coronary intervention (PCI) for acute myocardial infarction should be performed as quickly as possible, with a door-to-balloon time of less than 90 minutes. With the identification of a STEMI, Northampton County EMS providers are able to consider direct transport to a catheterization lab in Virginia Beach or Norfolk, by way of either ground or air transport, consistently meeting or exceeding the recommended door-to-balloon time standard.
- All ambulances and QRVs are in need of an upgrade to their LifePak 15 defibrillators. This upgrade will provide the ability to capture readings for End Tidal CO<sub>2</sub> and Carbon Monoxide, which is considered to be the new standard in emergency care. <sup>1</sup>Capnography is the vital sign of ventilation. It also provides key information about the patient’s

circulatory and metabolic status. This valuable and rapid assessment information greatly assists EMS providers and enables them to develop, monitor and modify patient care plans. <sup>2</sup>The CO monitoring capability, most particularly will enhance our assessment tools when administering fire-fighter rehab. "Firefighters who ignore the serious dangers of CO exposure are risking heart attack, stroke, neurological disorders, lifelong disability, and death." Just because firefighters don't feel like they have CO poisoning doesn't mean that they don't have unsafe levels of carboxyhemoglobin (SpCO<sup>®</sup>) in their bloodstream. With early recognition, treatment for CO poisoning can begin immediately, which significantly reduces both immediate and long-term health risks.

- A Rescue Squad Assistance Fund Grant in the amount of \$34,163 was obtained to upgrade four (4) defibrillators with End Tidal CO<sub>2</sub> and Carbon Monoxide monitoring. This grant required a twenty percent (20%) match of \$8,543 and has been funded through a contribution from Riverside Hospital Services. This equipment was placed in service December 2013.

The total contribution from Riverside Hospital Services was actually \$12,500 but only \$8,543 was needed for the grant. In addition, Sentara Healthcare provided a donation of \$8,500 for this grant. The county was able to use the remaining donation from Riverside and the donation from Sentara (a total of \$12,457) to upgrade one of the Ambulance defibrillators. Additional funding is still needed to complete the upgrade of 2 more defibrillators on the ambulances and quick response vehicles in the County.

#### ***D. Community Paramedicine (CP) or Mobile Integrated Health Care (MIHC)***

CP/MIHC programs use EMS practitioners in an expanded role to increase patient access to primary and preventative care, within the home. These programs work to decrease the use of emergency departments, decrease healthcare costs, and increase improved patient outcomes. The introduction of CP/MIHC programs within EMS agencies is a top trend in emergency medical care.

CP/MIHC offers a simple concept: connect underutilized resources to the underserved populations by expanding the role of EMS providers where access to physicians, clinics and/or hospitals is difficult or may not exist. The program is organic in that it exists for the sole purpose of serving the needs of a particular community and relies heavily on collaboration among local stakeholders.

The general overview and goals include:

- 1) Providing needed teaching and services for patients to keep them from becoming super consumers of healthcare services;
- 2) Decrease costs for all stakeholders; and
- 3) Improve the overall health and outcomes for identified populations.

Targeted population:

- 1) Frequent users of the 911 system, due to the strong correlation between this population and their impact on overall services including: EDs, hospital inpatient

- admissions, consumption of community resources, compliance with prescribed treatments, medication adherence and follow-up care adherence;
- 2) Patient 30-day readmissions for: Congestive Heart Failure, Acute Myocardial Infarction, Chronic Obstructive Pulmonary Disease, etc., causing imposed financial penalties to hospitals; and
  - 3) Patients not eligible for Home Health services.

### ***E. Helipads***

The strategic location of a minimum of three (3) permanent, lit helipads in the County would be of great benefit, allowing safer landing of an air ambulance, which is anticipated to become more frequent due to lengthened ground transport times. Locations should be considered in the northern, middle and southern end of the County.

Basing an air ambulance on the Shore is not feasible at present. There are insufficient trips to warrant even basing one on Shore, let alone operating one. If trips increase substantially due to Onley-to-mainland transport, then perhaps a joint operation with Riverside Health Systems could become feasible.

### ***F. EMS Staffing Increase/Budget Impact***

EMS staffing will need to increase to maintain a minimum of three (3) staffed ambulances during the daytime hours (6 am to 6 pm), two (2) staffed ambulances during the nighttime hours (6 pm to 6 am) and a Duty Supervisor (Paramedic) during all times. Considering current call volume and the lack of consistent volunteer commitment to answering calls, it is predicted these services will need to be provided by career providers. The increase in staff alone to provide this coverage will require an additional \$665,000 to cover salaries and benefits at their current level.

Should additional staffed ambulances be required, an estimated cost of \$165,000 each would be required to cover 7 days a week, 12 hours per day.

While funding is a challenge, the greater challenge will be finding EMS providers. This increase will require the hiring of fifteen (15) additional medics.

- Our system has a declining volunteer pool, thus our resources are dwindling.
- Salaries are an issue for recruitment and retention and need to be competitive to retain staff that we have invested training and resources.

An increase in career staff will be needed on a consistent basis over the next two (2) years, prior to the opening of the hospital at its new location, to lessen the impact of hiring a large number of EMS Providers at one time and to grow the budget in incremental phases to lessen a lump sum impact on county budget.

#### ***G. Coordination and Contracts with Volunteer EMS Agencies***

- An EMS training center needs to be established in Northampton County to ensure year round training is offered locally in both basic and advanced courses. Basic training will provide a resource of needed EMTs for both the volunteer and career services. Advanced training is needed to advance EMTs to a higher level and to provide continuing education for existing EMS providers of all levels. This is the key to maintaining a resource of qualified, educated EMS providers.
- Utilizing Cape Charles Rescue Service and Community (Exmore) Fire Company as two (2) of our primary stations for delivery of EMS services has one great benefit. It places ambulances close to the most populated areas of Cape Charles and Exmore, allowing response times to be fairly quick, which is extremely important in a true medical or traumatic emergency. Coordination with these agencies will become extremely important, especially if they are no longer able to provide any type of volunteer response which could ultimately end in their loss of EMS licensure and closure.

### **III. Medical Facility/ Emergency Ambulance Destination in Lower Northampton County**

#### ***A. Challenges:***

- Based on current conditions, the Hospital move leaves Northampton with no after hour or weekend care at any level of service.
- EMS already transports many cases which could have been handled locally if after hour and weekend care was available.
- Fewer active volunteers for EMS. While numbers of volunteers may not yet be critical, volunteer companies are already having trouble staffing their shifts. With the longer transport and hospital delay times, maintaining crews will only become more difficult.
- Coordination of Volunteer and Career Staff and equipment is a current issue and will greatly increase with the increased demand.

In addition to the burden of volunteers, reimbursement of any career staff use of a volunteer ambulance goes entirely to the Volunteer Company to support their operations. If Volunteer ability to provide service continues to decline and more paid staff are stationed and use the Volunteer ambulance with reimbursement, the full cost of providing such service will fall on the local taxpayer.

The Committee engaged the services of Ken Cook, Director of Technical Assistance for the Virginia Rural Health Resource Center, to provide an analysis of the types of medical facilities that could be pursued and the pros and cons of each type based upon our circumstances. This report is attached as Appendix E.

#### ***B. Helipad locations***

The location of fully equipped helipads should be one in each of the following areas: 1) Exmore/Nassawadox area; 2) Machipongo area; and 3) Cape Charles area with a backup location at CBBT.

### ***C. Continuing and Future Needs:***

- Research shows that our population is not sufficient to financially support a stand-alone ER.
- Our current best option is improved availability of EMS services and providing local after-hours and weekend coverage for patient choices of care.
- The committee believes that a Medical Facility staffed with a minimum of a Nurse Practitioner or Physician's Assistant located in the lower half of the county is Northampton's best option.

This facility would likely start as an evening and weekend service and expand as justified. If after-hours medical facility is fiscally successful we foresee expanded medical services. These medical center services could include: 24hr diagnostics, basic laboratory services, dialysis, rehab and primary care.

- Modified protocol procedures may be needed in order to provide flexibility in EMS response and transports to provide improved health services overall.
- Innovative approaches utilizing Para-medicine and Tele-monitoring and Tele-medicine can improve care delivery and reduce EMS transport. Those services may improve the overall health results of the Shore and reduce overall medical costs through better health outcomes and fewer unnecessary transport.

## **IV. Potential Sources of Funds**

As of this report, the Committee has not contacted all potential contributors to enhancing Northampton's EMS and medical services. With Board of Supervisors' approval, these contacts can begin.

### ***A. Special Tax Line Item for EMS and Medical Services – Northampton Citizens***

Many counties have been forced to add this tax as the result of a decrease in volunteer services and almost exponential increases in the cost of equipment and full-time staff. Volunteer fire companies face these same challenges. The Board of Supervisors has stated that while such a tax may be unavoidable, all other sources should be pursued. Authority for said tax district is provided in the Code of Virginia, §27-23.1

### ***B. Grants***

Northampton County, along with other counties, has pursued and received grants for our ambulance and equipment. There is a danger of becoming too dependent on grants as they appear and disappear in the economic cycles. Replacing grant funding has recently been very challenging. There is also always a "local share" to be raised to qualify for funding;

usually 20 – 50% of the total grant amount. Nevertheless, grants should be vigorously pursued. Appendix C provides a general list of potential grant sources.

### ***C. Local Support***

Shore Memorial Hospital (formerly Northampton-Accomack Memorial Hospital) has benefitted from local support through numerous organizations, gifts, estates and other fund raising activities.

The Hospital Auxiliary has operated the gift shop in Nassawadox, held an annual dinner and dancing event, all of which went to improve the local community hospital. Gifts have exceeded tens of thousands of dollars and been utilized for physical improvements and medical equipment as well.

With Board of Supervisors' approval, the Committee will approach the Hospital Auxiliary for support, where possible, to respond to these new challenges for Northampton.

In the 1950s when Shore Memorial Hospital was strictly an Eastern Shore community hospital, the Shore Memorial Endowment Fund, Inc. was established, specifically to fund indigent and uncompensated hospital care. For years, this endowment fund received contributions from organizations such as the Garden Club, and again, wills and estates of Eastern Shore citizens.

The old “endowment fund” articles and by-laws were restated and voted on by a new board on August 6, 2009 and filed on August 20, 2009 shortly after the Riverside Health Services, Inc. affiliation with Shore Memorial. The new name is Shore Health Foundation. Public IRS information (as of December 31, 2012) indicates the total amount of the foundation assets to total \$7.3 million. The Committee will follow Board of Supervisors' guidance with respect to this source of potential funding.

### ***D. Creation of a new Northampton EMS and Medical Services Foundation***

Another resource available to the County is the creation of a new non-profit organization (a 501 (c) 3 type-organization) dedicated to supporting the Northampton County agencies involved in Emergency Medical Response. If this is pursued, it would need to be pursued independent of the County governance structure. The steps involved are listed below:

- Write a mission statement for your chosen organization.
- Find a group of trusted individuals to form a board of directors.
- File the articles of incorporation with the state.
- Write a list of bylaws for the organization.
- Write to the IRS to request nonprofit status. Once you've been approved, you'll need to apply for the same status through the state.
- Formally register your nonprofit organization with the state and apply for sales tax exemption.

## V. Executive Summary of Short and Long Term Recommendations

### A. *Emergency Medical Services (EMS)*

1. Increase current EMS staff resources due to increased ambulance turn-around times. Minimum (3) staffed ambulances (6 AM to 6 PM) and (2) staffed ambulances (6 PM to 6 AM) with a full-time paramedic duty supervisor both shifts. Total increase of 15 additional medics = annual budget \$665,000+.
2. Helipads for air ambulance transport. Three helipad sites are preferred although many transports are currently made from the location or accident scene. Since the disposition of the current Nassawadox helipad is unknown, it is impossible to finalize optimal locations at this time.
3. The committee believes that the County should pursue the development of a Medical Facility staffed with a minimum of a Nurse Practitioner or Physician's Assistant located in the lower half of the county.

This facility would likely start as an evening and weekend service and expand as justified and needed. If after-hours medical facility is fiscally successful, we foresee expanded medical services. These medical center services could include: 24hr diagnostics, basic laboratory services, dialysis, rehab and primary care.

4. Formalize agreements with volunteer units. Increase training opportunities and consider stipend payments for critical coverage.
5. Appoint a new Operational Medical Director (OMD) for Northampton County EMS agencies. The County may want to consider the development of a stipend for this position.
6. Revisit and revise protocols with air ambulance services (Nightingale and Life-Evac)
7. Upgrade LifePac 15 defibrillators in all ambulances and Quick Response Vehicles (QRVs)
8. Equip all Northampton County Sheriff's deputies and train on AED equipment. Currently 12 law enforcement vehicles are equipped with the AED equipment which needs to be maintained and serviced every 3 years; there are currently 9 law enforcement vehicles that do not have the AED equipment.
9. Ensure that all County buildings have AED equipment and that the equipment is maintained and serviced on a regular cycle and that staff is adequately trained to use said equipment. The current buildings that have the AED equipment are: County Administration, Northampton Courthouse, all three County-operated School Buildings, School Administration Building, Social Services and the Regional Jail. In

addition, the following commercial and/or community buildings have AED equipment: Broadwater Academy, Cherrystone Campground, CBBT Police, Bayshore Concrete, Shore Little League Field, Vaucluse Community Center, and the Shore Memorial Hospital Cafeteria.

10. Recommend the creation of a tax district designated for EMS and Medical Services funding.
11. Proceed expeditiously with the construction of an EMS garage and training center in Machipongo.
12. As a private citizen effort, not using any County taxpayer funds, establish a new Northampton EMS and Medical Services non-profit 501(c) (3) Foundation, specifically to fund these services for Northampton citizens.
13. Pursue private local support from existing foundations, private citizens, and community organizations that wish to support enhanced EMS and medical services in Northampton County.
14. When staffing levels permit, establish a para-medicine program for the Northampton County Department of Emergency Medical Services to visit frequent 911 callers for proactive attention and preventive care.

***B. Medical Care/Emergency Room Destination in lower Northampton County.***

1. Establish partnerships with either existing medical services providers serving Northampton citizens (such as Rural Health or Riverside) or new medical services providers (such as Sentara) where financially feasible in order to offer extended weekday hours and weekend coverage.
2. Explore modified protocols for EMS to a medical facility. There will be transports of patients across the Bay either to Sentara, Virginia Beach, or to Riverside, Newport News, and turn-around times will increase. Transport decisions are made by the EMS Provider(s) and the patient with possible consultation of E.R. staff. Explore partnership with Eastern Virginia Medical School (EVMS) for possible research/study of “emergency calls” to help us manage and develop solutions for the future.
3. Strengthen and increase where possible the use of emergency on-scene technology by paramedic staff. Assure current capabilities using 12-lead EKG transmissions are maintained and upgraded when needed.

***C. Requested Action for the Board of Supervisors***

The Ad-Hoc Emergency Care Committee sincerely believes that if these recommendations are implemented, the EMS and medical services for Northampton will advance. The key next step is to design an implementation plan and assign accountability

for the completion of specific tasks. Therefore, we are seeking the Board to take the following action:

1. Vote to accept this report; and
2. Authorize staff to develop a new Charge of Work based upon the Executive Summary Short and Long Term Recommendations which will include the development of timelines and specific action steps for implementation of the recommendations; said Charge of Work will serve as the basis to re-authorize the Ad-Hoc Committee for Emergency Care. Staff is to complete this for consideration at the March 11, 2014 Board of Supervisors meeting

## **APPENDIX A - RESOLUTION**

### **RESOLUTION TO CREATE AN AD-HOC COMMITTEE TO STUDY ALTERNATIVES TO PROVIDING EMERGENCY CARE IN NORTHAMPTON COUNTY**

Whereas, Riverside Hospital Corporation of Newport News, VA has acquired Shore Memorial Hospital in Nassawadox, VA and renamed it as Riverside Shore Memorial Hospital; and

Whereas, Riverside Shore Memorial Hospital has obtained approval from the Virginia State Health Commissioner to construct a new hospital facility in Onley, VA and to close the hospital in Nassawadox, VA; and

Whereas, Riverside Shore Memorial Hospital has indicated that some services will remain in Nassawadox, VA but will not encompass the retention of the Emergency Room; and

Whereas, the relocation of the hospital, including the Emergency Room, will negatively impact the current delivery of emergency medical services in Northampton County; and

Whereas, the Northampton County Board of Supervisors wishes to explore all alternatives to improve emergency medical services.

NOW THEREFORE, BE IT RESOLVED that the Northampton County Board of Supervisors establishes an ad-hoc committee called the Emergency and Medical Services Ad-Hoc Committee charged with exploring all options to provide emergency medical services to Northampton County including, but not limited to, the following:

- Establish an Emergency Room;
- Expand Emergency Medical Services (EMS) transport capabilities with associated staffing capabilities, whether through the County Department and/or the Volunteer Stations;
- Any other service offerings that could improve the provision of Emergency Care in Northampton County

Said analysis shall include the benefits and drawbacks of each option with a cost analysis of both capital costs and operational costs with associated staffing analysis and identification of potential service providers for each option and any other relevant issues or concerns.

The composition of this committee shall include a representative(s) from the Board of Supervisors, representatives from the county that have experience and knowledge in the provision of medical services, financial experience and any other relevant areas. The ad-

hoc committee shall not exceed 7 members. The committee shall have the ability to seek input from individuals that have needed expertise or information to assist in their charge but these individuals shall not become members of the ad-hoc committee.

The committee will develop a final recommendation that will be presented to the Board of Supervisors no later than December 31, 2013.

Adopted this 9<sup>th</sup> day of July, 2013.

Amended this 22<sup>nd</sup> day of July, 2013

## **APPENDIX B - LIST OF MEMBERS**

Board representatives:

Willie C. Randall  
Larry LeMond

Appointments at Large:

Appointed on July 22, 2013

H. Spencer Murray  
Martina Coker  
Pat Coady

Appointed on August 26, 2013

Dr. Federico Molera  
Dr. Pamela Gray

## **APPENDIX C - POTENTIAL SOURCES OF GRANTS**

### **Rescue Squad Assistance Fund**

Sponsor: Virginia Department of Health.  
Purpose: The Financial Assistance for Emergency Medical Services Grants Program, known as the Rescue Squad Assistance Fund (RSAF) Grant Program, is a multimillion dollar grant program for Virginia nonprofit EMS agencies and organizations.  
Eligible Activities: Items eligible for funding include EMS equipment and vehicles, computers, EMS management programs, courses/classes and projects benefiting the recruitment, and retention of EMS members.  
Eligibility: Virginia nonprofit agency/organization involved in EMS.  
Website: [www.vdh.virginia.gov/OEMS/Grants/index.htm](http://www.vdh.virginia.gov/OEMS/Grants/index.htm)  
Contact: Grants Manager  
Office of Emergency Medical Services  
1041 Technology Park Drive  
Glen Allen, VA 23059-4500  
(804) 964-7600

### **EMS Training Funds Program**

Sponsor: Virginia Office of EMS.  
Purpose: The EMS Training Fund program is designed to provide financial assistance for Virginia-certified EMS providers and Virginia Office of EMS-approved EMS courses. These funds shall supplement local support for EMS courses.  
Eligible Activities: Virginia Office of EMS-approved EMS courses.  
Eligibility: Nonprofit entities and Virginia-certified EMS providers.  
Website: [www.vdh.state.va.us/OEMS/Training/EMSTF.htm](http://www.vdh.state.va.us/OEMS/Training/EMSTF.htm)  
Contact: Virginia Office of EMS  
1041 Technology Park Drive  
Glen Allen, VA 23059

### **Rural Access to Emergency Devices Grant Program**

Purpose: The purpose of the Rural Access to Emergency Devices Grant Program is to purchase automated external defibrillators (AEDs) that have been approved or cleared for marketing by the Food and Drug Administration (FDA) and to provide defibrillator and basic life support (BLS) training in AED usage through the American Heart Association, the Red Cross, or other nationally-recognized training courses.  
Eligible Activities: Purchase of AED devices.  
Eligibility: Awards will be made to community partnerships. These partnerships are defined as a consortium of first responders (e.g., EMS, law enforcement, and fire departments) and local for-profit and nonprofit entities that may

include, but are not limited to, long-term care facilities, rural-health clinics, community-health centers, post offices, libraries, and other civic centers, athletic facilities, and senior organizations applying as a community partnership. All applicant organizations have to be located in an eligible rural county or eligible rural census tract of urban counties.

Website: <http://ruralhealth.hrsa.gov/funding/aed.htm> Eligible rural counties can be found at: <http://ruralhealth.hrsa.gov/funding/eligibility>. The eligible census tracts of urban counties are included in the document identified above. To identify the Census Tract where your organization is located, visit the webpage at: <http://app.ffiec.gov/geocode/default.htm>

Contact: RAED Program Coordinator  
Office of Rural Health Policy  
(301) 443-7529  
Fax: (301) 443-2803

### **Small Rural Hospital Improvement Program (SHIP)**

Purpose: The purpose of this grant is to help small, rural hospitals to 1) pay the costs related to implementation of prospective payment systems (PPS), 2) comply with provisions of the Health Insurance Portability and Accounting Act (HIPPA) of 1996, and 3) reduce medical errors and support quality improvement.

Eligible Activities: Grants may be used to purchase technical assistance, services, training, and information technology. Proposed initiatives should include efforts to support quality improvement and adopting of health-information technology.

Eligibility: The SHIP grant program funds are geared towards assisting small, rural hospitals that are essential access points for Medicare and Medicaid beneficiaries. Eligible small, rural hospitals are non-Federal, short-term general acute-care facilities that are located in a rural area of the United States and the territories, including faith-based hospitals. For the purpose of this program, 1) small is defined as 49-staffed beds or less and 2) rural is defined as either located outside of a Metropolitan Statistical Area (MSA) or located within a rural census tract of a MSA, as determined under the Goldsmith Modification or the Rural Urban Commuting Areas (RUCAs). Hospitals may be for-profit or not-for-profit. Tribally-operated hospitals under Titles I and V of P.L. 93-638 are eligible to the extent that such hospitals meet the above criteria. Regardless of geographic location, all designated Critical Access Hospitals (CAHs) are eligible.

Website: A link to the application is available through Grants.gov at: <https://apply07.grants.gov/apply/UpdateOffer?id=17401>

Contact: SHIP Program Coordinator  
Office of Rural Health Policy  
(301) 443-0835

Fax: (301) 443-2803

Notes: Eligible hospitals should contact their State Office of Rural Health.

### **Small Healthcare Provider Quality Improvement (shCPQI) Program**

**Purpose:** The purpose of the SHCPQI grant is to assist rural providers with the implementation of quality improvement strategies, while improving patient care and chronic disease outcomes. The focus of the SHCPQI grant is on quality improvement for the following chronic diseases: diabetes mellitus (DM) and cardiovascular disease (CVD).

**Eligible Activities:** Primary care quality improvement programs.

**Eligibility:** To be eligible for SHCPQI, applicants must meet one of the following criteria: 1) be located in rural areas as determined by eligible rural county census tracts, 2) the applicant exists exclusively to provide services to migrant and seasonal farm workers in rural areas, or 3) be a Tribal government whose grant-funded activities will be conducted within their Federally-recognized Tribal area.

**Contact:** SHCPQI Program Coordinator  
(301) 443-4107  
Fax: (301) 443-2803

### **Rural Development Community Facilities Program**

**Purpose:** Community programs provide loans and grants and loan guarantees for water and environmental projects, as well as community-facilities projects. Water and environmental projects include water systems, waste systems, solid waste, and storm-drainage facilities. Community facilities projects develop essential community facilities for public use in rural areas and may include hospitals, fire protection, safety, as well as many other community-based initiatives.

**Eligible Activities:** Hospitals, fire protection, safety, EMS, ambulances.

**Eligibility:** Rural communities.

**Website:** [www.rurdev.usda.gov/HCF\\_CF.html](http://www.rurdev.usda.gov/HCF_CF.html)

**Contact:** For more information about this program, or to file an application, contact the local USDA service center in your area. The website to find your local office is: <http://offices.sc.egov.usda.gov/locator/app>

### **Rural Emergency Response Initiative**

**Purpose:** To develop the capacity and ability of private, nonprofit, community-based housing and community development organizations, and low-income rural communities to improve housing, community facilities, and community and economic development projects in rural areas.

**Eligible Activities:** Rural Community Development Initiative grants may be used for, but are not limited to, 1) training subgrantees to conduct a program on home-ownership education; 2) training subgrantees to conduct a program for

minority business entrepreneurs; 3) providing technical assistance to subgrantees on how to effectively prepare a strategic plan; 4) provide technical assistance to subgrantees on how to access alternative-funding sources; 5) building organizational capacity through board training; 6) developing training tools, such as videos, workbooks, and reference guides to be used by the subgrantee; 7) providing technical assistance and training on how to develop successful childcare facilities; and 8) providing training on effective fundraising techniques.

Eligibility:

Purchase of construction of facilities including, but not limited to, fire apparatus, fire department buildings, multiservice buildings, rescue and ambulance-service buildings, rescue and ambulance and equipment, architectural and engineering feeds, and right-of-way assessments.

Website:

[www.rurdev.usda.gov/HAD-RCDI\\_Grants.html](http://www.rurdev.usda.gov/HAD-RCDI_Grants.html)

Contact:

For more information about this program, or to file an application, contact the local rural development office in your area.

## **APPENDIX D - COUNTY ORDINANCE ON VOLUNTEERS**

### **AN ORDINANCE TO AMEND AN ORDINANCE ENTITLED, "AN ORDINANCE DESIGNATING ORGANIZATIONS TO BE AN INTEGRAL PART OF THE OFFICIAL SAFETY PROGRAM OF THE COUNTY OF NORTHAMPTON, VIRGINIA**

BE IT ORDAINED by the Board of Supervisors of Northampton County, that AN ORDINANCE DESIGNATING ORGANIZATIONS TO BE AN INTEGRAL PART OF THE OFFICIAL SAFETY PROGRAM OF THE COUNTY OF NORTHAMPTON, VIRGINIA, adopted by the Board on June 4, 1973, be amended as follows:

1. That Northampton County Department of Emergency Medical Services be added to the list of active personnel recognized as an integral part of the official safety program of the County of Northampton.
2. That the company names of the recognized organizations be updated to read as

follows:

Cape Charles Rescue Service, Inc.  
Cape Charles Volunteer Fire Company, Inc.  
Cheriton Volunteer Fire Company, Inc.  
Community Fire Company, Inc.  
Eastville Volunteer Fire Company, Inc.  
Northampton Fire & Rescue, Inc.  
Northampton County Department of Emergency Medical Services

3. That all remaining portions and provisions of AN ORDINANCE DESIGNATED ORGANIZATIONS TO BE AN INTEGRAL PART OF THE OFFICIAL SAFETY PROGRAM OF THE COUNTY OF NORTHAMPTON, VIRGINIA are reenacted and reaffirmed hereby.

Adopted this \_\_12\_\_ day of July, 2011.

**APPENDIX E – REPORT FROM KEN COOK**

**The Future of Health Care in Northampton County:**

**Prepared by**

**Ken Cook, Director of Technical Assistance**



**Virginia Rural Health Resource Center**

**Roanoke, Virginia**

## **The Future of Health Care in Northampton County: An Assessment of Options**

On August 9, 2011, a Certificate of Public Need (COPN) was issued by the Commissioner of Health to allow for the relocation of Riverside Shore Memorial Hospital from its present location in Nassawadox in Northampton County to a location in Accomack County. The new location is 18 miles north of the current location and is expected to open in 2015. The relocation of the hospital, although generally centrally located along the Eastern Shore, creates a new set of access problems for primary and emergency health care to residents of Northampton County, particularly those on the southern end of the county, who will be faced with a longer drive to the new hospital, or an already long drive across the Chesapeake Bay Bridge Tunnel for care at Hampton Roads area hospitals. Along with the departure of inpatient hospital service from the county also goes many diagnostic services, emergency services, and primary care physician services.

In response to the relocation of the hospital, the Northampton County Board of Supervisors has formed a committee to examine options for maintaining a health care infrastructure within the communities throughout the county. The committee requested the assistance of the Virginia Rural Health Resource Center to evaluate options for the provision of primary care and other diagnostic and emergency services. This report discusses numerous options that may be considered by the Committee in securing the health care infrastructure in the County.

### **Comments on the Relocation of the Hospital and Implications of the Certificate of Public Need Law**

Shore Memorial Hospital has been in its current location for over 40 years, and has been a part of Northampton County since the late 1920s. The concerns regarding the potential impact of the relocation on the economy and health care system of the County are valid, especially given that the elderly population 65 years of age and older currently exceeds 20% of the total population (Virginia Employment Commission, 2009) and the high rate of poverty in the County. According to the US Census Bureau's Small Area Income and Poverty Estimates from 2009, 20.8% of the population lives below the Federal Poverty Level (FPL), and another 20.6% lives between 100% and 200% of the FPL. Additionally, over 75% of the students in the school system receive free or reduced price lunches (Virginia Department of Education, 2010-2011). Though the hospital itself has been a non-profit organization and not generally subject to property and other taxes, the businesses and physician practices that support the hospital are taxable. Elimination of those businesses from the tax base through relocation will have a negative impact on the revenues for the County.

As part of its COPN application, Riverside Health System provided assurances that it would continue to provide services along the lines of an urgent care center at its present site in Nassawadox, assurances

that were recognized by the hearing officer for an informal fact finding conference held for the application. Additionally, it is also reflected in his findings that Riverside will maintain a CT scanner at the current site, while adding an additional scanner at the new facility. Additionally, although Shore Memorial attempted to add another MRI scanner, the hearing officer noted that the hospital provides MRI services through a mobile unit parked full time at the hospital, and because utilization of that scanner was well below state thresholds for the addition of another scanner, the addition of another scanner was not approved. Rather, it was suggested that the mobile unit could be moved between the two sites, a strategy that has been used effectively for decades. The Commissioner instead approved only the construction of a mobile pad at the new facility. This would not prevent, however, Shore Memorial Hospital from relocating the MRI to Accomack County five days per week.

Though detailed plans for the urgent care center and/or diagnostic imaging center have not been presented or largely discussed to date, the fact that Shore Memorial will retain a COPN for both the CT scanner and as a mobile MRI site at a location in Nassawadox, reportedly the Cancer Center, is significant. COPNs for imaging services are site specific, and to relocate a scanner will involve public review and approval. Once an organization receives a COPN, they effectively have a franchise on that service that may largely prevent other providers from entering a market. It is rare that a large organization would simply surrender the COPN, which would potentially open opportunities for other competitors to enter the area.

In order to prevent a COPN recipient from getting a COPN keep others out of the market area, the COPN law also provides that if a service is not provided for a period of over 12 months, it would need to file a new COPN application to continue to operate the service, or stated another way, it would provide opportunities for competing applicants to step in to provide those services (see the Code of Virginia, §32.1-102.1, Definition of "Project", paragraph 5). It is likely that in order to maintain its market position on the Eastern Shore, Riverside Health System will desire to continue to operate this equipment. An urgent care center and freestanding diagnostic imaging facility with a full range of imaging modalities, will help to support the utilization of CT or MRI.

The above referenced COPN may play an active role in how the County decides to proceed with various projects to strengthen the health care system. In the following pages, various health care resources will be discussed, along with the advantages and disadvantages of developing and operating each.

### **Critical Access Hospital**

A Critical Access Hospital (CAH) is a special type of hospital certified by the Centers for Medicare and Medicaid Services (CMS). This type of hospital was specially designed to serve the needs of rural communities which have a large need for outpatient and emergency services, some need for inpatient services, including skilled nursing services, but with an ever-changing shift in utilization patterns. Among the requirements to become certified as a CAH, the facility must be located at least 35 miles from another hospital (including specialty hospitals, children's hospitals, and even psychiatric hospitals), must have no more than 25 inpatient beds, and must have an emergency department available 24 hours per

day, staffed by a minimum of a non-physician provider such as a nurse practitioner or physician's assistant, with on-site physician services available when needed. Additionally, the CAH must have written agreements for transportation services as well as with a larger referral hospital to accept transfers and to assist with other things such as quality improvement, and they must maintain a 96 hour average length of stay as an acute care patient. The CAH does not have to be part of a larger system. About a quarter of all hospitals in the country are CAHs, including seven in Virginia, all located in the western half of the state.

For meeting these requirements, the CAH is given some flexibility in how they deliver care. For example, inpatient beds can be certified as swing beds, and therefore the CAH can provide a long term care component. In the event that there are no inpatients in the hospital, the staff can go home. For this, the CAH is reimbursed on the basis of costs for Medicare patients only. In some states, Medicaid also reimburses on a cost basis, however, Virginia is not one of those states. This can mean a substantial improvement in revenue, but many CAHs still struggle financially.

CAHs have come under scrutiny by the Department of Health and Human Services, largely because they do not meet the distance requirements. Their ability to be reimbursed on a cost basis is seen as a drain to the Medicare budget. The result of this has been a discouragement of the development and certification of new CAHs, even to the point where rumors are that they will not be certifying new CAHs at all.

In order for a CAH to be developed and certified, the CAH would have to be located at least 35 miles from the nearest hospital. Since VRHRC could not find an address for the new site, to gain an approximation of the area where the hospital might be developed, we utilized Onley, Virginia to Cape Charles, Virginia. The distance from the center of Onley to Cape Charles is 35.63 miles. To the south across the Chesapeake Bay, the closest hospital, using the CMS rule that includes all specialty hospitals, is Lake Taylor Transitional Care Hospital at 1309 Kempsville Road in Norfolk. The distance from that hospital to the intersection on US 13 to turn off to Cape Charles is 34.9 miles. So essentially, there is only a very small area, most likely within the community of Cape Charles to even consider placing a CAH. Ideally, the best place to locate a CAH would be along US 13, however, this option appears to be impossible because of the distances to the two closest hospitals.

Though a CAH must be licensed for acute care beds, the limit is 25, but there is no minimum. One CAH located in the coalfields of southwest Virginia has been creative in how it uses its beds. The facility was originally a two story, 50-bed hospital, with the patient care area located on the second floor. It went bankrupt and closed several years ago. The Coalfields Economic Development Authority (CEDA) purchased the facility, and eventually contracted Mountain States Health Alliance through Norton Community Hospital to operate Dickenson Community Hospital. When it opened, it was licensed for 25 beds, but only put two in operation, those being located on the first floor adjacent to the emergency department nurses' station so that staff would be available 24 hours per day. Though they have had a small number of admissions, they have been able to maintain an emergency department and imaging presence in their community. However, as long as Riverside is able to maintain the COPN for the CT

scanner and mobile MRI site, a CAH in the Cape Charles area would only be able to offer basic imaging services.

### Advantages of a CAH

The development of a CAH would have several advantages, including:

- Establishment of inpatient services within Northampton County
- Establishment of 24 hour emergency services to the end of the county which will be most impacted by the relocation of the existing hospital.

### Disadvantages of a CAH

While the promise of establishing inpatient services in the southern end of the county would be beneficial, there are a number of significant issues that would have to be overcome before this type of facility would be successful:

- Cost. To build even a small hospital such as this would likely cost tens of millions of dollars for the bricks and mortar as well as the equipment. The budget for the new, 78-bed hospital is over \$80 million, or roughly an average of about \$1 million per bed.
- Time. The time it took from the filing of the COPN application to the estimated completion of the facility will be approaching five years.
- COPN. The sponsor of the project would need to file a COPN begin the project. The approval of the certificate is based on need, and given that Shore Memorial was approved for significantly fewer beds than its current license, there is no demonstrable need for new beds on the Eastern Shore. The trend for many years in areas absent of population growth is to reduce the number of inpatient beds, not increase them. VRHRC believes this trend will continue in favor of a couple of major medical centers with many outlying facilities to feed the big hospitals. That is essentially the purpose of the new facility approved in Accomack County.
- Lack of medical staff. The development of a new hospital requires at least a minimal medical staff to feed it patients, and to care for those patients once in the hospital. This would require additional development concurrent with the planning and development for another facility. Recruitment of staff without the support of a major health care system may present challenges to completing the task. Though Eastern Virginia Rural Health has a good network of facilities across the Eastern Shore, there is not one presently in the Cape Charles area.
- Without a CAH certification, the ability of a hospital in the Cape Charles area to be financially feasible is in question.

### Comment and Recommendation

Though any community would like to have a hospital close at hand within their county, in today's healthcare environment, consolidation of multiple types of health care providers and hospitals into systems with a large hospital at its core is now the norm, as are longer transit times to receive care. The distance requirements of the CAH program to the next nearest hospital limit the potential area of

development to a very localized area which currently does not have a significant health care infrastructure to support the development of this type of facility. Additionally, Virginia Medicaid, unlike some other states, does not reimburse CAHs on a more favorable cost basis, and the state's CAHs continue to struggle financially, despite the enhanced reimbursement offered by Medicare. VRHRC believes that the development of a CAH may be a very long range goal; however, it is not a solution to the short term problems facing Northampton County residents.

### **Freestanding Emergency Department**

Another option that has been discussed is that of developing a freestanding emergency department. Under this concept, an emergency department would be developed to treat urgent events and stabilize more emergent patients until transportation could arrive to transfer them to the Hampton Roads area, whether that be by helicopter or by ambulance. The staff would likely consist of a physician 24 hours per day and other support staff as would likely be found in an emergency department at a small rural hospital. There are numerous emergency department staffing groups that might be of assistance in assuring that there is adequate coverage.

Although freestanding emergency departments have been around for several decades (one in Fairfax County was established in Reston in the mid-1970's), they have begun to see extensive growth across the country in both urban and rural areas. As a result, they have come under more significant scrutiny by state regulators and third party payors, including Medicare. Although VRHRC has not been able to identify good statistics as to ownership of these facilities, anecdotal information suggests that sponsors of these facilities are generally larger hospitals or hospital systems. And for good reason. First, freestanding emergency departments are expensive to build, equip, and operate. These facilities are expected to maintain continuous operations with physician staffing around the clock. Second, emergency departments are often loss leaders for their hospitals, and freestanding emergency departments can be expected to have the same fate. Emergency departments must take all comers regardless of their ability to pay, and must stabilize a patient before asking about their insurance. Given that the population on the Eastern Shore tends to be older and on Medicare, have a higher rate of patients without insurance or on Medicaid, the potential for lower levels of reimbursement than might be seen from commercial payors, might increase the likelihood of a facility that operates with a negative margin. Additionally, charges at these facilities will tend to be higher for many of the services that might normally be seen in a physician office, thus, there is a financial impact on a personal basis in the form of increased deductibles and co-pays.

Conceptually, the freestanding emergency department might be the right strategy to mitigate the access issues created by the relocation of Shore Memorial Hospital. For the EMS agencies that must respond to more critical emergencies, a facility of this type would offer them an alternative to take a patient for stabilization when a longer drive to the new hospital could result in greater complications for the patient. As opposed to urgent care centers, freestanding emergency rooms should be acceptable by

most insurers for reimbursement to ambulance providers. But the financial risk to the owners of these facilities may not outweigh the benefits to the ambulance providers.

There is one good model located in a rural area of Virginia that should be watched over the next few years to determine whether a freestanding emergency department will be a viable option, especially when combined with other services. Centra Health, located in Lynchburg, has started on construction of a center in Gretna in the northern part of Pittsylvania County that will include a 24-hour emergency department to be staffed with physicians and will have a 64-slice CT scanner on site, thanks to the approval of a COPN application. Gretna is located about 45 minutes from the nearest hospital. The facility will also house a medical practice, wellness center, physical therapy gym, laboratory services, and radiology services including digital x-ray, ultrasound, and mammography. There will be a helipad next to the facility, and an ambulance service with a crew stationed at the facility. The 50,000 square foot building will have 10 treatment bays in their ED. The cost of the facility is expected to be near \$24 million. Operations are expected to commence in 2015. This facility may be larger than what would be needed in Northampton County, since Pittsylvania County is much larger, both in terms of land mass as well as population.

If there is a desire to operate a freestanding center with a CT scanner, one should recall the earlier conversation that Riverside maintains the COPN for both a CT scanner and a site for mobile MRI. As long as Riverside maintains this site and utilization rises enough to warrant another scanner within the entire planning district, there will not be an opportunity for an outside entity to secure a COPN. A COPN would only be required if certain imaging services such as CT and MRI were desired. The facility could still establish a series of imaging services on both an outpatient basis and to support the ED, such as x-ray, ultrasound, and mammography. Lab services could also be provided at the facility without a COPN, but there are numerous requirements to establish a lab that would support this type of facility.

#### Advantages of a Freestanding Emergency Department

Among the advantages to the community include:

- 24 hour accessibility to emergency services by residents of Northampton County
- Staffed with physicians
- Has broader range of equipment and potential to meet a broader range of needs on site than an urgent care center
- Should be a destination that will allow emergency responders to bill for their services

#### Disadvantages of a Freestanding Urgent Care Center

Among the disadvantages of a freestanding emergency department include:

- High cost of operation due to 24 availability, physician coverage at all times
- Subject to greater regulatory oversight
- Must take all comers without regard to their ability to pay or payment source
- Within Northampton County, population is perceived to more dependent on governmental payment sources than commercial insurers. The latter group would normally provide financial

stability to a type of facility, an emergency department, which is often a loss leader for a hospital.

- Freestanding emergency departments are coming under increasing scrutiny because of higher costs than would be the case if a patient went to a physician practice when emergency care was not needed.
- Without the direct linkage (i.e., ownership) to a hospital or health care system, financial stability may be questionable.

#### Comments and Recommendation

Conceptually, the freestanding emergency department is a very good solution to meeting the emergency needs of the community. Financially, however, given the population size of Northampton County, this is not the best alternative to develop new services. The fact that Riverside has not made its future plans for the current hospital may be a function of the political and regulatory environment in which this type of facility is facing. Without the ability to provide CT services, the financial position will be weakened as patients seek care at the new hospital. At the current time, VRHRC cannot recommend pursuing this type of facility. However, VRHRC also suggests that the County may want to monitor the progress and performance of the new center in Gretna to see if it meets the expectations of the health care system and the community.

#### Urgent Care Center

The term “urgent care center” has a wide variety of meanings in today’s health care environment. An urgent care center can include a small area located in a grocery store, pharmacy or other similar location to a freestanding facility. Their staffing can range from a non-physician practitioner to one or more physicians. This is largely because there are few regulations that define their operations, and, therefore, the scope of services each has to offer. Generally speaking, however, they are proprietary in nature, formed as an investment by physicians or others who see this as potentially profitable, but more hospital systems, both for profit and non-profit, are operating these centers as well as part of their services. They often, but not always, tend to be open later hours into the evening to serve the needs of a population when physician offices are not open, which often becomes an access problem when not open. Because they are not regulated, there is more flexibility in what services can be offered, what hours they are offered, and the types of providers that serve the patients who seek care there. There are also no requirements in place that include urgent care centers as providers that must see patients regardless of their ability to pay or their payment source, though most would be morally obligated to care for a patient with potentially emergent conditions while seeking an emergency transfer.

These centers can be developed for a much lower price tag than either of the above mentioned facilities. There are several proprietary companies serving the state, with corporate offices both in and outside of Virginia, that may be willing to establish and operate a center at no cost to the County. If a proprietary organization is selected, additional tax revenues might accrue to the County. The low cost of development suggests that more than one location could be established, potentially creating

competition among providers that would be beneficial to the community in terms of improved quality and lower pricing to attract customers to their locations. Urgent care centers generally do not serve as patients' medical homes, and therefore there would continue to be a need to recruit and retain physicians and non-physician providers to the area. An urgent care center could be developed or included with other physician office buildings to provide improved continuity of care as a one stop location for medical care.

There may be opportunities for these entities to seek funding from the economic development authority for Northampton County, as well as Rural Development loans and grants from the United States Department of Agriculture to develop properties to house these providers. Several years ago in the coalfields of Virginia, the Coalfields Economic Development Authority purchased the hospital facility in Dickenson County and then sought out an operator to manage its day-to-day operations. The hospital was able to re-open, and continues to provide inpatient and outpatient care, though it still struggles with reimbursement to the large uninsured population in the county. Northampton County might wish to spearhead the development of a shell facility to house numerous healthcare providers and suppliers that would complement each other.

One disadvantage of urgent care centers is that they are generally not a destination for ambulances to take patients in emergent or non-emergent situations and receive reimbursement. Patients requiring such care would still need to be taken to a hospital emergency department. This will continue to provide strain on the County's EMS system.

#### Advantages of an Urgent Care Center

Among the advantages of an urgent care center are:

- Urgent care centers can be developed in a number of settings at a relatively lower cost than other hospital facilities and freestanding emergency departments
- They are generally more cost effective to operate, in part due to not being open at low volume time periods, such as is the case with freestanding emergency centers
- They can be developed in conjunction with and within other retail venues, and at multiple locations throughout the County at relatively low cost
- Several propriety operators can develop sites at the request of the County, potentially creating additional tax revenue, reducing risk to the County, and creating price and quality competition that will benefit the consumer

#### Disadvantages of an Urgent Care Center

Urgent Care Centers has some disadvantages, including:

- They are not open at all times patients may need care
- Urgent care centers may not have a physician on duty at all times the center is open, thus the scope of services that can be rendered may change or be limited.
- There is a profit motive driving the development of urgent care centers, so it may be difficult to attract companies if their analysis questions the profitability of the practice.

- If the local EMS system bills for services, urgent care centers are not acceptable destination points to allow EMS agencies to be reimbursed.
- Emergency conditions should still be transported to local hospitals

Comments and Recommendation

Development of one or more urgent care centers within Northampton County may be the most cost effective way to assure the availability of some degree of care for urgent conditions and after hours. Some urgent care centers may also expand their service offerings to include such things as occupational medicine services or other services to meet the specific needs of your community. Urgent care centers are not designed to be the medical home for their patients, so the availability of primary care providers will still need to remain a priority among those responsible for overseeing the County’s health care system.

Urgent care centers can be developed at a lower cost than other types of facilities, but one must be careful to attract services that patients will use. If the decision is made to attract one or more urgent care providers, Northampton County should be specific in the expectation for services to be provided. This is especially true if any tax incentives are to be used. These might include the types of providers to be present, hours of operation, and perhaps highlight other needed patient care services to see if they can provide those services.

**Federally Qualified Health Center/Community Health Center**

The term Federally Qualified Health Center (FQHC) can refer to several types of facilities that provide a comprehensive array of health care services. Included are migrant health centers, FQHC look-alikes, and Community Health Center (CHC). Eastern Shore Rural Health is a CHC, which has several medical offices on the Eastern Shore. All of these types of facilities are reimbursed on a cost basis for the services they perform to Medicare and Medicaid patients. Other insurance companies are billed as though the practice is a traditional practice. They must also offer or arrange to offer through other sources a wide range of services such as dental, family planning, immunizations, preventive services, and so on. They must also take all age groups of patients, and may not refuse services to anyone regardless of their ability to pay. What is different about a CHC is they have applied for approval as a Section 330 provider. Through the Section 330 program, a CHC can access grants from the federal government to cover at least some of the costs of caring for the uninsured who meet certain income levels. Additionally, capital funds have been available for the construction and improvement of facilities, hence all of the construction activity in recent years to improve some of Eastern Shore Rural Health’s facilities.

But becoming a Community Health Center is an extremely competitive process. Last year, only 26 “new start” grants were awarded for centers to become full CHCs across the country, and only about twice as many expansion grants were awarded. Since these are very competitive, if there is already a CHC operating in area, it will be very difficult, if not impossible, for a new start grant to be awarded. That would not prevent, however, an existing CHC from receiving an expansion award to provide services in

areas where there is a shortage of services. But awards are also given to areas with the lowest Index of Medical Underservice Score, and Northampton County actually has a score near the upper limit, suggesting that is less likely that the addition of another CHC site in the County will occur in the near future.

Another option could be the development of an FQHC look-alike program. Under this program, a facility identical to an FQHC can be developed and approved for enhanced reimbursement provided they meet all of the qualification of the CHC. These are community run organizations, as over half of the board of directors must be users of the facility. Look-alikes would not be candidates to receive the grants to cover the uninsured, nor would they be eligible for the capital funds for facility development. They should, however, be eligible to participate in such things as recruitment programs through the National Health Service Corp.

FQHCs can provide a wide array of services, and may do so at any time of day, night, or day of the week. Thus, one could provide extended hours to meet the needs of the community that cannot make appointments during normal business hours. The development of an FQHC look-alike might alleviate some of the uninsured load from Eastern Shore Rural Health, but there is a danger of taking too much uninsured patient load into the practice, since a look-alike does not receive payments to assist with those patients.

#### Advantages of FQHCs

An FQHC can provide a number of advantages to a community that has been lacking for primary care and other related services, including:

- FQHCs are required to provide a wide array of primary care, dental, preventive, and other related services, either directly or through arrangements with other providers
- FQHCs are required to serve all age groups, regardless of the patient' ability to pay
- CHCs have access to operating funds to offset costs of treating the uninsured, and for capital funds to construct and upgrade facilities.
- FQHCs must be non-profit and governed by a board of directors, of which at least half must be users of the center.
- FQHCs can receive enhanced cost-based reimbursement from Medicare and Medicaid, providing improved financial resources to care for the uninsured.
- Existing CHCs may apply to expand the number of sites they operate through a much simpler process than the application process for new site operated by a new entity.
- FQHCs and CHCs can access a number of programs for assisting with physician recruitment and discounted supply programs, such as the Virginia Vaccines for Children programs and the 340B drug program.

#### Disadvantages of an FQHC

Some of the disadvantages of an FQHC include:

- FQHCs look-alikes must take all persons regardless of their ability to pay, but no funds are available to specifically cover this cost, unlike approved CHCs. CHCs are given a fixed amount, and Eastern Shore Rural Health is providing fee care at a level that received that amount.
- Approval to become a CHC is a highly competitive, nationwide process. FQHC look-alikes can be established at any time.

*Comment and Recommendation*

Eastern Shore Rural Health has been providing primary care services at numerous locations through the Eastern Shore for many years. One of the simplest options to expand the availability for primary care services is to work with that organization to submit an application for a site expansion. Site expansion applications, are review on an annual basis, but are less competitive than a new site application submitted by a new organization. An existing CHC may also deter the federal government from awarding a new CHC to an area with another already in place unless the existing CHC does not appear to be adequately meeting the needs of the community. Because of this and the strong presence of Eastern Shore Rural Health in the County, the development of a new CHC would be a low priority.

However, an FQHC look-alike could be established at any time, without a competitive application process. Northampton County could facilitate the formation of a board of directors to establish such a facility. But caution should be taken so that adequate resources are available to cover the expense of treating the uninsured.

**Physician Practices and Rural Health Clinics**

There is clear concern among those of the Committee to which this report is being addressed that in addition to losing the hospital to the neighboring county, there will also be a loss of physicians. This may be due to physicians who would like to move to be closer to the hospital, especially specialty physicians that rely on the hospital for some of the services they provide. Some physicians in Northampton County have long established practices there, and may be closing in on retirement age. This, coupled with numerous other requirements of CMS and other third party payors may influence the decision to stay, move, or retire. If they do not remain in practice, this could create significant shortage of primary care services. In order for the new hospital to be successful, Riverside Health System will have to have good referral patterns from Northampton County. Riverside will have an incentive to purchase older practices if they did not already own them, or create new practices to maintain access points in the County. Additionally, Sentara Health System would also benefit in placing physicians in Northampton County, to draw patients across the Chesapeake Bay. Promotion of the competitive element between these two organizations can be used by the County to encourage the development of more physician practices.

Northampton County may also want to assist in this recruitment effort. This might take the form of the development of a medical complex that might consist of medical office suites and other businesses to support the medical practices. In developing such a complex, however, only about one third of practicing physicians are doing so independently, or in other words, separate from a health system or

larger group medical practice. This number is declining at a rapid rate, so careful analysis needs to be done to size such a facility for the proper number of independent physician practices. Each of the large health systems should be able to bring their own money to their projects, but if funds are available to provide incentives, the County should consider doing so.

One program which has provided an incentive to some rural practices is the Rural Health Clinic (RHC) program. In past years, this has provided a substantial financial benefit to many practices. But the gap in reimbursement for the cost-based RHC program and that of the traditional physician practice is closing, and the incentives are not as good as they once were. Efforts have been underway to correct this problem, particularly raising the cap on the average reimbursement per visit but no one is sure when or if they will occur. Additionally, during 2014, Medicaid reimbursement will equal Medicare reimbursement for primary care physicians that sign up for the program, which may negate the former financial benefit.

An RHC operates much like a physician practice. An RHC is required to have a non-physician provider, including a Physician Assistant or Nurse Practitioner at least 50% the practice is open. The PA or NP must be employed (W2 employee) through the practice. There are a number of other typically non-burdensome requirements for certification. Physicians who can meet the staffing requirements should be encouraged to have an evaluation done to determine whether the RHC program is a good fit for them. RHC certification also opens opportunities for recruitment of additional providers to the practice. An advantage of the RHC program over the FQHC program is that the practice may limit the patient base they can see, and they are not obligated to provide a sliding fee scale or take everyone regardless of their ability to pay, unless there is a desire to participate in the NHSC programs. Ownership of the RHC may be for-profit, something that is not possible under an FQHC scenario.

## **Conclusions**

A number of options have been discussed to contend with primary care and emergency coverage once Shore Memorial Hospital leaves Northampton County. Among these include the development of a new, smaller Critical Access Hospital, a freestanding emergency department an array of ancillary services to support that facility, the introduction of one or more urgent care centers to provide care after normal business hours, the role that community health centers and a new federally qualified health center might play, and the development of new physician practices.

Of these options, the development of new facilities will be the most expensive and take the most time to develop. Urgent care centers can be developed using existing storefront space, or space within existing stores such as discount department stores or pharmacies. The development of a new FQHC may be possible in existing space, but the development of new medical office space can be a draw for physicians looking to relocate.

To meet more immediate needs and prepare for the impending move, existing providers should be encouraged extend their hours which will serve to test the market for the introduction of urgent care

facilities, both in terms of utilization as well as the types of services that are seen. County officials should also seek out companies that might be willing to establish urgent care centers in one or more locations in Northampton County. But officials should also be clear as to expectations of the level of services that should be provided.

To facilitate the establishment of new physician practices, County officials should approach both Riverside and Sentara for assistance in recruiting physicians to the area. Both have extensive recruitment programs, and both have referral patterns in and from the Eastern Shore. The competition between these entities may work to the benefit of the County, with little financial investment. Consideration may also be given to the establishment of incentives to develop new office space that will be beneficial in the recruitment process.

This report has not discussed the impact of the implementation of the Medicaid expansion program at the state level. If this were to occur, many of the Counties residents could be expected to qualify for Medicaid reimbursement. This may be beneficial in recruiting more health care providers, in that the volume of uninsured that may come to their practices will decrease. It may also provide improved incentives for the conversion of practices to RHCs, which will provide enhanced reimbursement.

 <p><b>TOWN OF CAPE CHARLES</b></p>	<b>AGENDA TITLE:</b> Acquisition of Fig Street Lots		<b>AGENDA DATE:</b> March 20, 2014
	<b>SUBJECT/PROPOSAL/REQUEST:</b> Adopt resolution authorizing the acquisition, amending the budget and appropriating the funds.		<b>ITEM NUMBER:</b> 8B
	<b>ATTACHMENTS:</b> Proposed Resolution 20140320, Budget Reallocation		<b>FOR COUNCIL:</b> Action (X) Information ( )
	<b>STAFF CONTACT (s):</b> Heather Arcos	<b>REVIEWED BY:</b> Heather Arcos, Town Manager	

**BACKGROUND:**

In June 2010, the Town entered into a lease agreement with Bay Creek LLC to lease seven (7) lots on the corner of Fig Street and Randolph Avenue with first right of refusal to purchase the property if at any time Bay Creek decided to sell the property. The parcel numbers are: 083-A4-01-00-001, 083-A4-01-00-002, 083-A4-01-00-003, 083-A4-01-00-004, 083-A4-01-00-005, 083-A4-01-00-006 and 083-A4-01-00-007. The lease has been renewed on an annual basis.

**DISCUSSION:**

The Town Manager received a letter dated February 10, 2014 from Mr. Richard Foster of Bay Creek LLC and HJ Rail, LLC offering the sale of the property to the Town, as outlined in the lease agreement, for a sum of \$100K payable at closing. If the Town failed to accept the offer, the property would be marketed for sale. This issue was discussed by Council at the March 10, 2014 Executive Session and the general consensus was for the Town to move forward with the acquisition of the seven (7) Fig Street parcels described above.

The Cape Charles Comprehensive Plan, adopted June 2009, recommends the intersection of Fig Street and Randolph Avenue be utilized for a traffic roundabout (§ III.A.5.1, item 9 – Incorporate traffic calming and access management techniques at Town Gateways; § III-3 – Transportation and Utilities; and § IV.3 – Cape Charles Community Trail Master Plan).

The parcels are currently maintained as Open Space and contain the Town’s welcome sign and plantings. After purchase, the Town plans to continue to maintain the parcels as currently used until such time that a traffic roundabout, as stated in the Comprehensive Plan and in VDOT’s 2020 Transportation Plan, can be constructed.

There is sufficient funding in the Fiscal Year 2014 Budget under the Cape Charles Community Trail Project. The final approval to begin construction has been delayed on the Cape Charles Community Trail Project. VDOT is required to review and approve each step of the process and anticipated construction would not begin until the next fiscal year. We anticipate approximately \$50K to be expended on the Trail project this year. The remaining \$100K will not be utilized in this fiscal year and would be transferred to the Town Manager budget for the acquisition of these parcels. Resolution 20130627 Approving the Budget for Fiscal Year 2013/2014 and Making Appropriations for the Fiscal Year authorized “the Town Manager to transfer amounts among Funds with advance notification to the Town Council.”

**RECOMMENDATION:**

Staff recommends discussion of this opportunity, and a roll call vote on the attached resolution (#20140320) authorizing the acquisition of the property; authorizing the Mayor to execute such documents as may be required to close on the property; and to approve a budget amendment and appropriation of funds for the property acquisition.

**RESOLUTION 20140320**  
**ACQUISITION OF SEVEN PARCELS ON FIG STREET**

**WHEREAS**, in June 2010, the Town of Cape Charles entered into a lease agreement with Bay Creek LLC to lease seven parcels (083-A4-01-00-001, 083-A4-01-00-002, 083-A4-01-00-003, 083-A4-01-00-004, 083-A4-01-00-005, 083-A4-01-00-006 and 083-A4-01-00-007) on the corner of Fig Street and Randolph Avenue with first right of refusal to purchase the property if Bay Creek decided to sell the property; and

**WHEREAS**, the Town received a letter from Mr. Richard Foster of Bay Creek LLC and HJ Rail LLC offering the sale of the property to the Town, as outlined in the lease agreement, for a sum of \$100,000 payable at closing; and

**WHEREAS**, the Town Council discussed the offer at their March 10, 2014 Executive Session and reached a general consensus to move forward with the acquisition of the seven parcels; and

**WHEREAS**, the Cape Charles Comprehensive Plan, adopted June 2009, recommends the intersection of Fig Street and Randolph Avenue be utilized for a future roundabout; and

**WHEREAS**, the parcels are currently maintained as Open Space and contain the Town's welcome sign and plantings. After purchase, the Town plans to continue to maintain the parcels as currently used until such time that a traffic roundabout, as stated in the Comprehensive Plan and VDOT's 2020 Transportation Plan, can be constructed; and

**WHEREAS**, there is sufficient funding in the Fiscal Year (FY) 2013/2014 Budget under the Cape Charles Community Trail Project, which is not expected to begin construction until FY 2014/2015 so the funding will not be utilized this FY; and

**WHEREAS**, Resolution 20130627 Approving the Budget for FY 2013/2014 and Making Appropriations for the Fiscal Year authorized the Town Manager to transfer amounts among Funds with advance notification to the Town Council; and

**WHEREAS**, the Town Council has determined that other expense items in the Budget be reallocated toward the acquisition of the seven Fig Street parcels, without increasing the total aggregate expenses in the Budget nor increase the appropriation of funds; now

**THEREFORE BE IT RESOLVED** by the Town Council of Cape Charles this 20<sup>th</sup> day of March, 2014 that the seven Fig Street parcels be acquired in accordance with the terms of the lease agreement as discussed; and

**BE IT FURTHER RESOLVED** that the Mayor and Town Manager, each of whom may act, be authorized to negotiate, finalize, and execute such documents as may be required to close on the property acquisition; and

**BE IT FURTHER RESOLVED** that the attached Budget reallocation be approved, and that funds be appropriated for the acquisition of the seven Fig Street parcels and related expenses.

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Adopted by the Town Council of Cape Charles on March 20, 2014

By: \_\_\_\_\_  
Mayor

ATTEST:

\_\_\_\_\_  
Town Clerk

**Town of Cape Charles**  
**Acquisition of Fig Street Parcels**  
**Budget Reallocation**

Purchase Price	\$ 100,000.00
Due Diligence Reports	\$ 8,000.00
Closing Costs	\$ 7,500.00
<b>Total Approximate Price</b>	<b>\$ 115,500.00</b>

Transfer From:	Expenditures	
<b>General Fund - Public Works</b>		
Capital (Cape Chas Multi Use Trail Phase 2 Design)	4-100-430-482-8203-018	\$ 150,000.00
Capital (Cape Chas Multi Use Trail Phase 2 Design)	4-100-430-482-8203-018	\$ (100,000.00)
<b>Total General Fund - Public Works</b>		<b>\$ 50,000.00</b>
<b>Transfer To:</b>		
<b>General Fund - Town Manager</b>		
Capital (Land & Building Acquisitions)	4-100-121-482-8204	\$ 100,000.00
<b>Total General Fund - Town Manager</b>		<b>\$ 100,000.00</b>

Due Diligence Reports & Closing Fees from:		
<b>General Fund - Town Manager</b>		
Legal	4-100-121-430-3150	\$ 15,500.00
<b>Total General Fund - Town Manager</b>		<b>\$ 15,500.00</b>

 <p>TOWN OF CAPE CHARLES</p>	<b>AGENDA TITLE:</b> Name for Former Library Building		<b>AGENDA DATE:</b> March 20, 2014
	<b>SUBJECT/PROPOSAL/REQUEST:</b> Determine the best name for the new meeting space.		<b>ITEM NUMBER:</b> 8C
	<b>ATTACHMENTS:</b>		<b>FOR COUNCIL:</b> Action ( X ) Information ( )
	<b>STAFF CONTACT (s):</b> Jen Lewis	<b>REVIEWED BY:</b> Heather Arcos, Town Manager	

**BACKGROUND:**

The Cape Charles Memorial Library was moved last year to 201 Mason Avenue into the former Bank of America building. The vacated building at 500 Tazewell Avenue is being repurposed for Town meetings and other Town related activities.

**DISCUSSION:**

Staff has researched the former library building to find historical information that could be used in the naming of the building. As of this time, there is not enough research to assist in the naming of the building. The building was the First Presbyterian Church in Cape Charles and the first service was held on March 24, 1901. The church was moved in September 1926 and the building was sold to the Northampton County Memorial Library for \$5,000. The Library was opened October 8, 1926 in honor of World War Veterans. On May 27, 1927 a reported 7,000 people were in attendance to hear Governor Harry F. Byrd give the address for the dedication of the Northampton Memorial Library. In December 2008, the name of the library was changed to the Cape Charles Memorial Library.

A number of names were discussed and "Cape Charles Meeting Hall" seems to be the most appropriate.

**RECOMMENDATION:**

Staff recommendation is to name this facility the Cape Charles Meeting Hall.