



Request for Applications

RFA # A-191

Closing the Gap II



FUNDING AGENCY: North Carolina Department of Health and Human Services,
Division of Public Health
Office of Minority Health and Health Disparities

ISSUE DATE: October 15, 2009

IMPORTANT NOTE: Indicate agency or organization name and RFA number on the front of each application envelope or package, along with the date for receipt of applications specified below.

Applications will be received until 5:00 pm on November 19, 2009.
Electronic copies of the application are available by request.

Send all applications directly to the funding agency address shown below.

Direct all inquiries concerning this RFA to:

Mailing Address:

Shayna Simpson-Hall, MA
Project Director
Office of Minority Health and Health Disparities
Mail Service Center # 1906
Raleigh, NC 27609

Street/ Hand Delivery Address:

Shayna Simpson-Hall, MA
Project Director
Office of Minority Health and Health Disparities
1110 Navaho Drive, Suite 510
Raleigh, NC 27609

TABLE OF CONTENTS

I. INTRODUCTION	3
II. BACKGROUND	3
III. SCOPE OF SERVICES	5
APPLICANT ELIGIBILITY	5
USE OF FUNDS	
PERFORMANCE MONITORING/QUALITY ASSURANCE	5
IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS	7
V. CRITERIA FOR EVALUATING THE APPLICATION	10
VI. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW	12
VII. APPLICATION CHECKLIST	14
VIII. APPLICATION NARRATIVE FORMAT AND CONTENT	15
APPENDICES	20
Appendix 1 CFEHDI Prevention Services Definitions	
Appendix 2 Application Face Sheet	
Appendix 3 Performance Based Prevention Services Plan	
Appendix 4 Line Item Budget	
Appendix 5 Budget Narrative Worksheet	
Appendix 6 Sample Budget Narrative	
ATTACHMENTS	39
Attachment A Letters of Commitment or Statements of Support	
Attachment B Project Budget	
Attachment C 501(c) (3) Letter or Document Verifying Legal Name	
Attachment D Letter from Board President/Chairperson Identifying Individual(s) Authorized to Sign Contracts	
Attachment E Letter from Board President/Chairperson Identifying Individual(s) Authorized to Sign Expenditure Reports	
Attachment F Notarized Conflict of Interest policy	
Attachment G Certification of No Overdue Taxes	

I. INTRODUCTION

The Community Focused Eliminating Health Disparities Initiative (CFEHDI) focuses on the use of preventive measures to support healthy lifestyles for faith-based and community-based organizations, American Indian Tribes, and local health departments to close the gap in the status of African Americans, Hispanics/Latinos, and American Indians as compared to the white population. The six focus areas are: infant mortality, HIV/AIDS and other sexually transmitted infections, cancer, diabetes, homicides, and motor vehicle deaths.

Organizations eligible to apply include non-profit community-based organizations, faith-based organizations, American Indian tribal organizations, and local health departments located in North Carolina. Private non-profit organizations must be incorporated in the state of North Carolina and must have IRS Section 501(c) (3) Tax Exempt Status.

Private non-profit applicants must be registered with the North Carolina Secretary of State to conduct business in North Carolina, or be willing to complete the registration process in conjunction with the execution of the contract documents (see www.secretary.state.nc.us/corporations).

II. BACKGROUND

The Office of Minority Health and Health Disparities (OMHHD) was established by the North Carolina General Assembly in 1992. The mission of OMHHD is to promote and advocate for the elimination of health disparities among all racial and ethnic minorities and other underserved populations in North Carolina.

The main focus areas for the office are:

- ✓ **Research and Data:** Improving the quality and availability of health information, data collection and analysis to assist in problem identification; public health service improvement; and program and policy development.
- ✓ **Culture and Language:** Providing cultural diversity and interpreter training to health and human services professionals and advocating for language services to ensure effective health communication for North Carolina's Limited English Proficient (LEP) population.
- ✓ **Policy and Legislation:** Supporting policies and legislation that improve the health and well-being of minorities and underserved populations, including the elimination of health disparities.
- ✓ **Partnership Development:** Collaborating with others to improve health programs and services to the underserved populations.
- ✓ **Advocacy:** Disseminating information to increase awareness of minority health and health disparities of the underserved.

The U.S. Census Bureau projects that by the middle of the 21st century, the United States will be a “majority-minority” country and the white population will make up less than 50% of the U.S. population. This is due to both differing fertility rates of the U.S. population and immigration. In August 2005, the Bureau reported that the populations of four U.S. states have a “minority” population of over 50%, and five other states currently are already 40+% “minority populations”. Health statistics for the states and the nation as a whole will become a reflection of the status of racial minorities. “Minority health” is becoming the “nation’s health.” Racial and ethnic minorities generally have a worse status than the white population. Combined with an aging society, there will be increasing demands on our health care system. Therefore, the need for minority health to be a central feature of public health and related disciplines is self evident. An understanding of successful models and “best practices” to address health disparities is vital to the nation’s health and the effectiveness of public health and medical interventions.

The Office of Minority Health and Health Disparities’ (OMHHD) defines health disparities as differences or inequalities in health that exist between whites and racial and ethnic minorities. In North Carolina,

- The percent of Hispanic/Latinos, African American and American Indian families living below the federal poverty level is 3 times higher than that of white families.
- African Americans continue to die of AIDS at a disparity ratio of 13.7 more times than the white population.
- The death rates for homicides are 4 times higher for African Americans and American Indians, and 2.5 times higher for Hispanics than the white population.
- African American infants still die 2.5 times more often than white infants and American Indian infants die 2 times more often than white infants.
- American Indians and African Americans are 2 times more likely to die from diabetes than the white population.

The Office of Minority Health and Health Disparities, in collaboration with the State Center for Health Statistics, has published a report on “Racial and Ethnic Differences in Health” in May 2004. This “Health Disparities Report Card” (2006) (www.ncminorityhealth.org) reveals major health status disparities related to minority populations in North Carolina. Significant health status gaps exist in the following areas: infant mortality, HIV/AIDS and other sexually transmitted infections, cancer, diabetes, homicides, and motor vehicle deaths. These public health conditions are the focus areas of this RFA.

III. SCOPE OF SERVICES

The 2009 North Carolina General Assembly appropriated \$ 2,850,000 in recurring funds to support the Community-Focused Eliminating Health Disparities Initiative (CFEHDI). The CFEHDI focuses on the use of preventive measures to support healthy lifestyles for faith-based and community-based organizations, American Indian Tribes, and local health departments to close the gap in the status of African Americans, Hispanics/Latinos, and American Indians as compared to the white population. The six focus areas are: infant mortality, HIV/AIDS and other sexually transmitted infections, cancer, diabetes, homicides, and motor vehicle deaths.

The maximum funding per project under this RFA will be up to \$300,000 for the three year project period. The project period begins June 1, 2010 and end May 31, 2013. Continuation of grantee funding during the project period will be dependent upon project performance and continued funding from the General Assembly.

A total of \$2,850,000 will be awarded among an approximately twenty-eight (28) agencies. The exact total number of awards will depend on the number of quality applications received, the appropriateness of the applicants' proposed goals, objectives, strategies and activities, and the likelihood of the success of the proposed project.

Applicant Eligibility

Organizations eligible to apply include non-profit community-based organizations, faith-based organizations, American Indian tribal organizations, and local health departments located in North Carolina. Private non-profit organizations must be incorporated in the state of North Carolina and must have IRS Section 501(c) (3) Tax Exempt Status.

Private non-profit applicants must be registered with the North Carolina Secretary of State to conduct business in North Carolina, or be willing to complete the registration process in conjunction with the execution of the contract documents (see www.secretary.state.nc.us/corporations).

Use of Funds

Grant funds may be used to support personnel services, operating expenses, and contracted services. Funds must be budgeted in the categories listed in the Line Item Budget (Appendix 4-1). Applicants must develop a Budget Narrative, Appendix 5, to accompany the Line Item Budget. The Line Item Budget and the Budget Narrative must show a clear relationship between the proposed budget and the proposed activities stated in the Program Plan. **Funds may not support efforts to engage in any political activities or lobbying.**

Performance Monitoring/Quality Assurance

To meet the requirements of the Community-Focused Eliminating Health Disparities Initiative, the grantee organization must work with OMHHD and the Division of Public Health (DPH) staff to:

- ✓ participate in trainings and meetings;
- ✓ participate in project evaluation; and
- ✓ represent the grantee organization to participate in other activities identified or conducted by OMHHD.

Performance and quality assurance of this grant will be conducted as follows:

- ✓ OMHHD and other DPH Programs will conduct contract monitoring activities during each contract period and will utilize the grantee organization's project objectives as its assurance criteria for meeting outcomes;
- ✓ the grantee organization must submit a monthly progress report, contract expenditure report, and line item budget spreadsheet to OMHHD; and
- ✓ the grantee organization must submit an "End of Year Progress Report".

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection

All qualified applications will be evaluated and award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by January 5, 2010

2. Decline to Offer

Any agency or organization that receives a copy of the RFA but declines to make an offer is requested to send a written "Decline to Offer" to the funding agency. Failure to respond as requested may subject the agency or organization to removal from consideration of future RFAs.

3. Cost of Application Preparation

Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.

4. Elaborate Applications

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

5. Oral Explanations

The funding will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

6. Reference to Other Data

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

7. Titles

Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

8. Form of Application

Each application must be submitted on the form provided by the funding agency, and will be incorporated into the funding agency's Performance Agreement (contract/agreement addendum).

9. Exceptions

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency and organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract/agreement addendum).

10. Advertising

In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.

11. Right to Submitted Material

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

12. Competitive Offer

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

13. Agency and Organization's Representative

Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.

14. Subcontracting

Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to

whom. All information required about the prime grantee is also required for each proposed subcontractor.

15. Proprietary Information

Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

16. Participation Encouraged

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled including utilization as subcontractor(s) to perform functions under this Request for Applications.

17. Contract

The Division will issue a contract/agreement addendum to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed contract/agreement addendum.

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status. Also, the contract may include assurances that the successful applicant would be required to execute when signing the contract/agreement addendum.

Contracts with private non-profit agencies require a notarized conflict of interest policy statement, as well as a Certification of No Overdue Taxes. See the instructions on Attachments F and G, complete forms, and include in submission.

Private non-profit applicants must also be registered with the North Carolina Secretary of State to do business in North Carolina, or be willing to complete the registrations process in conjunction with the execution of the contract documents.
(see www.secretary.state.nc.us/corporations).

Applicants must submit official documentation of its DUNS number. DUNS is the abbreviation for the Data Universal Numbering System developed and regulated by Dun & Bradstreet. If your agency does not have a DUNS number, please use the Dun & Bradstreet (D&B) online registration (<http://fedgov.dnb.com/webform>) to receive one free of charge.

V. CRITERIA FOR EVALUATING THE APPLICATION

Each section will be scored using the following criteria

- 10% **Statement of Need:** How well does the applicant demonstrate an understanding of the problem in the target geographic area?
Are specific target population related information including race/ethnicity, health status indicators, education, language, social data, poverty rates, etc., included?
Is there adequate data provided to support the need for the project?
How well the need/problem is researched and documented (providing narrative and statistical detail)?
Are the community strengths and barriers well documented?
- 10% **Description of Organization/Agency:** Is the description of the appropriateness of the agency/organization for the program clear and precise?
Is the description of the agency/organization and its purpose clear?
Does the brief history of the applicant agency include the how, when, and why the agency was established?
Is the agency's mission statement clearly defined?
Does the organizational chart illustrate an organization structure that has the capacity to develop and implement this project?
Is there a resolution from the Board of Directors or another governing body of the agency or the county commissioners indicating strong support for the proposed project?
- 25% **Program Plan and Community Support:** Are prevention services objectives outlined in the Scope of Services specific, measurable, attainable, relevant, and time bound to the overall intent of the Initiative, the stated goals, and need?
Scope of Services: Are the stated objectives measurable?
Are the objectives realistic and feasible?
Are the proposed activities appropriate to achieve the stated goals and objectives?
Are all the requirements under the Scope of Services addressed?
Timeline: Are the planned activities logical and sequential in relationship to the objectives and program evaluation?
Is the proposed timeline realistic to accomplish proposed activities?
Is the evidence- based, best practices, or promising practices strategy that will be implemented in the proposed project clearly stated?
Is the Performance Based Prevention Services table applicable to the focus area(s) selected for the proposed project?
Is the relationship between the evidence based strategies, best practices and/or promising practices and the Performance Based Prevention Services to be implemented in the proposed project described?
Did the applicant describe the project personnel including roles and responsibilities?
Are the proposed resources required reasonable as to type, amount, distribution, etc. and clearly outlined?

Is the proposed project plan of management and accountability including the role of the board or governing body, reporting, monitoring performance, quality improvement, recruitment and retention of program participants, etc. illustrated?
Is a list of potential partners included?
Did the applicants' plan incorporate strategies to partner with stakeholders in the community, i.e. who are project stakeholders, why are they important to the projects, success, what will each stakeholder contribute, etc.?

15% **Agency's Ability:** Is it apparent why this is an opportune time for the applicant to undertake this grant and to develop and implement prevention strategies?
Is the applicant's capacity to implement the proposed project reasonable?
Are the agency's current and prior experiences with the focus area to be addressed by the proposed project clearly explained?
Were current and past (within the last 2 years) collaborative prevention efforts between the applicant and other local, public or private organizations for the focus area described?
Did the applicant illustrate capacity to engage community members and organizations in providing prevention services?
Was the applicant's experience administering local, state, federal and private grant funds clearly stated?

20% **Monitoring and Evaluation:** Is a brief description of how the applicant will monitor and evaluate performance activities and outcomes as set out in your proposed Performance-Based Prevention Services Plan included?
Did the applicant clearly identify how and when they will use proposed evaluation summaries to measure whether proposed objectives are achieved?
Did the applicant include policies and procedures set forth to maintain client confidentiality, if appropriate?
Is the **timeline** of the entire program plan and evaluation which includes all activities required to accomplish the key objectives of the project realistic?
Will the proposed evaluation summaries allow applicant to measure whether proposed objectives are achieved?
Are the evaluation criteria and measures appropriate?
Is the plan for data collection, analysis, and reporting realistic?

15% **Budget Section:** Is there an appropriate correlation of Program Plan, Line Item Budget and Budget Narrative? Is cost deemed reasonable?

5% **General:** Does the applicant follow all directions?
Is the proposal well organized, easy to read and comprehend?
Is the budget realistic and does it clearly justify how the requested funding will be spent?
Applicants are cautioned that this is a RFA and OMHHD reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of OMHHD. Applicants will be notified of the funding decisions by January 5, 2010.

VI. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

The following is a general description of the process by which applicants will be selected for funding for this project.

1. RFAs are being sent to prospective agencies and organizations email. The RFA will also be made available via the OMHHD website on October 15, 2009 (www.ncminorityhealth.org).
2. Written questions concerning the specifications in this Request for Applications will be received until October 29, 2009. As an addendum to this RFA, a summary of all questions and answers will be posted on the OMHHD website (www.ncminorityhealth.org) by November 3, 2009 to all agencies and organizations completing this Request for Applications.
3. Applicants must submit an original and three copies of the application. The original and all three copies must include the required attachments. In addition, applicant must submit an electronic version of the application, line item budget and budget narrative on a rewriteable CD-RW disc, 3.5 inch disk either with the “hard” copies, or as an e-mail attachment to Shayna.Simpson-Hall@dhhs.nc.gov. Electronic, faxed or e-mailed applications ***will not*** be accepted in lieu of the original and required number of hard copies. Original signatures are required.
4. All applications must be received by the Department of Health and Human Services by the date and time on the cover sheet of this RFA. Note: If the US Postal Service is used, the applicant must allow sufficient time for delivery to the Office of Minority Health and Health Disparities by 5:00 PM, close of business, on November 19, 2009.
5. Applications from each applicant will be logged in and stamped with the time and date received on the cover sheet.
6. At their option, the OMHHD may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, applicants are cautioned that OMHHD is not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the applicant.
7. The applications will also undergo an OMHHD internal review process. Applications determined by OMHHD to be responsive to the RFA will be evaluated by an external RFA Review Committee for completeness, content, experience with similar projects, ability of the applicant’s staff, proposed cost, etc. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State.

8. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.
9. Application Process Summary Dates:
 - October 15, 2009: Request for applications emailed and /or mailed to eligible applicants and posted on the OMHHD website (www.ncminorityhealth.org)
 - October 29, 2009: Deadline for Questions
 - November 3, 2009: Q&A posted on OMHHD website.
 - November 19, 2009: Applications due to the Office of Minority Health and Health Disparities by close of business, 5:00 PM.
 - January 5, 2010: Awards announced.
 - June 1, 2010: Contract/Agreement Addendum begins.

VII. APPLICATION CHECKLIST

Please be sure that all of the following items are included in the application. Assemble the application in the following order. Use a binder clip at the top left corner on each copy of the application. Number each page consecutively. Applications must be typed in 12 point Times New Roman font, single-spaced with 1 inch margins, single sided.

__ Cover Letter: The application must include a cover letter on agency letterhead (if available), signed and dated by an individual authorized to legally bind the Applicant. (See Attachment D: Letter from Board President/Chairperson Identifying individual(s) Authorized to Sign Contracts.) Include in the cover letter the legal name of the applicant agency, the RFA number, the federal tax identification number and the closing date for applications.

__ Application Face Sheet (page #22) followed by a completed application.

__ Completed Application Form (25 pages maximum)

__ Applicants must submit official documentation of its DUNS number. DUNS is the abbreviation for the Data Universal Numbering System developed and regulated by Dun & Bradstreet. If your agency does not have a DUNS number, please use the Dun & Bradstreet (D&B) online registration (<http://fedgov.dnb.com/webform>) to receive one free of charge.

__ Attachment A: Letters of Commitment or Statements of Support -- letters from community partners.

__ Attachment B: Project Budget – include a budget in the format provided. *Indirect costs are not allowed.*

__ Attachment C: IRS 501 (c) (3) Letter (Private Non-Profit Agencies) -- Private not-for-profit agencies shall submit a copy of their IRS 501 (c) (3) letter.

__ Attachment D: Letter from Board President/Chairperson Identifying Individual(s) Authorized to Sign Contracts. Local government agencies should obtain the signature of town manager, chair of county commissioners, etc.

__ Attachment E: Letter from Board President/Chairperson Identifying Individual(s) Authorized to Sign Expenditure Reports. Local government agencies should obtain the signature of town manager, chair of county commissioners, etc.

__ Attachment F: Notarized Conflict of Interest Policy (Applies to Private Non-Profits).

__ Attachment G: Certification of No Overdue Taxes (Applies to Non-public entities and financial assistance contracts).

VIII. APPLICATION NARRATIVE FORMAT AND CONTENT

Abstract: Include a one -page abstract that *summarizes the following sections* of your application: Need Statement, Description of Organization, Program Plan and Community Support, Agency Ability, Monitoring and Evaluation, and Budget.

Section 1: Needs Statement

You may use no more than three pages for this section (not including appendices). These instructions and items below may be deleted to maximize space.

- A. Describe the geographic service area (census tract(s), zip code(s), precincts(s), town, city, or county) of the project. Include information about the population(s) , race/ethnicity, health status indicators, education, language, social data, poverty rates, etc. who live there, the size and geographic diversity of the area, and any other factors that may impact your prevention activities (e.g., urban/rural, transportation, industry and economic conditions, recent events, etc.), how the population will be affected by the project, any relevant data below county level data on the rate of disparities that relate to the different needs of sub-groups of the population.
- B. Describe the specific target population applicant to be served by the project. Include target population specific information about, race/ethnicity, health status indicators, education, language, social data, poverty rates, etc.
- C. Describe the need for prevention services for the target population in your area of focus: relevant data, limitations of the data, social norms you are aware of that may promote the proposed project, and anything else that may indicate a need for this project. (See Appendix 1 for CFEHDI Prevention Services Definitions).
- D. Describe the strengths in your community that may be helpful to you as you develop your program (e.g., other services, strong collaborations, strong and vocal advocate(s) for the program, things that are happening that indicate people may be ready to address about this issue, etc.).
- E. Describe the barriers in your community that may have to be addressed as you develop and implement the proposed project.

Section 2: Description of Organization/Agency

You may use no more than two pages for this section (not including appendices). These instructions and items below may be deleted to maximize space.

- A. Provide a description of the appropriateness of the agency/organization for the program. Include the following **REQUIRED** items:
 - A description of the agency/organization and its purpose;

- A brief history of the applicant agency (how, when, and why your agency was established, accomplishments, challenges encountered, etc.);
- The mission statement;
- An organizational chart.

Section 3: Program Plan and Community Support

You may use no more than three pages for this section (not including appendices). These instructions and bulleted items below may be deleted to maximize space

Provide a summary of the proposed prevention project:

- State the Project Goals and Objectives for Fiscal Years 2010 - 2011 (two page limit).
- Make sure the Goals and Objectives are consistent with the Prevention Services Definitions (Appendix 1) and activities in the Performance–Based Prevention Services Plan (Appendix 3).
- For each Goal, state one or more objectives.
 - ▶ Example of an objective: By June 29, 2010 (*time bound*) 95% of youth participants in the HIV-prevention curriculum will increase their assertive communication skills. (*specific & relevant*)
- Please indicate the behavioral and/or health outcome measures that will determine the extent to which the project is meeting the goals and objectives identified above. Identify a baseline measurement taken at a stated date/time/place initially to have a comparison for a final outcome. For example,
 - Example of a behavioral outcome measure: 75% participants in the diabetes self-management education classes increased their knowledge of self-monitoring blood glucose levels. (This outcome was measured by taking an initial baseline assessment of participants’ knowledge through a questionnaire).
 - Example of a behavioral outcome measure: Condom use increased by 30% among youth participants in the HIV prevention program when compared to the previous year.
 - Example of a health outcome measure: 50% of diabetic clients who participated in diabetes self management classes maintained blood glucose levels within normal ranges for six months.
- Describe the evidence- based, best practices, or promising practices strategy that will be implemented in the proposed project.

Evidence-based strategies are determined through a review of public scientific evaluations. When scientific evaluations are limited, *best practices* may be determined through a review of available published literature and program practices. *Promising practices* may be determined through reviews of program practice and reports.

In terms of effectiveness, evidence-based strategies are always effective, best practices are sometimes effective, and promising practices can be effective. Best and promising practices are often used in community public health interventions when evidence-based strategies are not yet available. (Hopkins D. What counts as evidence-based public health? Presented to the North Carolina Institute of Medicine Task Force on Substance Abuse Services; May 8, 2008; Research Triangle Park, NC.)

- Identify and provide a descriptive summary of the purpose, nature, scope, and rationale for the evidence based strategies, best practices and /or promising practices you will use as the basis or framework for the proposed project.
- Complete the Performance Based Prevention Services table applicable to the focus area(s) selected for the proposed project. Describe the relationship between the evidence based strategies, best practices and/or promising practices and the Performance Based Prevention Services to be implemented in the proposed project. (Appendix 3A through 3F).
- Describe the project personnel including roles, responsibilities; identify specific staff training needs and how staff will be trained to meet the identified needs.
- Describe proposed resources required (operational, informational, technical, etc.) reasonable as to type, amount, distribution, etc.
- Describe the proposed project plan of management and accountability including the role of the board or governing body, reporting, monitoring performance, quality improvement, recruitment and retention of program participants, etc.
- Provide a list of potential partners.
- Describe a plan which includes strategies to partner with stakeholders in the community, i.e. who are project stakeholders, why are they important to the projects, success, what will each stakeholder contribute, etc.

Select your focus area(s):

Appendix 3A – HIV/AIDS and STD Prevention Services

Appendix 3B – Cancer Prevention Services

Appendix 3C – Diabetes Prevention Services

Appendix 3D – Infant Mortality Prevention Services

Appendix 3E – Motor Vehicle/Injuries Prevention Services

Appendix 3F – Homicide Prevention Services

Section 4: Agency Ability

You may use no more than three pages for this section (not including appendices). These instructions and bulleted items below may be deleted to maximize space.

- Discuss why this is an opportune time for the applicant to undertake this grant and to develop and implement prevention strategies.
- Describe applicant capacity (i.e., what do you already have in place) to implement the proposed project.
- Describe the applicant’s current and prior experience with the focus area to be addressed by the proposed project (infant mortality, HIV/AIDS and sexually transmitted infections, cancer, diabetes, homicide and motor vehicle deaths). Also describe, if any, current and prior experience with other prevention services, outreach, counseling and testing, and other capabilities that would be helpful in serving the target population(s).
- Describe any current and past (within the last 2 years) collaborative prevention efforts with other local, public or private organizations for the focus area.
- Describe applicant’s capacity to engage community members and organizations in providing prevention services.
- Describe applicant’s experience administering local, state, federal and private grant funds. Specifically identify successes, barriers and challenges to the applicant which are part of the applicants grant administration experience.

Section 5: Monitoring and Evaluation

You may use no more than two pages for this section. These instructions and items below may be deleted to maximize space.

The authorizing legislation for the CFEHDI expressly provides that the OMHHD “monitor progress in meeting performance-based standards and outcomes.”

- Please provide a brief description of how the applicant will monitor and evaluate performance activities and outcomes as set out in your proposed Performance-Based Prevention Services Plan.

For each activity include the who, what, how, how many and when. Be sure to describe the type of evaluation tools that will be used to assist with the evaluation plan (i.e. needs assessments, pre/post tests, questionnaires, surveys, training evaluations, qualitative interviews, data tracking methods and other tools used for outcome measures and periodic evaluation reports to your governing board or the public, etc.). In addition, describe how health outcomes and/or behavioral health outcomes are tracked and measured.

- Describe how and when the applicant will use proposed evaluation summaries to measure whether proposed objectives are achieved.
- Describe the applicant's policies and procedures set forth to maintain client confidentiality, if appropriate.
- Prepare a realistic **timeline** of the entire program plan and evaluation which includes all activities required to accomplish the key objectives of the project. This will include target dates as well as staff and agencies responsible for the proposed activities, where appropriate. This timeline will serve as the basis for monitoring progress and adjusting activities as necessary. *The timeline should contain information on the proposed start and completion dates of the key objectives and activities. The timeline should cover June 1, 2010 until May 31, 2011.*

Section 6: Budget

- A. Complete a proposed annual budget for the period June 1, 2010 - May 31, 2011, using the form in Appendix 4.
- B. Provide a separate budget narrative that clearly justifies each item listed in the budget and clearly links it to planned activities in support of the program. The budget narrative must include calculations used to arrive at the requested line item amount. A sample budget narrative is provided in Appendix 5.

Applicants are cautioned that this is a RFA and OMHHD reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of OMHHD. Applicants will be notified of the funding decisions by January 5, 2010.

APPENDIX I

CFEHDI Prevention Services Definitions

Education means any combination of activities designed to facilitate voluntary change in behavior for good health.

Information and Referral means services or activities designed to provide information about a disease, health condition or health related services provided by public and private providers and a brief assessment of an individual's needs to facilitate appropriate referral to resources in the community.

Outreach means a systematic attempt to provide health services beyond traditional or conventional limits as to a particular segment or group of the community through the creation of links between health, social or educational services by reducing language, cultural, and access barriers.

Screening means services in which members of a defined population or group, who do not necessarily perceive that they are at risk of, or are already affected by a disease, disease complication, or condition are asked a question or offered a test to identify those individuals who are more likely to be helped than harmed by further tests or treatment to reduce the risk of the disease, complication or condition.

Testing means services that use a defined procedure which gives a rapid, convenient and/or inexpensive indication of whether a person has a certain disease or condition.

HIV Counseling and Testing means the process of providing professional counseling before and after HIV testing services.

Counseling and Education for Sexual Transmitted Infections means individualized or group counseling to promote sexually transmitted prevention and safe sex practices.

Public Information means the process of informing individuals or the general public about the programs, services, and resources available to them and the organization.

Board Meeting means the organization's governing body meets according to requirements of articles of incorporation, bylaws, law, or other organizing document.

Board Training means structured learning activities that enhance the knowledge, skill abilities, and understanding of members of the governing board so they can function more effectively as members.

Staff Development means the combination of organizational and individual efforts at helping an individual grow and develop on the job.

Partnership Development means the establishment of a formal relationship with the local health department and one or more public or private organizations and outcomes.

APPENDIX 2

APPLICATION FACE SHEET

This form provides basic information about the applicant and the proposed project with Community Focused-Eliminating Health Disparities-Closing the Gap II, including the signature of the individual authorized to sign “official documents” for the agency. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA #A-191 are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator: <ul style="list-style-type: none"> ▪ Name: ▪ Title: 	<ul style="list-style-type: none"> ▪ Telephone Number: ▪ Fax Number: ▪ E-mail Address
7. Agency Status (check all that apply):	
<input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	9. Agency DUNS Number:
10. Agency’s Financial Reporting Year:	
11. Current Service Delivery Areas (county(ies) and communities):	
12. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
13. Amount of Funding Requested	
14. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #12) Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
15. Signature of Authorized Representative:	16. Date

APPENDIX 3

Performance-Based Prevention Services Plan

Please complete all of the following areas below. (Applicants may choose more than one focus area.)

Organization Name: _____

Focus Area(s):

<input type="checkbox"/> Cancer	<input type="checkbox"/> Homicide
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Infant Mortality
<input type="checkbox"/> HIV/AIDS/STD	<input type="checkbox"/> Motor Vehicle Deaths

Target Population (s):

<input type="checkbox"/> African American/Black
<input type="checkbox"/> Hispanic/Latinos
<input type="checkbox"/> American Indian

APPENDIX 3A

HIV/AIDS and STD Prevention Services

Overview of Project from June 1, 2010 until May 31, 2011

**Spaces below must be filled in with numbers that reflect the goals of the project.*

Complete the following for **each prevention service to be provided as part of the proposed project:**

1. Provide educational services for _____ unduplicated participants by conducting ____ educational sessions on HIV/AIDS and STDs.
2. Provide ____ HIV/AIDS and STDs informational and referral services for _____ unduplicated participants which will include testing and counseling as it relates to the prevention and control of HIV/AIDS and STDs.
3. Provide ____ outreach services for _____ unduplicated participants by carrying out outreach activities beyond traditional methods.
4. Provide HIV/AIDS and STDs screenings and or testing to ____ unduplicated participants.
5. Provide _____ people public information through public information and media services by conducting public presentations, booth exhibits, radios shows, newspapers/newsletters, public services announcements (PSA), brochures, and mailings.
6. Train ____ unduplicated participants by conducting board, staff, volunteer, and partnership development (include specific trainings) training(s).

For each prevention service to be provided as part of the proposed project, specifically identify:

Who (which staff, contractor, etc.) will provide the service?

Where the service will be provided?

How frequently will the service be provided?

What behavioral change and/or health outcome will the services address?

What results do you hope to achieve by providing the service?

How will you measure the service provided?

Identify the data you will collect.

Identify what instruments you will use to collect the data.

APPENDIX 3B

Cancer Prevention Services

Overview of Project from June 1, 2010 until May 31, 2011

**Spaces below must be filled in with numbers that reflect the goals of the project.*

Complete the following for **each prevention service to be provided as part of the proposed project**:

1. Provide educational services for ____ unduplicated participants by conducting ____ educational sessions on (prostate, breast, etc.) cancer.
2. Provide ____ prostate cancer informational and referral services for ____ unduplicated participants which will include exercise and nutrition as it relates to the prevention and control of (prostate, breast, etc.) cancer.
3. Provide ____ outreach services for ____ unduplicated participants.
4. Provide (prostate, breast, etc.) cancer screenings and referrals to ____ unduplicated participants.
5. Provide _____ people public information through public information and media services by conducting public presentations, booth exhibits, radios shows, newspapers/newsletters, public services announcements (PSA), brochures, and mailings.
6. Train ____ unduplicated participants by conducting board, staff, volunteer, and partnership development (include specific trainings) training(s).

For each prevention service to be provided as part of the proposed project, specifically identify:

Who (which staff, contractor, etc.) will provide the service?

Where the service will be provided?

How frequently will the service be provided?

What behavioral change and/or health outcome will the services address?

What results do you hope to achieve by providing the service?

How will you measure the service provided?

Identify the data you will collect.

Identify what instruments you will use to collect the data.

APPENDIX 3C

Diabetes Prevention Services

Overview of Project from June 1, 2010 until May 31, 2011

**Spaces below must be filled in with numbers that reflect the goals of the project.*

Complete the following for **each prevention service to be provided as part of the proposed project**:

1. Provide educational services for _____ unduplicated participants by conducting _____ educational sessions on diabetes.
2. Provide _____ diabetes informational and referral services for _____ unduplicated participants which will include exercise and nutrition as it relates to the prevention and control of diabetes.
3. Provide _____ outreach services for _____ unduplicated participants.
4. Provide blood glucose, blood pressure and cholesterol screenings to _____ unduplicated participants.
5. Provide _____ people public information through public information and media services by conducting public presentations, booth exhibits, radio shows, newspapers/newsletters, public services announcements (PSA), brochures, and mailings.
6. Train _____ unduplicated participants by conducting board, staff, volunteer, and partnership development (include specific trainings) training(s).

For each prevention service to be provided as part of the proposed project, specifically identify:

Who will provide the service?

Where the service will be provided?

How frequently will the service be provided?

What behavioral change and/or health outcome will the services address?

What results do you hope to achieve by providing the service?

How will you measure the service provided?

Identify the data you will collect.

Identify what instruments you will use to collect the data.

APPENDIX 3D

Infant Mortality Prevention Services

Overview of Project from June 1, 2010 until May 31, 2011

**Spaces below must be filled in with numbers that reflect the goals of the project.*

Complete the following for **each prevention service to be provided as part of the proposed project:**

1. Provide educational services for _____ unduplicated participants by conducting _____ educational sessions on infant mortality.
2. Provide _____ infant mortality informational and referral services for _____ unduplicated participants which will include exercise and nutrition as it relates to the prevention of infant mortality.
3. Provide _____ outreach services for _____ unduplicated participants.
4. Provide _____ people public information through public information and media services by conducting public presentations, booth exhibits, radio shows, newspapers/newsletters, public services announcements (PSA), brochures, and mailings.
5. Train _____ unduplicated participants by conducting board, staff, volunteer, and partnership development (include specific trainings) training(s).

For each prevention service to be provided as part of the proposed project, specifically identify:

Who (which staff, contractor, etc.) will provide the service?

Where the service will be provided?

How frequently will the service be provided?

What behavioral change and/or health outcome will the services address?

What results do you hope to achieve by providing the service?

How will you measure the service provided?

Identify the data you will collect.

Identify what instruments you will use to collect the data.

APPENDIX 3E

Motor Vehicle/Injuries Prevention Services

Overview of Project from June 1, 2010 until May 31, 2011

**Spaces below must be filled in with numbers that reflect the goals of the project.*

Complete the following for **each prevention service to be provided as part of the proposed project**:

1. Provide educational services for _____unduplicated participants by conducting _____ educational sessions on motor vehicle injury and safety.
2. Provide _____motor vehicle injury informational and referral services for _____unduplicated participants which will include counseling as it relates to the prevention and behavioral change.
3. Provide _____outreach services for _____unduplicated participants by carrying out outreach activities beyond traditional methods.
4. Provide _____people public information through public information and media services by conducting public presentations, booth exhibits, radios shows, newspapers/newsletters, public services announcements (PSA), brochures, and mailings.
5. Train _____unduplicated participants by conducting board, staff, volunteer, and partnership development (include specific trainings) training(s).

For each prevention service to be provided as part of the proposed project, specifically identify:

Who (which staff, contractor, etc.) will provide the service?

Where the service will be provided?

How frequently will the service be provided?

What behavioral change and/or health outcome will the services address?

What results do you hope to achieve by providing the service?

How will you measure the service provided?

Identify the data you will collect.

Identify what instruments you will use to collect the data.

APPENDIX 3F

Homicide Prevention Services

Overview of Project from June 1, 2010 until May 31, 2011

**Spaces below must be filled in with numbers that reflect the goals of the project.*

Complete the following for **each prevention service to be provided as part of the proposed project**:

1. Provide educational services for _____ unduplicated participants by conducting _____ educational sessions on homicide and safety.
2. Provide _____ homicide informational and referral services for _____ unduplicated participants which will include counseling as it relates to the prevention and behavioral change.
3. Provide _____ outreach services for _____ unduplicated participants by carrying out outreach activities beyond traditional methods.
4. Provide _____ people public information through public information and media services by conducting public presentations, booth exhibits, radios shows, newspapers/newsletters, public services announcements (PSA), brochures, and mailings.
5. Train _____ unduplicated participants by conducting board, staff, volunteer, and partnership development (include specific trainings) training(s).

For each prevention service to be provided as part of the proposed project, specifically identify:

Who (which staff, contractor, etc.) will provide the service?

Where the service will be provided?

How frequently will the service be provided?

What behavioral change and/or health outcome will the services address?

What results do you hope to achieve by providing the service?

How will you measure the service provided?

Identify the data you will collect.

Identify what instruments you will use to collect the data.

APPENDIX 4

LINE ITEM BUDGET BUDGET PERIOD: June 1, 2010 - May 31, 2011

Applicant's Name:	2010-2011 Budget
I. PERSONNEL SERVICES	
Salary/Wages	
Social Security	
Medical /Health Insurance	
Retirement	
Total Personnel Services	
II. OPERATING EXPENSES	
Food Service Agreement	
Speakers Fee	
Interpreter Services	
Rental/Leased Space	
Utilities	
Ground Transportation (Travel)	
Lodging	
Meals	
Internet Services Provider Charges	
Telephone Service	
Cellular Phone Service	
Postage, Freight, Delivery	
Printing, Binding, and Duplication	
General Office Supplies	
Educational Supplies	
Participant Support Costs (Incentives)	
Computer Equipment (must be less than \$5,000)	
Total Operating Expenses	
III. CONTRACTED SERVICES	
Subcontractor's name/title:	
Describe: (Ex: Bookkeeping, professional services, etc.)	
Total Contracted Services	
Fiscal Year 2010 – 2011 Grant Total Budgeted Expenditures	

APPENDIX 5

Budget Narrative Worksheet

This is a worksheet to assist with the computations and completion of your Line Item Budget and Budget Narrative. Include only the line item relevant to your proposed project. The maximum allowable current rates for calculating the proposed budget are as follows:

Meals			In State	Out of State
	Breakfast		\$7.75	\$7.75
	Lunch		\$10.10	\$10.10
	Dinner		\$17.30	\$19.65
			\$34.00	\$36.25
Lodging		(Maximum)*	\$65.90	\$78.05
Total			\$101.05	\$115.55
Mileage		up to \$.55 per mile		

* Prior Approval is required if actual costs exceed the maximum amount allowed.

LINE ITEMS:

I. PERSONNEL

Salary:

\$ _____

Position Title (repeat as needed for all Personnel) _____

Key responsibilities for the project: _____

Annual Full Time Salary Rate: _____

Number of months of salary budgeted to project: _____

Salary budgeted to the project: _____

Full Time Equivalent (FTE) (% of position time allocated to the project) _____

(Sample - \$50,000 - Annual full time salary rate)

5 months (number of months of salary budget to project)

\$3,000 (salary budget to project) divided by the \$50,000 (annual salary) = .06 FTE

Social Security:

\$ _____

\$ _____ salary budgeted to the project x .0765 = _____

Medical /Health Insurance:

\$ _____
Annual costs for medical/health insurance benefit for full time employee: _____
Number of months of medical/health insurance budgeted in project: _____

Retirement:

\$ _____ salary budgeted to project x _____ (retirement contribution rate) = _____

II. OPERATING EXPENSES

Food Service Agreement:

\$ _____
Who will provide food services under the agreement? _____

Why are food services provided as a part of the project? _____

_____ total breakfasts x # _____ persons served x \$ _____/person =
(Maximum allowable costs/breakfast/person is \$ 7.75)

_____ total lunches x # _____ persons served x \$ _____/person =
(Maximum allowable costs/ lunches/person is \$10.10)

_____ total dinners x # _____ persons served x \$ _____/person =
(Maximum allowable costs/dinner/person is \$ 17.30)

Speakers Fee:

\$ _____
Purpose of Speakers fee _____
Amount of Speakers fee budgeted \$ _____
_____ of hours budgeted x \$ _____/hour = _____.

Note: Maximum allowed \$50.00/hour.

Interpreter Services:

\$ _____
Purpose of interpreter services _____
Who will be paid interpreter services fees? _____
Amount budgeted for interpreter services \$ _____
_____ of hours budgeted x \$ _____/hour = _____.

Rental/Leased Space:

\$ _____
Total square footage _____ Total square footage used for program _____

Ground Transportation (Travel):

\$ _____
Purpose of Travel _____

Who will be eligible for project related travel reimbursement?

How will travel be carried out?

Private vehicles (.55 cents/mile maximum)

_____ total project related travel miles x \$ _____ /mile =

\$ _____

Lodging:

\$ _____

Purpose of lodging (To/From)

Who will be eligible for project related lodging reimbursement?

_____ total project related lodgings x \$ _____ /night = \$ _____

(Maximum rate/ night for lodging (in state is \$65.90 actual, up to)

Internet Services Provider Charges:

\$ _____

Purpose of internet services provider: _____

Who is the internet services provider: _____?

What is the \$ _____ rate /month budgeted to the project: _____?

What is the total project internet services provider charges budgeted: _____?

Telephone Service:

\$ _____

Purpose of telephone service: _____

Who is the telephone service provider? _____?

What is the \$ _____ rate /month budgeted to the project? _____?

What is the total project telephone services budgeted? _____?

Cellular Phone Service:

\$ _____

Purpose of cellular phone service: _____

Who is the cellular phone service provider? _____?

What is the cellular phone service plan? _____?

What is \$ _____ rate /month budgeted to the project? _____?

Postage, Freight, Delivery:

\$ _____
Purpose of postage, freight, and delivery charges: _____

Printing, Binding, and Duplication:

\$ _____
Purpose of printing, binding and duplication: _____

General Office Supplies:

\$ _____
Purpose of general office supplies: _____

Educational Supplies:

\$ _____
Purpose of educational supplies: _____
Cost per item: ex. 10 DVD(s) x \$10 = \$100

Participant Support Cost (Incentives):

Purpose of incentives: To encourage project service recipient to participate in focus groups which will provide the project input to improve the quality of its services. Type of incentive (i.e., gift cards, tee shirts, iPods, etc.)
\$ 10/focus group participant x 30 participants/focus group x 2 focus groups = \$600

Computer Equipment:

\$ _____
Purpose: To support project work and activity; create educational and training materials; research (data recording, search, and analysis); recordkeeping and analysis; word processing, spreadsheets, publishing spreadsheets, publishing, communications (e-mail, internet, etc.).

Budgeting assumptions: Basic desktop (\$650), basic laptop (\$1,200), basic software (\$425)

III. CONTRACTUAL SERVICES

Contracted Personal Services

Purpose: To increase the knowledge and awareness of service recipients who have been diagnosed with diabetes on diabetes self care and self management techniques.
\$25.00/hour/Certified Diabetes Educator X 160 hours = \$4,000.

Contractual Services

Purpose: to assure that service recipients who have been diagnosed with diabetes have access to professional exercise and fitness services to help manage their diabetes.

Contract with ABC Fitness Services, Inc to provide exercise and fitness services for 25 diabetic service recipients each month at \$30.00/member/month for ten months.
\$30.00/month /diabetic member X 25 members X 10 months= \$7,500.

GRAND TOTAL for Fiscal Year 20__ - 20__ \$ _____

APPENDIX 6

SAMPLE BUDGET NARRATIVE

I. PERSONNEL

Project Director (Jane Smith) \$ 9,000.00

Provides project oversight, supervision, administration, management, public relations, partnership development record-keeping, data collection, analysis, management and reporting. Duties also include providing HIV/AIDS and STDs education, outreach and informational and referral services. Project Director will also be responsible for project quality improvement activities.

Annual Full Time Salary Rate: \$ 60,000.00

Number of month's salary budgeted to project: 12

Salary budgeted to project: \$ 9,000.00

Full Time Equivalent: .15

Community Educator (Ashley Drew) \$ 14,400.00

The Community Educator is accountable for implementing project duties per request of the Project Director, implementing peer education activities, and coordinating program implementation. Specific responsibilities include developing and facilitating HIV/STD education programs, conduct education, outreach and information and referral sessions and performs other related duties. Also will work with the Project Director to develop and implement public information and media activities and quality improvement activities.

Annual Full Time Salary Rate: \$ 28,800.00

Number of months of salary budgeted to project: 12

Salary Budgeted to the project: \$14,400.00

Full Time Equivalent (FTE): .50

Fringe Benefits

FICA: $.0765 \times 23,400.00 = \$ 1,790.10$

Unemployment Insurance: $.0372 \times \$ 23,400.00 = \$ 870.48$

Total Personnel **\$ 26,060.58**

II. OPERATING EXPENSES

Food Service \$ 1,515.00

Local vendors will be used to provide meals for 25 participants/meeting at 6 community meeting, events, training sessions at \$10.10 /meal.

Estimated at 150 participants x \$ 10.10/meal = \$ 1,515.00

Speaker Fees \$ 1000.00
Professionals and others with expertise in HIV/AIDS prevention will be speakers at periodic training, continuing education and other project related activities.
\$50/hr x 20 speaker hours over the course of the contract = \$1,000.00

Rental/Leased Space \$ 2,587.50
150 sq. ft. / FTE x \$ 17.25/sq/ft x 1.0 Total FTE x .1.0 yr = \$ 2,587.50

Meeting/Conference Space Rental \$ 960.00
Conference Room and Breakout room space rental for project education and Outreach activities throughout the service area. Meeting space will have to be rented on an event-by- event basis to assure that adequate space is available for meetings and forums. Estimated at \$ 80.00 per month for 12 months = \$ 960.00

Travel \$ 1,254.00
Project staff will use private vehicles project related travel (i.e. education, outreach, training, and other project activities).
Estimated at 190 miles/month at \$.55/mile x 12 months = \$ 1,254.00

Lodging \$ 263.60
Lodging cost for project staff and selected community volunteers to attend out of town meetings, conferences, trainings, etc.
Estimated at 2 rooms x \$ 65.90/room x 2 nights x 1 trip = \$ 263.60

Meals \$ 281.20
Project staff will also attend conferences, meetings and other events to receive continuing education and to develop networking opportunities.
Estimated at 4 days x 2 staff x \$ 35.15/day = \$ 281.20 over the course of the contract.

Internet Services Provider Charges \$ 560.00
Internet services will be provided by local internet services provider to conduct business and do research. Estimated at \$ 560.00 over the course of the contract.

Telephone Service \$ 799.80
Telephone Services will be provided by local telephone services provider to conduct business. Estimated at \$ 799.80 over the course of the contract.

Cellular Phone Service \$ 440.00
For project related communications. Estimated at \$ 440.00 over the course of the contract.

Postage, Freight, Delivery \$ 470.00
Postage to support monthly mailings to community members and program participants.

Estimated at \$ 470.00 over the course of the contract.

Printing, Binding, Duplicating \$ 511.40
Printing, binding and duplication for correspondence, documents, flyers, reference materials, etc. for use in workshops, educational, training sessions, etc.
Estimated at \$ 511.40 over the course of the contract.

General Office Supplies \$ 446.52
General office supplies such as paper, toner for printers, staples, paper clips, and binders. Estimated at \$ 446.52 over the course of the contract.

Educational Supplies \$ 1,100.00
Culturally appropriate brochures, pamphlets and other assorted educational videos, books, and other resource materials for use in education and outreach activities to be purchased from nationally recognized prevention organizations.
Brochures & Pamphlets: Estimated at 3,000 brochures/pamphlets x \$.20 per brochure/pamphlet = \$ 600.00
Posters: Estimated at 50 posters x \$ 5.00/poster = \$ 250.00
Videos/DVDs: Estimated at 25 videos/DVDs x \$10.00/video/DVD + \$ 250.00

Total Operating Expenses \$ **12,189.42**

III. **CONTRACTED SERVICES**

Outreach Worker (Jane Servant) \$ 11,750.40
Promote project education, outreach, and information and referral services throughout the community as assigned. Distribute educational and promotional materials as appropriate. Performs initial information gathering from project participants to determine their interests and needs. Follow up with participants and prospective participants in order to assure attendance/participation in project activities.
Estimated at 10.20 per hr x 24 hours a week x 48 weeks = \$ 11,750.40

Total Contracted Services \$ **11,750.00**

TOTAL \$ **50,000.00**

Attachment A: Letters of

Attachment B: Project Budget

Attachment C:

501 (c) (3) Letter (Private Non-Profit Agencies)

or

Document Verifying Legal Name (Public Agencies)

VERIFICATION OF 501 (C) (3) STATUS

We, the undersigned entity, hereby testify that the undersigned entity's 501 (c) (3) status, on file with the North Carolina Department of Health and Human Services, Division of Public Health, is still in effect.

Name of Agency

Chairman, Executive Director, or other Authorized Official

Sworn to and subscribed before me,

This is the _____ day of _____, 2009.

Notary Public

My Commission expires: _____

IRS Verification (1/99)
Contracts

**Attachment D:
Letter from Board
President/Chairperson
Identifying Individual(s)
Authorized to Sign
Contracts**

ATTACHMENT D

(Print on Agency Letterhead)

**Letter from Board President/Chairperson Identifying Individual(s)
Authorized to Sign Contracts**

I, _____, Board President/Chairperson of
_____ [Enter Agency/Organization Name] hereby
identify the following individual(s) who is (are) authorized to sign Contracts for the organization/agency
named above:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Signature *Title Date

****Note: Indicate in signature title line if you are the Board President or Board Chairperson***

II. The site(s) for the performance of work done in connection with the specific agreement are listed below:

**Attachment E:
Letter from Board
President/Chairperson
Identifying Individual(s)
Authorized to Sign
Expenditure Reports**

ATTACHMENT E

(Print on Agency Letterhead)

**Letter from Board President/Chairperson Identifying Individual(s)
Authorized to Sign Contract Expenditure Reports**

I, _____, Board President/Chairperson of
_____ [Enter Agency/Organization Name] hereby
identify the following individual(s) who is (are) authorized to sign Contract Expenditure Reports for the
organization/agency named above:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Signature *Title Date

***Note: Indicate in signature title line if you are the Board President or Board Chairperson**

Attachment F: Notarized Conflict of Interest Policy

(Private Non-Profits Only)

Attachment F

*(Use this for all contracts that require a conflict of interest policy. Page one is to be completed by the Contractor **and** a copy of the Contractor's conflict of interest policy must be submitted. The Contractor can adopt page 2 as their conflict of interest policy or attach their current adopted policy. Note: Verification is needed on a yearly basis. For contracts extending more than one state fiscal year, the contract file must include documentation that the Conflict of Interest Policy has not changed from the previous year. If the policy has changed, a new conflict of interest policy must be submitted. Remember to delete all instructions in blue italic.)*

NOTARIZED CONFLICT OF INTEREST POLICY

State of North Carolina

County of _____

I, _____, Notary Public for said County and State, certify that

_____ personally appeared before me this day and acknowledged

that he/she is _____ of _____ [enter name of entity]

and by that authority duly given and as the act of the Organization, affirmed that the foregoing Conflict of Interest Policy

was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the _____ day of _____, _____.

Sworn to and subscribed before me this _____ day of _____, _____.

(Official Seal)

Notary Public

My Commission expires _____, 20 ____

Instruction for Organization:

Sign and attach the following pages after adopted by the Board of Directors/Trustees or other governing body OR replace the following with the current adopted conflict of interest policy.

Name of Organization

Signature of Organization Official

Conflict of Interest Policy

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors/Trustees or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. **Duty to Disclosure** -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. **Board Action** -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

DHHS
August 2007

N. C. Division of Public Health
RFA# A-191
Date: October 15, 2009

Page 49 of 52

REVISED 10-24-08 (DPH Revised 07-07-09)

F. Violations of the Conflicts of Interest Policy -- If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

G. Record of Conflict -- The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

Name of Organization

Signature of Organization Official

Date

DHHS
August 2007

Attachment G: Certification of No Overdue Taxes

**(Non-Public Entities - financial assistance
contracts)**

Attachment G

State Grant Certification – No Overdue Tax Debts

Instructions: Grantee should complete this certification for all state funds received. Entity should enter appropriate data in the yellow highlighted areas. The completed and signed form should be provided to the state agency funding the grant to be attached to the contract for the grant funds. A copy of this form, along with the completed contract, should be kept by the funding agency and available for review by the Office of the State Auditor. If you have questions, contact: Angela Gunn, Office of the State Auditor, 919-807-7556.

Note: If you have a contract that extends more than one state fiscal year, you will need to obtain an updated certification for each year of the contract.

Entity's Letterhead

[Date of Certification (mmddyyyy)]

To: State Agency Head and Chief Fiscal Officer

Certification:

We certify that the [insert organization's name] does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143C-6-23(c) is guilty of a criminal offense punishable as provided by N.C.G.S. 143C-10-1.

Sworn Statement:

[Name of Board Chair] and [Name of Second Authorizing Official] being duly sworn, say that we are the Board Chair and [Title of the Second Authorizing Official], respectively, of [insert name of organization] of [City] in the State of [Name of State]; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

Board Chair

[Title of Second Authorizing Official]

Sworn to and subscribed before me on the day of the date of said certification.

(Notary Signature and Seal)

My Commission Expires: _____

If there are any questions, please contact the North Carolina Office of the State Auditor:
Angela Gunn @ (919) 807-7556 or
Harriet Abraham @ (919) 807-7673.

Note: G.S. 105-243.1 defines: Overdue tax debt. – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement."

NGO Form 0008
Eff. July 1, 2005
DHHS - Revised March 23, 2007

N. C. Division of Public Health
RFA# A-191
Date: October 15, 2009

Page 52 of 52

REVISED 10-24-08 (DPH Revised 07-07-09)

