Request for Applications
RFA #A-309

Community Focused Eliminating Health Disparities Initiative

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

ISSUE DATE: Monday, March 9, 2015

DEADLINE DATE: Friday, April 10, 2015 by 4pm EST

INQUIRIES and DELIVERY INFORMATION:
Direct all inquiries concerning this RFA to:

Cornell Wright, Executive Director
Office of Minority Health and Health Disparities
Cornell.Wright@dhhs.nc.gov
919-707-5034

Applications will be received until 4pm on Friday, April 10, 2015.
Electronic copies of the RFA are available by request.

Send all applications directly to the funding agency address as indicated below:

Mailing Address:
Cornell Wright, Executive Director
Office of Minority Health and Health Disparities
1906 Mail Service Center
Raleigh, NC 27699-1906

Street/ Hand Delivery Address:
Cornell Wright, Executive Director
Office of Minority Health and Health Disparities
5605 Six Forks Rd. Building 3 Suite 3-2-A17
Raleigh, NC 27609

IMPORTANT NOTE: Indicate agency/organization name and RFA number on the front of each application envelope or package, along with the RFA deadline date.
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I. INTRODUCTION

The Community Focused Eliminating Health Disparities Initiative (CFEHDII) previously focused on the use of preventive measures to support healthy lifestyles for African Americans, Hispanics/Latinos, and American Indians as a way to close the gap in health disparities between minority populations and the white population. Recent legislation (HB 200 Section 10.21 (S.L. 2011-145) supports the need to modify the existing program and include an emphasis on medical home services delivered by the NC health care system. Eligible applicants include faith-based organizations, community-based organizations, hospitals, local Community Care of North Carolina (CCNC) networks, hospitals and local health departments (LHD). These applicants shall work collaboratively to ensure implementation of an evidence-based medical home model to close the gap in the health status of African Americans, Hispanics/Latinos, and American Indians as compared to the white population. The eight focus areas are: Heart Disease, Stroke, Diabetes, Obesity, Asthma, HIV/AIDS/STDs, Cancer and Infant Mortality. Eligible applicants shall select one or more of these chronic illnesses or conditions specific to the applicant’s geographic area as the basis for applying for grant-in-aid under this initiative.

Approximately $2,000,000 in either State funds or Preventive Health Block Grant funds will be used to provide a maximum of twelve (12) grants-in-aid to close the gap in the health status of African-Americans, Hispanics/Latinos, and American Indians as compared to the health status of white persons in SFY 2015-2016. Individual grants may not exceed $300,000 annually. No more than four (4) grants-in-aid shall be awarded to applicants located in the urban and rural areas of the Western, Piedmont, and Eastern areas of North Carolina (map is enclosed). The exact total number of awards and amount funded 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.

Grantees awarded funds under this RFA shall receive a 12 month contract which represents the grant period for Year 1; June 1, 2015 to May 31, 2016. Funds for Year 2 are contingent upon funding availability and performance.

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 North Carolina Office of Minority Health and Health Disparities (NC OMHHD) defines health disparities as “differences or inequalities in health that exist between whites and racial/ethnic minorities.”

The NC Office of Minority Health and Health Disparities, in collaboration with the State Center for Health Statistics, first published a report on “Racial and Ethnic Differences in Health” in May 2004. The previous and current “Health Disparities Report Card” (2010) (www.ncminorityhealth.org) revealed major disparities in health status for minority populations in North Carolina. Among many indicators of health, data from the Health Disparities Report Card showed that significant gaps in health status continually exist in the following areas: Heart Disease, Stroke, Diabetes, Obesity, Asthma, HIV/AIDS/STDs, Cancer and Infant Mortality. These public health conditions are the focus areas of this RFA.
According to the Health Disparities Report Card (2010) 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 rate of 13.7 times more than that of the white population.
- American Indians and African Americans are 2 times more likely to die from diabetes than the white population.
- The percent of heart disease deaths of Hispanic/Latinos, African Americans and American Indians per 100,000 population are on average 1.2 times higher than that of the white population.
- African Americans continue to die of strokes at a disparity ratio of 1.5 times greater than the white population.
- African-American children under the age of 18 continue to be diagnosed with asthma 1.4 more times than the white population.
- African Americans and American Indians are 1.2 times more likely to be overweight or obese than the white population.
- African American and American Indian babies die at greater than 2.0 disparity ratio.
- African-American men are 2.8 times more likely to die from prostate cancer than the white population.

Chronic diseases (e.g., asthma, heart disease, obesity, diabetes) are defined as a health condition that lasts more than 12 months, or at the time of diagnosis is likely to have a duration of greater than 12 months. Overwhelming evidence indicates that chronic diseases disproportionately affect racial and ethnic minorities, including individuals from lower socioeconomic classes, women, and children, and may affect these individuals' ability to attain and maintain their health. Thus, there is an urgent need for evidence-based strategies focused on the elimination or reduction of health disparities among minority families, adults and children. Numerous reports have documented that low-income Black and Hispanic children are more likely to be uninsured, and less likely to have access to regular preventive and clinical health care services. Experts note that additional barriers to receiving preventive and clinical services include poverty, inadequate or lack of insurance, limited transportation, lack of cultural sensitivity among health care providers and access to health care providers within certain geographic areas.

**CFEHDI: A Comprehensive Public Health Approach to Reducing and Eliminating Health Disparities in North Carolina**

Guided by national strategies to reduce and eliminate health disparities, the CFEHDI will implement a new comprehensive public health approach to reducing and eliminating health disparities that addresses access to care, chronic disease prevention and management, healthy lifestyles and cultural sensitivity among health care providers. The growing need for coordinating services between the family, community and health care system has become more evident, particularly as diagnostic and treatment options expand to all fields of chronic disease management. The Patient Centered Medical Home (PCMH) was designed as a model that integrates a comprehensive team based model of care, where the
focus is on the relationship between the physician, the patient and the family. More information about the joint principles of the PCMH can be found on the Medical Home Model website listed in the resources section on pages 6 and 7.

Combined with the PCMH, successful applicants will be trained to provide chronic disease self-management education workshops within their respective communities using the evidenced-based Living Healthy Chronic Disease Self-Management Program (CDSMP) model developed by Stanford University. Selected participants from each organization will participate in the training to become CDSMP workshop leaders. The workshop or “lay leaders” will then conduct CDSMP patient education workshops. It is important to note however, that the CDSMP training and workshops do not specifically address issues related to the management of HIV/AIDS/STDs. For those applicants that selected HIV/AIDS/STDs as a focus area, more specialized training, such as Healthy Relationships: Prevention with Positives, may be more appropriate for the management of these conditions. Prevention with Positives is especially effective in working with HIV positive people to prevent further transmission.

In addition to disease management education, another barrier to accessing quality health care for minority populations is cultural competence among health care providers. To address this issue, additional training will be provided to successful applicants on cultural competence utilizing a curriculum developed by the NC DHHS/OMHHD. Since inadequate or lack of insurance is also a barrier to care for minority and underserved populations, a requirement for eligible applicants is to provide assistance with educating, identifying and determining eligibility for Medicaid/Medicare or other insurance options.

Guidance documents and additional resources for the aforementioned models are listed below:

**National Strategic Plans for Ending Health Disparities**
- National Partnership for Action: [http://minorityhealth.hhs.gov/npa](http://minorityhealth.hhs.gov/npa)

**Medical Home Model**
- Patient Centered Medical Home: [http://www.pcpcc.net/content/joint-principles-patient-centered-medical-home](http://www.pcpcc.net/content/joint-principles-patient-centered-medical-home)

**Evidence-Based Programs for Preventive Services**

**Health Data and Indicators**
- NC Minority Health Disparities Data: [www.ncminorityhealth.org](http://www.ncminorityhealth.org)
- Health Data Tools and Statistics: [http://phpartners.org/health_stats.html](http://phpartners.org/health_stats.html)
- NC State Center for Health Statistics: [http://www.schs.state.nc.us/](http://www.schs.state.nc.us/)
Partnerships
• CCNC Network: http://www.communitycarenc.org/
• Local health departments: http://www.nchalhd.org/county.htm
• HealthNet Network: http://www.ncfreeclinics.org/
• North Carolina Farmworker Health Program: http://www.ncfhp.org/
• Indian Health Services: http://www.ihs.gov/
• Indian Health Services: This site contains NC as part of a region and can be used to find the Western NC partners http://www.ihs.gov/nashville/index.cfm?module=nsh_health_facs
• NC Division of Aging and Adult Services: http://www.ncdhhs.gov/aging/

III. SCOPE OF SERVICES

Input
1. Funding for the CFEHDI will be made available from the NC General Assembly in either state funds or Preventive Health Block Grant funds for SFY 15-16. The funding is to provide grants-in-aid to close the disparities gap in the health status of African Americans, Hispanics/Latinos, and American Indians as compared to the white population. The eight focus areas are: Heart Disease, Stroke, Diabetes, Obesity, Asthma, HIV/AIDS/STDs, Cancer, and Infant Mortality. See Attachment A on page 22 of this RFA for the proposed project plan and to select focus areas and target service population.

2. Agencies eligible to apply include community-based and faith-based organizations, local health departments (LHDs), local Community Care of North Carolina (CCNC) networks, and hospitals 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.

3. Only the eligible applicants listed above that are located in urban and rural areas of the western, eastern and Piedmont areas of the State are eligible to apply. See Attachment B on page 23 of this RFA for the NC map with counties located within each region.

4. Funding is limited to up to 12 grantees, and no more than four (4) grants shall be awarded to applicants located in any one of the three geographic areas specified above. Only one agency can be considered the lead fiscal and programmatic agent for each application submitted.

5. Successful applicants must demonstrate the ability to partner with existing health access infrastructure (e.g., LHD, CCNC networks, hospitals, Federally Qualified Health Centers (FQHC), Rural Health Centers, Farmworker programs and/or Indian Health Services, etc.). The grant award seeks to link disenfranchised populations with a patient centered medical home and to expand primary clinical preventive services and disease management. The grant addresses the more upstream determinants of disease (e.g., smoking cessation, hypertension control, obesity management) that contribute to the major health disparities experienced by racial ethnic minorities.

6. Grantees awarded funds under this RFA shall receive a 12 month contract which represents the grant period for Year 1; June 1, 2015 to May 31, 2016. Funds for Year 2 are contingent upon funding availability and performance.

7. The available funds for Year 1 are estimated to be $2,000,000 for up to 12 grantees. Awards are expected to range from $150,000 to $200,000 annually. Funding cannot carry forward into the next fiscal year. Any unused funds that have not been expended by the end of the contract...
The period will revert back to the State agency at the end of the contract period. The total number of awards and their respective dollar amount 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. No single grant can exceed $300,000 annually.

8. **No more than eight percent (8%) of the total award may be used for overhead/administrative costs.**

**Output**

1. Develop partnership agreements with community-based and faith-based organizations, local health departments, hospitals, and CCNC networks (including Health Net providers), or other health care provider organizations that offer primary care services (e.g., federally qualified health care centers, rural health centers, Indian health centers, Health Net providers, free clinics, private providers). The partnership agreements should include roles delineation, scope of work, and allotted resources, for each partnership.

2. Obtain baseline and ongoing health outcomes and services data from clinics, hospitals and local health departments, and health status data from local and State sources (e.g., Behavioral Risk Factor Surveillance Survey – BRFSS, Community Health Assessments, and OMHHD Health Disparities Report Card) related to selected chronic disease areas. Refer to outcomes measures to identify baseline data needs.

3. Successful applicants will schedule training through OMHHD for community-based and/or faith-based organizations in the Chronic Disease Self-Management program (i.e., CDSMP - Living Healthy) created by Stanford University, as workshop leaders and/or Healthy Relationships: Prevention for Positives.

4. Successful applicants will be required to participate in cultural competence training through OMHHD.

5. Identify community partners to plan and provide early detection, outreach, screening, follow up and referral services.

6. Plan and conduct patient education workshops/seminars, related prevention activities, and/or wraparound safety net services.

7. Increase Medicaid and Medicare enrollment by identifying uninsured individuals and providing education about insurance options and assistance with enrollment.

**Outcome**

As a result of this RFA, the funded partnerships are expected to achieve the following results by the end of the grant period, regardless of specified focus area(s):

1. Increased knowledge and awareness of individual health behaviors, conditions and risk factors
   a. Reduced risk factors include:
      i. Reduce percentage of current smokers
      ii. Increase percentage of adults getting recommended physical activity
iii. Increase percentage of adults/youth getting recommended amount of fruits and vegetables
iv. Decrease percentage of adults with high blood pressure
v. Decrease percentage of adults who are overweight or obese
vi. Increased frequency of condom usage
vii. Decreased sexual partners

2. Increased patient referrals and follow up to medical homes
3. Increased number of individuals with insurance and access to medical homes
4. Decreased emergency department visits and inpatient admission as primary source of care
5. Increased collaboration and coordination of care between health care systems and community partnerships

These outcomes will ultimately lead to goals of the CFEHDI which is to reduce and eliminate health disparities. Closing the gap in the health status between minorities and the white population can be accomplished as a result of enhanced delivery of culturally appropriate preventive and health care services, reduced incidence/prevalence of chronic diseases and conditions, decreased mortality due to chronic conditions and improved quality of life.

**Service Quality**

The key to ensuring the highest quality of services provided is the implementation of evidenced based interventions in the clinical and community settings. Therefore, each applicant is responsible for ensuring that the following service quality measures are met.

1. Staff must participate in Cultural Competency/Diversity Training approved by OMHHD
2. Successful applicants are required to have at least one (1) representative participate in Chronic Disease Self-Management Training as Lay Leader and/or Master Trainer (or provide evidence of training within the previous 12 months)
3. Clinical health care settings that serve as medical homes must provide evidence of the implementation of medical home principles
4. Develop and implement cultural competence policies and principles
5. Implement principles of continuous quality improvement
6. Participation in required CFEHDI program evaluation
7. Conduct knowledge/awareness and patient satisfaction surveys; gather data on process and outcomes
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 May 1, 2015.

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 agency 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).

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 or 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).
10. Advertising
In submitting its application, agencies and organizations agree not to use the results from 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, to whom, and the funding amount, including the same level of budget detail submitted for the proposed subcontractor. 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 to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed (i.e. executed) contract.
V. 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. Announcement of the Request for Applications (RFA)
   The announcement of the RFA and instructions for receiving the RFA will be posted Monday, March 9, 2015 at the following DHHS website: http://www.ncdhhs.gov/grantopportunities/currentopportunities.htm and may be sent to prospective agencies and organizations via direct mail, email, and/or Program website.

2. Distribution of the RFA
   RFAs will be posted on the Program’s website, http://www.ncminorityhealth.org/omh and may be sent via email to interested agencies and organizations beginning Monday, March 9, 2015.

3. Bidder’s Webinar / Question & Answer Period
   All prospective applicants are encouraged to participate in an online Bidder's Webinar on Monday, March 16, 2015 at 3:00 pm.

   To join the webinar: http://whb.adobeconnect.com/omh3-16-15/

   If you have never attended an Adobe Connect¹ Webinar before:
   Review the Adobe Connect Quickstart Guide: https://seminars.adobeconnect.com/_a227210/vqs-participants/

   Written questions concerning the specifications in the RFA will be received until Monday, March 23, 2015 at 5:00 pm. As an addendum to this RFA, a summary of all questions and answers will be posted on the OMHHD website (http://www.ncminorityhealth.org/omh) by Thursday, March 26, 2015, for all potential applicants.

4. Applications
   Applicants shall submit an original and 5 additional copies of the application. All copies shall include the required attachments. Faxed applications will not be accepted. In addition, applicant must submit an electronic version of the application, line item budget and budget narrative on a rewriteable CD-RW disc with the “hard” copies, or as an e-mail attachment to Cornell.Wright@dhhs.nc.gov. Electronic submission will not be accepted in lieu of an original.

¹ Adobe, the Adobe logo, Acrobat and Acrobat Connect are either registered trademarks or trademarks of Adobe Systems Incorporated in the United States and/or other countries.
5. **Original Application**
The original application must contain original documents, and all signatures in the original application must be original. Mechanical, copied, or stamped signatures are not acceptable. The original application should be clearly marked “original” on the application face sheet.

6. **Copies of Application**
Along with the original application, submit 5 photocopies of the application in its entirety. Copies of the application should be clearly marked “COPY” on the application face sheet. In addition, applicant must submit an electronic version of the application, line item budget and budget narrative on a rewritable CD-RW disc with the “hard” copies, or as an e-mail attachment to Cornell.Wright@dhhs.nc.gov.

7. **Format**
The application must be typed, single-side on 8.5 x 11 inch paper with margins of 1 inch. Line spacing should be single-spaced. The font should be easy to read and no smaller than an 11-point font.

8. **Space Allowance**
Page limits are clearly marked in each section of the application. Refer to VII. Application, Item 3. Applicant’s Response (page 22 of this RFA) for specifics.

9. **Application Deadline**
All applications must be received by the date and time on the cover sheet of this RFA. Faxed or emailed applications **will not** be accepted in lieu of the original and required number of hard copies. Original signatures are required. Note: If the U.S. Postal Service is used, allow sufficient time for delivery to the funding agency by **4:00 pm, EST**, on Friday, April 10, 2015.

10. **Receipt of Applications**
Applications from each responding agency and organization will be logged into the system and stamped with the date received on the cover sheet.

11. **Review of Applications**
Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the subject matter. Staff or subcontractors from applicant agencies may not participate as reviewers.

Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the agency or organization staff, 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. 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.

12. **Request for Additional Information**
At their option, the application reviewers 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, agencies and organizations are cautioned that the reviewers are not
required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

### 13. Audit

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.

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used online at www.NCGrants.gov.

There are 3 reporting levels which are determined by the total direct grant receipts from all State agencies in the entity’s fiscal year:

- Level 1: Less than $25,000
- Level 2: At least $25,000 but less than $500,000
- Level 3: $500,000 or more

Level 3 grantees are required to submit a "Yellow Book" Audit done by a CPA. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

### 14. Assurances

The contract may include assurances that the successful applicant would be required to execute prior to receiving a contract as well as when signing the contract.

### 15. Additional Documentation to Include with Application

All applicants are required to include documentation of their tax identification number.

Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the agency’s 501(c)(3) tax-exempt status. (This letter normally includes the agency’s tax identification number, so it would also satisfy that documentation requirement.)

In addition, private non-profit agencies are to provide a completed, signed, and notarized page verifying continued existence of the agency’s 501(c)(3) status. (An example of this page is provided in section VII. Application, Item 7. Verification of 501(c)(3) Status.)

### 16. Federal Certifications

Agencies or organizations receiving Federal funds would be required to execute Federal Certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco Smoke, Debarment, Lobbying, and Lobbying Activities. A copy of the Federal Certifications is included in this RFA for your reference (see Appendix E). Federal Certifications should NOT be signed or returned with application but **shall** be completed and submitted within **five State business days** of award notification.
17. System for Award Management Database (SAM)
   All grantees receiving federal funds must be actively registered in the federal government’s System for Award Management (SAM) database, (formerly known as Central Contractor Registration (CCR)), or be willing to complete the registration process in conjunction with the award (see www.sam.gov). To maintain an active SAM record, the record must be updated no less than annually.

18. Additional Documentation Prior to Contract Execution
   Contracts require more documentation prior to contract execution. The following documentation shall be completed and submitted within five State business days of award notification:
   a. A completed and signed letter from the agency’s Board President/Chairperson identifying individuals as authorized to sign contracts. (A reference version appears in Appendix A.)
   b. A completed and signed letter from the agency’s Board President/Chairperson identifying individuals as authorized to sign expenditure reports. (A reference version appears in Appendix B.)
   c. Documentation of the agency’s DUNS number. Documentation consists of a copy of communication (such as a letter or email correspondence) from Dun & Bradstreet (D&B) which indicates the agency or organization’s legal name, address, and DUNS number. In lieu of a document from D&B, a copy of the agency or organization’s SAM record is acceptable.

   If your agency does not have a DUNS number, please use the D&B online registration (http://fedgov.dnb.com/webform) to receive one free of charge. (DUNS is the acronym for the Data Universal Numbering System developed and regulated by D&B.)

   Contracts with private non-profit agencies require additional documentation prior to contract execution. After the award announcement, private non-profit agencies will be contacted about providing the following documentation:
   a. A completed, signed, and notarized statement which includes the agency’s Conflict of Interest Policy. (A reference version appears in Appendix C.)
   b. A completed, signed, and notarized page certifying that the agency has no overdue tax debts. (A reference version appears in Appendix D)

   All grantees receiving funds through the State of North Carolina are required to execute Contractor Certifications Required by North Carolina Law. A copy of the certifications is included in this RFA for your reference (see Appendix F). Contractor Certifications should NOT be signed or returned with application.

   Note: At the start of each calendar year, all agencies with current DPH contracts are required to update their contract documentation. These agencies will be contacted a few weeks prior to the due date and will be provided the necessary forms and instructions.
19. Registration with Secretary of State
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 registration process in conjunction with the execution of the contract documents. (See www.secretary.state.nc.us/corporations.)

20. Federal Funding Accountability and Transparency Act (FFATA)
The Contractor shall complete and submit to the Division, the Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement form within 10 State Business Days upon request by the Division when awarded $25,000 or more in federal funds. A reference version appears in Appendix G.

21. Application Process Summary Dates
   Monday, March 9, 2015: Request for Applications released to eligible applicants.
   Monday, March 16, 2015: Bidder’s Webinar – 3:00 pm (Requires access to computer and internet).
   Monday, March 23, 2015: End of Question period. All questions due in writing by 5pm.
   Thursday, March 26, 2015: Answers to Questions released to all applicants, as an addendum to the RFA.
   Friday, April 10, 2015: Applications due by 4pm, EST.
   Friday, May 1, 2015: Successful applicants will be notified.
   Monday, June 1, 2015: Contract begins.
VI. EVALUATION CRITERIA

SCORING OF APPLICATIONS

An independent panel with expertise in the delivery of services to minority populations, health disparities, chronic diseases and conditions, infant mortality, and HIV/AIDS/STDs shall conduct the review of applications for grants-in-aid. Applications shall be scored based on the responses to the six application content areas. Each content area shall be scored on a scale of 1 to 4 based on the scale below:

1. POOR  Applicant only marginally addressed the application area.
2. AVERAGE  Applicant adequately addressed the application area.
3. GOOD  Applicant did a thorough job of addressing the application area.
4. EXCELLENT  Applicant provided a superior response to the application area.

The scoring procedure is described below:

Each content area will be weighted and the score of 1 to 4 will be multiplied by the assigned weight of the content area. (If the content area has a weight = 10 and it is rated 4 (excellent) the total will be 40 points.) The highest total score is 200 points.

Section 1. Needs Statement (Weight = 10, Total maximum points = 40)

How well does the applicant demonstrate an understanding of the problem in the target geographic area?

1. Is specific target population related information including race/ethnicity, health status indicators, education, language, social data, poverty rates, etc., included?
2. Is there adequate data provided to support the need for the project?
3. How well is the need/problem researched and documented (providing narrative and statistical detail)?
4. Are the community strengths and barriers well documented?

Section 2. Description of Organization/Agency (Weight = 5, Total maximum points = 20)

Is the description of the appropriateness of the agency/organization for the program clear and precise?

1. Is the description of the agency/organization and its purpose clear?
2. Does the brief history of the applicant agency include the how, when, and why the agency was established?
3. Is the agency’s mission statement clearly defined?
4. Does the organizational chart illustrate an organization structure that has the capacity to develop and implement this project?
5. 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?
6. Is the applicant’s capacity to implement the proposed project reasonable?
7. Are the agency’s current and prior experiences with the focus area to be addressed by the proposed project clearly explained?

Section 3. Program Plan and Community Support  (Weight = 15, Total maximum points = 60)

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?

1. Scope of Services: Are the stated objectives measurable?
2. Are the objectives realistic and feasible?
3. Are the proposed activities appropriate to achieve the stated goals and objectives?
4. Are all the requirements under the Scope of Services addressed?
5. Timeline: Are the planned activities logical and sequential in relationship to the objectives and program evaluation?
6. Is the proposed timeline realistic to accomplish proposed activities?
7. Is the evidence-based, best practices, or promising practices strategy that will be implemented in the proposed project clearly stated?
8. Is the relationship between the evidence-based strategies, best practices and/or promising practices and the output/outcomes to be implemented in the proposed project described?
9. Did the applicant describe the project personnel including roles and responsibilities?
10. Are the proposed resources required reasonable as to type, amount, distribution, and clearly outlined?
11. Is the proposed project plan of management and accountability including the role of partner agencies, reporting, monitoring performance, quality improvement, recruitment and retention of program participants illustrated?
12. Did the applicant’s plan incorporate strategies to partner with stakeholders in the community; i.e., who are the project stakeholders, why are they important to the project’s success, and what will each stakeholder contribute?
Section 4. Monitoring and Evaluation (Weight = 5, Total maximum points = 20)

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?

1. Did the applicant clearly identify how and when they will use proposed evaluation summaries to measure whether proposed objectives are achieved?
2. Did the applicant include policies and procedures set forth to maintain client confidentiality, if appropriate?
3. Is the timeline of the entire program plan and evaluation, which includes all activities required to accomplish the key objectives of the project, realistic?
4. Will the proposed evaluation summaries allow applicant to measure whether proposed objectives are achieved?
5. Are the evaluation criteria and measures appropriate?
6. Is the plan for data collection, analysis, and reporting realistic?

Section 5. Partnership and Collaboration (Weight = 10, Total maximum points = 40)

1. Were current and past (within the last 3 years) collaborative prevention efforts between the applicant and other local, public or private organizations for the focus area described?
2. Did the applicant illustrate capacity to engage community members and organizations in providing prevention services?
3. Was the applicant’s experience administering local, State, federal and private grant funds clearly stated?

Section 6. Budget (Weight = 5, Total maximum points = 20)

1. Did the applicant provide the budget narrative for the program activities with a description of each cost listed in the line item budget?
2. Did the applicant provide a detailed description of the activities funded by each partner or potential subcontractor?
3. Did the applicant provide a detailed budget for each subcontractor?
4. Are the proposed costs reasonable and appropriate for the activities supported?
5. Did the applicant provide a breakdown of the overhead/administrative costs or an approved indirect cost letter?
6. Do the overhead costs exceed 8% of the total budget?
VII. APPLICATION

Application Checklist

The following items must be included in the application. Please use a binder clip at the top left corner on each copy of the application and assemble the application in the following order:

__  Cover Letter (Item 1)

__  Application Face Sheet (Item 2)

__  Applicant’s Response Form (Item 3), includes Attachments A and B

__  Project Budget (Item 4)
   Include a budget in the format provided for both the lead agency and any proposed subcontractors. Overhead/administrative (indirect) costs shall not exceed 8%.

__  Indirect Cost Rate Approval Letter (if applicable)

__  Letters of Commitment or Statements of Support (Item 5)

__  IRS Documentation (Item 6)

   __  IRS Letter Documenting Your Organization’s Tax Identification Number (public agencies)

   Or

   __  IRS Determination Letter Regarding Your Organization’s 501(c) (3) Tax-exempt Status (private non-profits)

   And

   __  Verification of 501(c)(3) Status Form (private non-profits) (Item 7)
**Item 1: Cover Letter**

The application must include a cover letter, on agency letterhead, signed and dated by an individual authorized to legally bind the Applicant.

Include in the cover letter:

1. Legal name of the Applicant agency
2. RFA number
3. Applicant agency’s federal tax identification number
4. Applicant agency’s DUNS number
5. Closing date for applications.
**Item 2: Application Face Sheet**

This form provides basic information about the applicant and the proposed project with the Office of Minority Health and Health Disparities (OMHHDD), 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 # A309 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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Legal Name of Agency:</td>
</tr>
<tr>
<td>2.</td>
<td>Name of individual with Signature Authority:</td>
</tr>
<tr>
<td>3.</td>
<td>Mailing Address (include zip code+4):</td>
</tr>
<tr>
<td>4.</td>
<td>Address to which checks will be mailed:</td>
</tr>
<tr>
<td>5.</td>
<td>Street Address:</td>
</tr>
</tbody>
</table>
| 6. | Contract Administrator:  
Name:  
Title:  
Telephone Number:  
Fax Number:  
Email Address |
| 7. | Agency Status (check all that apply):  
☐ Public  
☐ Private Non-Profit  
☐ Local Health Department |
| 8. | Agency Federal Tax ID Number: |
| 9. | Agency DUNS Number: |
| 10. | Agency’s URL (website): |
| 11. | Agency’s Financial Reporting Year: |
| 12. | Current Service Delivery Areas (county(ies) and communities): |
| 13. | Proposed Area(s) To Be Served with Funding (county(ies) and communities): |
| 14. | Amount of Funding Requested |
| 15. | 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  
☐ No |

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.

| 16. | Signature of Authorized Representative: |
| 17. | Date |
Item 3: Applicant’s Response

Attachment A

Proposed Project Plan

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

Lead Organization Name: ________________________________________________

Focus Area(s) check all that apply:

- [ ] Cancer
- [ ] Heart Disease
- [ ] Diabetes
- [ ] Stroke
- [ ] HIV/AIDS/STDs
- [ ] Asthma
- [ ] Obesity
- [ ] Infant Mortality

Region of Service (see Attachment B):

Western Region ______ Piedmont Region ______ Eastern Region ______

Target Population(s):

- [ ] African American/Black
  - Youth 0-17 ______ Adults 18-64 ______ Senior 64+ ______
- [ ] Hispanic/Latinos
  - Youth 0-17 ______ Adults 18-64 ______ Senior 64+ ______
- [ ] American Indian
  - Youth 0-17 ______ Adults 18-64 ______ Senior 64+ ______

Partnerships (Please be sure to provide a letter of commitment from each agency proposed as a partner. Include as part of Item 5 – Letters of commitment.)

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Role of the Organization</th>
<th>Type of organization (CBO, FBO, CCNC, LHD, hospital)</th>
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</tbody>
</table>
Abstract: Include a one-page abstract that summarizes the following sections of your application: Needs Statement, Description of Organization, Program Plan and Community Support, Monitoring and Evaluation, Agency Partnership and Collaboration and Budget.

Section 1: Needs Statement
You may use no more than three pages for this section (not including appendices).

A. Describe the geographic service area (census tract(s), zip code(s), precinct(s), town, city, or county) of the project. Include information about the population(s), race/ethnicity, education, language, social data, poverty rates, 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, and any relevant data beyond 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 to be served by the project. Include specific information about, race/ethnicity, health status indicators, relevant risk behaviors, and health service system infrastructure located within the geographic service area, Description should include both narrative and relevant statistical data, such as rates, ratios, etc.

C. Describe the need for clinical and prevention services for the target population in your area of focus: relevant data, limitations of the data, social or cultural norms that may support the proposed project, and other issues that may indicate a need for this project.

D. Describe the strengths in your community that may be helpful to you as you develop your program (e.g., other services, strong collaborations, community leaders, current activities, successful project and/or health outcomes)

E. Describe the barriers in your community that may have to be addressed as you develop and implement the proposed project. How do you plan to address these barriers?
Section 2: Description of Organization/Agency
You may use no more than two pages for this section. The 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:

1. A description of the agency/organization and its purpose;
2. A brief history of the applicant agency (how, when, and why your agency was established, accomplishments, and challenges encountered);
3. The mission statement;
4. An organizational chart.

B. Provide a description of the applicant’s capacity to implement the program:

1. Describe applicant capacity (i.e., what do you already have in place) to implement the proposed project.
2. Describe the applicant’s current and prior experience with the eight focus areas to be addressed by the proposed project (Heart Disease, Stroke, Diabetes, Obesity, Asthma, HIV/AIDS/STD, Cancer, and Infant Mortality).
3. 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).
4. Describe the applicant’s current and prior experience working with the proposed target population.

Section 3: Program Plan and Community Support
You may use no more than five pages for this section. The instructions and bulleted items below may be deleted to maximize space.

Provide a summary of the proposed prevention project:

2. Make sure the Goals and Objectives are consistent with the activities in the Output and Outcomes section of the RFA.
3. For each Goal, state one or more objectives and the timeline for accomplishing each objective. Make sure each objective is specific to the condition(s) selected and relevant for the needs of the target population.

   a. Example of an objective: By June 29, 2015 (time bound) 95% of youth participants in the HIV-prevention workshop will schedule a visit with a health care provider for a screening and risk assessment (specific & relevant).
4. 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:

   a. Example of a behavioral outcome measure: 75% of participants in the diabetes self-management education classes increased their knowledge of self-monitoring blood glucose levels.
   
   b. 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.
   
   c. 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.

5. Describe the evidence-based, best practices, or promising practices strategy that will be implemented in the proposed project.

6. Describe the project personnel including roles and responsibilities; identify specific staff training needs and how staff will be trained to meet the identified needs. Include job descriptions and resumes for staff already identified.

7. Describe proposed resources required (operational, informational, technical) reasonable as to type, amount, and distribution.

8. Describe the proposed project plan of management and accountability, including: the role of each partner agency, reporting, monitoring performance, quality improvement, recruitment and retention of program participants.

Section 4: Monitoring and Evaluation
You may use no more than three pages for this section (not including appendices). The instructions and bulleted items below may be deleted to maximize space.

The authorizing legislation for the CFEHDI requires OMHH to “monitor progress in meeting performance-based standards and outcomes.”

1. Please provide a brief description of how the applicant will monitor and evaluate performance activities and outcomes as set out in the proposed project plan.

2. For each activity include 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 (e.g., 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).

3. Describe how health outcomes and/or behavioral health outcomes are tracked and measured, as well as the tracking frequency.
4. Describe how and when the applicant will use proposed evaluation summaries to measure whether proposed objectives are achieved.

5. Describe the applicant’s policies and procedures set forth to maintain client confidentiality, if appropriate.

6. 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, 2015 - May 31, 2016 and June 1, 2016 - May 31, 2017.*

**Section 5: Partnership and Collaboration**

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

1. Provide a list of partnerships, both required (according to eligible applicants) and additional partners. Also include amount of funding and a detailed budget for each partnership and their specific roles.

2. Describe a plan which includes strategies to partner with stakeholders in the community; i.e., who are the project stakeholders, why are they important to the project’s success, and what will each stakeholder contribute.

3. Describe any current and past (within the last 3 years) collaborative prevention efforts with other local, public or private organizations for the focus area.

4. Describe applicant’s capacity to engage community members and organizations in providing clinical and prevention services.

5. 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 6: Budget

A. Complete a proposed annual budget for the project period for both grant periods: June 1, 2015 – May 31, 2016 and June 1, 2016 - May 31, 2017 using the form in Item 4. A detailed budget should be provided for the applicant and for each proposed subcontractor if applicable.

Complete the narrative section of the budget and clearly justify each item listed in the budget and clearly link it to planned activities of the program. The budget narrative must include calculations used to arrive at the requested line item amount.

1. You are required to use the Microsoft Excel Open Window spreadsheet format for the application budget. To download the required form, visit: [http://publichealth.nc.gov/employees/forms/contracts/openWindow/OpenWindowBudgetWorksheet-rev121814.xls](http://publichealth.nc.gov/employees/forms/contracts/openWindow/OpenWindowBudgetWorksheet-rev121814.xls)

2. Instructions on completing the Budget Worksheet can be found here: [http://publichealth.nc.gov/employees/forms/contracts/openWindow/HowToFillOutTheOpenWindowBudgetForm121213.doc](http://publichealth.nc.gov/employees/forms/contracts/openWindow/HowToFillOutTheOpenWindowBudgetForm121213.doc)

B. No more than $5,000 can be used to purchase computer equipment, software or other electronic devices.

C. No more than eight percent (8%) of the total grant funds may be used for overhead/administrative costs for the primary grantee. If the grantee has an indirect cost letter which specifies that up to 8% will be utilized for indirect costs, then the appropriate amount should be included in the budget – and submit the approved indirect cost letter along with the attachments. Otherwise, in lieu of an indirect cost letter, each proposal should include a breakdown of overhead costs in the line item and budget narrative.
Item 4: Project Budget

Applicants must complete program budgets and budget justification narratives that list all expenses for the proposed project for both grant periods: June 1, 2015 – May 31, 2016 and June 1, 2016 - May 31, 2017. Budgets vary greatly from agency to agency; thus, we ask that you use the sample budget below only as a guide to assist with creating your own budget. Please utilize the instructions found in Item 3, Section 6: Budget, Part A.2 to complete the program budget and budget justification. In-kind or matching funds are not required for this program.

As stated in Item 3, Section 6: Budget, Part A.1, Applicants are required to use the Microsoft Excel Open Window spreadsheet format for the application budget. To download the required form, visit: http://publichealth.nc.gov/employees/forms/contracts/openWindow/OpenWindowBudgetWorksheets-rev121814.xls

A Sample Budget including the salary worksheet and budget categories worksheet is found below:

Sample Budget

Salary Worksheet:

<table>
<thead>
<tr>
<th>Contractor:</th>
</tr>
</thead>
</table>

Complete this form such that amounts for state funds are shown when entering line item detail. Add rows as needed.

Enter information in yellow shaded cells only. Do NOT enter anything in blue shaded cells. The blue cells contain formulas that are NOT to be overridden.

Use the Salary Section to fill out the Salary Detail Worksheet (located in the Contractor Budget in Open Window).

<table>
<thead>
<tr>
<th>Personnel: Salary</th>
<th>Hourly Rate (dollars per hour)</th>
<th>Annual Rate OR Annual Salaries (dollars per year)</th>
<th>Months Worked on this Contract</th>
<th>Percent of Time Worked on this Contract</th>
<th>Do not use this column</th>
<th>Budgeted Amount (Prorated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim Services Associate</td>
<td>$ -</td>
<td>$ -</td>
<td>12</td>
<td>50.00</td>
<td>$ 17,000</td>
<td></td>
</tr>
<tr>
<td>Office Assistant</td>
<td>$ -</td>
<td>$ -</td>
<td>12</td>
<td>30.00</td>
<td>$ 3,000</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$ -</td>
<td>$ -</td>
<td>12</td>
<td>$</td>
<td>$ 20,000</td>
<td></td>
</tr>
</tbody>
</table>

Note: In center grid area is a brief description, name and duties for each staff listed above.

Use the Fringe Section to fill out the Contractor’s Fringe Benefits (located under the Contractor Manage Details Screen in Open Window).

<table>
<thead>
<tr>
<th>Personnel: Fringe Benefits</th>
<th>FICA</th>
<th>Retirement/401K</th>
<th>Health/ Medical</th>
<th>Unemployment Insurance</th>
<th>Worker’s Compensation</th>
<th>Other (gives details here)</th>
<th>Annual Total</th>
<th>Budgeted Amount (Prorated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim Services Associate</td>
<td>5.2%</td>
<td>4%</td>
<td>$4,500 FTE</td>
<td>2%</td>
<td>9%</td>
<td>$</td>
<td>$ 11,528</td>
<td>$ 4,000</td>
</tr>
<tr>
<td>Office Assistant</td>
<td>5.2%</td>
<td>4%</td>
<td>4,500 FTE</td>
<td>2%</td>
<td>9%</td>
<td></td>
<td>$ 9,484</td>
<td>$ 4,000</td>
</tr>
</tbody>
</table>

Note: In center grid area is any narrative necessary for fringes.

Victim Services Associate: FICA 5.2% ($17,000 x 0.05) = $860.00; Retirement 4% ($17,000 x 0.04) = $680.00; Health Insurance $4,500 x 0.04 = $180; Unemployment Insurance 2% ($17,000 x 0.02) = $340; Worker’s Compensation 3% ($17,000 x 0.03) = $510.

Office Assistant: FICA 5.2% ($3,000 x 0.05) = $150.00; Retirement 4% ($3,000 x 0.04) = $120.00; Health Insurance $4,500 x 0.04 = $180; Unemployment Insurance 2% ($3,000 x 0.02) = $60; Worker’s Compensation 3% ($3,000 x 0.03) = $90.
### Budget Categories Worksheet:

<table>
<thead>
<tr>
<th>Category</th>
<th>Line Item</th>
<th>Amount</th>
<th>Detail</th>
<th>Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources</td>
<td>Salary/Wages</td>
<td>$20,000.00</td>
<td>detail</td>
<td>Victim Services Advocate, will provide case management, weekly individual and group counseling, court advocacy, and information referrals to clients; will oversee the volunteers and assure timely services to victims; will also prepare and submit quarterly progress reports to the DPH Program Manager. Office Assistant, will prepare monthly billing and coordinate weekly individual and counseling sessions, volunteer schedules and cell phones.</td>
</tr>
<tr>
<td></td>
<td>Fringe Benefits</td>
<td>$5,580.00</td>
<td>detail</td>
<td>Victim Services Advocate: FICA 7.65% ($1,300.50); Retirement 4% ($690); Health Insurance $4,500 x 0.40 = $1,800; Unemployment Insurance 2% ($340); Worker’s Compensation 3% ($90) = $4,630.50. Office Assistant: FICA 7.65% ($229.50); Retirement 4% ($120); Health Insurance $4,500 x 0.10 = $450; Unemployment Insurance 2% ($90); Worker’s Compensation 3% ($90) = $949.50.</td>
</tr>
<tr>
<td>Total Human Resources</td>
<td></td>
<td>$25,580.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Expenses/Capital Outlays</td>
<td>Supplies and Materials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture</td>
<td></td>
<td>$687.00</td>
<td></td>
<td>Educational supplies: DVDs 2 x $50 = $100.00; teen group workbooks 25 x $20.00 = $500.00; ink pen 5 boxes $7 = $35.00; 1 box copy paper @ $52 = $52 = $687.00.</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Operational Expenses/Capital Outlays</td>
<td></td>
<td>$5,420.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Budgeted Expenditures</td>
<td></td>
<td>$31,000.00</td>
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</tbody>
</table>
Budget Narrative Requirements

Budget narratives shall show calculations for all budget line items and shall clearly justify/explain the need for these items. Budget costs shall be in accordance with State rates, reasonable and justifiable. Budget must support the scope of work activities and objectives.

**Personnel**
Salary and fringe for program staff should be calculated in the budget section of the application. Provide a justification, personnel/staff names (if known), position title, description of any positions that will be funded with grant funds and annual salary, prorated salary and FTE. Include specifics such as $___ x months = ___.

**Supplies**
You need provide only a reasonable dollar amount for general office supplies like pens, paper, etc. Provide justification for supply items other than general office supplies. Show cost calculation of cost.

**Travel**
Identify titles of staff whose travel is supported, briefly explain the purpose of the travel and how it relates to the action plan, and provide an estimate of mileage and per diem costs showing how those expenses were calculated. (Note: travel must be computed at rates up to the current State regulations.)

Mileage should be based on rates located on the North Carolina Office of State Budget and Management’s (OSBM) web page under the “Memorandums” link. Mileage rates fluctuate with the price of fuel, thus the OSBM will release a memorandum entitled “IRS Mileage Rate Change” when there is a change in this rate.

For other travel related expenses, please refer to the OSBM’s North Carolina Budget Manual, pages 130 – 140. This manual can be found at the following address: [http://www.osbm.state.nc.us/files/pdf_files/BudgetManual.pdf](http://www.osbm.state.nc.us/files/pdf_files/BudgetManual.pdf). Current rates for travel and lodging may be found in the chart below. However, it is recommended that the applicant visit the North Carolina Budget Manual to verify rates prior to submission of the application.

Current rates for travel and lodging:

<table>
<thead>
<tr>
<th>Meals</th>
<th>In-State</th>
<th>Out of State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>$8.20</td>
<td>$8.20</td>
</tr>
<tr>
<td>Lunch</td>
<td>$10.70</td>
<td>$10.70</td>
</tr>
<tr>
<td>Dinner</td>
<td>$18.40</td>
<td>$20.90</td>
</tr>
<tr>
<td></td>
<td>$37.30</td>
<td>$39.80</td>
</tr>
<tr>
<td>Lodging (Maximum)</td>
<td>$65.90</td>
<td>$77.90</td>
</tr>
<tr>
<td>Total</td>
<td>103.20</td>
<td>117.70</td>
</tr>
<tr>
<td>Mileage</td>
<td>$ up to .575 per mile</td>
<td></td>
</tr>
</tbody>
</table>
Indirect Cost Rate Approval Letter

If indirect cost is requested, appropriate documentation is required.

Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. The indirect cost rate shall not exceed 10 percent (10%) of the total direct cost. If indirect costs are requested, a current indirect cost rate letter from the cognizant federal agency must be included with the applicant’s budget.

In situations where a non-governmental entity does not receive funds directly from a federal agency and where no federal cognizant agency is designated, an indirect cost rate may be established using criteria and cost principles outlined in the applicable federal circular. Under these conditions, a person or firm, preferably one knowledgeable of this subject should establish the rate. This person or firm should not be associated with the audit firm that conducts an audit of the entity’s records. Once a rate has been established, this person or firm should certify in writing to the non-governmental entity that the rate has been established in accordance with the applicable federal circular and that the documentation should be maintained and made available to any auditor requesting such information. The entity should also provide a copy of the letter to any and all agencies with whom they contract and from whom they wish to claim reimbursement of indirect costs.

Depending upon the type of organization, the following federal circulars/regulations apply:

- State, Local and Indian Tribal Governments: 2 CFR Part 225 & ASMB C-10
- Educational Institutions: OMB Circular A-21
- Hospitals: 45 CFR Part 74
- Private Non-Profit Organizations: 2 CFR Part 230
- For Profit Organizations (other than hospitals): 48 CFR Part 31
Item 5: Letters of Commitment

Letters of commitment should be included from any agency or community organization integral to the success or implementation of the proposed activities. Examples of such agencies include those that will provide clinical services, outreach services, financial support, meeting space, transportation, access to participants or comparison group members, or services to participants beyond the scope of the applicant agency. Letters of support from local health departments are strongly encouraged to facilitate service provision. If a local health department is applying, they should have letters of support from community organizations that can support this project.
Item 6: IRS Letter

Public Agencies:
Provide a copy of a letter from the IRS which documents your organization’s tax identification number. The organization’s name and address on the letter must match your current organization’s name and address.

Private Non-profits:
Provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization’s name and address on the letter must match your current organization’s name and address.

This IRS determination letter can also satisfy the documentation requirement of your organization’s tax identification number.
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

Signature of Chairman, Executive Director, or other authorized official

Title of above signed authorized official

Sworn to and subscribed before me this _____ day of __________________, 20__.

Notary Signature and Seal

Notary’s commission expires _________________, 20 __.
The Appendices are provided as a reference only.

Applicants are **not to complete** these documents at this time **nor return them** with the RFA response.
Letter from Board President/Chairperson Identifying Individuals as Authorized to Sign Contracts

I, ________________, Board President/Chairperson of ____________________________ [Agency/Organization’s legal name] hereby identify the following individual(s) who is (are) authorized to sign Contracts for the organization named above:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
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<tr>
<td>1.</td>
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<td>3.</td>
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<td>4.</td>
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</table>

*Indicate if you are the Board President or Chairperson

Reference only — Not for signature

Signature ____________________________  Title ____________________________  Date ____________________________

The fiscal year of the above named agency runs from months __________ to __________.
## Letter from Board President/Chairperson

Identifying Individuals as Authorized to Sign
Contract Expenditure Reports

I, _______________________________________________, Board President/Chairperson of
____________________________________________________ [Organization’s legal name] hereby identify the
following individual(s) who is (are) authorized to sign **Contract Expenditure Reports** for the
organization/agency named above:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Signature</th>
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<tbody>
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<td>4.</td>
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</tbody>
</table>

Reference only — Not for signature

<table>
<thead>
<tr>
<th>Signature</th>
<th>* Title</th>
<th>Date</th>
</tr>
</thead>
</table>

* Indicate if you are the Board President or Chairperson
APPENDIX C: NOTARIZED STATEMENT AND CONFLICT OF INTEREST POLICY

Notarization of Conflict of Interest Policy

State of North Carolina, County of __________________________

I, ________________________________, Notary Public for said County and State, certify that ________________________________ [Name of Board Chair or Authorized Official] personally appeared before me this day and acknowledged that he/she is ________________________________ [Title] of ________________________________, [Organization’s full legal name] 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 ____________________, 20__.

___________________________________
Notary Signature and Seal

Notary’s commission expires ____________________, 20__.

Instruction for Organization:
Sign below and attach the organization’s Conflict of Interest Policy which is referenced above.

Reference only — Not for signature

___________________________________________
Signature of above named 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.

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:

Reference only — Not for signature

Legal Name of Organization

Signature of Organization Official

Title of Organization Official

Date
APPENDIX D: NO OVERDUE TAX DEBTS CERTIFICATION

State Grant Certification – No Overdue Tax Debts¹

To: State Agency Head and Chief Fiscal Officer

Certification:
We certify that the ______________________________________________________ [Organization’s full legal 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-101(b).

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 Second Authorizing Official], respectively, of __________________________________________________________ [Agency/Organization’s full legal name] of ________________________ [City] in the State 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.

Reference only — Not for signature

Board Chair
Title
Date

Reference only — Not for signature

Signature
Title of Second Authorizing Official
Date

Sworn to and subscribed before me this ______ day of __________________, 20__. 

Reference only — Not for signature

Notary Signature and Seal

Notary’s commission expires ____________________, 20 __.

¹ 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.”
APPENDIX E: FEDERAL CERTIFICATIONS

The undersigned states that:

(a) He or she is the duly authorized representative of the Contractor named below;

(b) He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:

   a. The Certification Regarding Nondiscrimination;
   b. The Certification Regarding Drug-Free Workplace Requirements;
   c. The Certification Regarding Environmental Tobacco Smoke;
   d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
   e. The Certification Regarding Lobbying;

(c) He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;

(d) [Check the applicable statement]

   □ He or she has completed the attached Disclosure of Lobbying Activities because the Contractor has made, or has an agreement to make, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;

   OR

   □ He or she has not completed the attached Disclosure of Lobbying Activities because the Contractor has not made, and has no agreement to make, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.

(e) The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

________________________________________________________________________________________
Signature                           Title
________________________________________________________________________________________

Contractor [Organization’s] Legal Name                                Date

[This Certification must be signed by a representative of the Contractor who is authorized to sign contracts.]

I. Certification Regarding Nondiscrimination

The Contractor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f)
the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

II. Certification Regarding Drug-Free Workplace Requirements

1. The Contractor certifies that it will provide a drug-free workplace by:

   a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor’s workplace and specifying the actions that will be taken against employees for violation of such prohibition;

   b. Establishing a drug-free awareness program to inform employees about:

      (1) The dangers of drug abuse in the workplace;

      (2) The Contractor’s policy of maintaining a drug-free workplace;

      (3) Any available drug counseling, rehabilitation, and employee assistance programs; and

      (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

   c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);

   d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:

      (1) Abide by the terms of the statement; and

      (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

   e. Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;

   f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

      (1) taking appropriate personnel action against such an employee, up to and including termination; or

      (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and

   g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):
3. Contractor will inform the Department of any additional sites for performance of work under this agreement.

4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

III. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor certifies that it will comply with the requirements of the Act. The Contractor further agrees that it will require the language of this certification be included in any subawards that contain provisions for children's services and that all subgrantees shall certify accordingly.

IV. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Instructions

[The phrase "prospective lower tier participant" means the Contractor.]

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.


5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is
debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non-procurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

Certification

a. The prospective lower tier participant certifies, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

V. Certification Regarding Lobbying

The Contractor certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, “Disclosure of Lobbying Activities,” in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of $100,000.00 or more and that all sub-recipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000.00 and not more than $100,000.00 for each such failure.

VI. Disclosure of Lobbying Activities

Instructions

This disclosure form shall be completed by the reporting entity, whether sub-awardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the sub-awardee, e.g., the first sub-awardee of the prime is the 1st tier. Sub-awards include but are not limited to subcontracts, sub-grants and contract awards under grants.

5. If the organization filing the report in Item 4 checks "Sub-awardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.

10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.

   (b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.

14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.

15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.

16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.
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<td>Type of Federal Action:</td>
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<td>a. contract</td>
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<td>b. grant</td>
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<td>c. cooperative agreement</td>
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<td>d. loan</td>
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<td>e. loan guarantee</td>
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<td>f. loan insurance</td>
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<td>Status of Federal Action:</td>
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<tr>
<td></td>
<td>a. Bid/offer/application</td>
<td></td>
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<tr>
<td></td>
<td>b. Initial Award</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Post-Award</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Report Type:</td>
<td></td>
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<tr>
<td></td>
<td>a. initial filing</td>
<td></td>
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<td></td>
<td>b. material change</td>
<td></td>
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<td>For Material Change Only:</td>
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<tr>
<td></td>
<td>Year___________</td>
<td>Quarter___________</td>
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<tr>
<td></td>
<td>Date of Last Report:_________________</td>
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<tr>
<td>4.</td>
<td>Name and Address of Reporting Entity:</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Prime</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subawardee Tier _________, (if known)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Congressional District (if known)</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</td>
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<td></td>
<td></td>
<td>Congressional District (if known)</td>
</tr>
<tr>
<td>6.</td>
<td>Federal Department/Agency:</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Federal Program Name/Description:</td>
<td></td>
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<td></td>
<td>CFDA Number (if applicable) _______________________</td>
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</tr>
<tr>
<td>8.</td>
<td>Federal Action Number (if known)</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Award Amount (if known) :</td>
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<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>10.</td>
<td>Name and Address of Lobbying Registrant</td>
<td></td>
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<tr>
<td></td>
<td>(if individual, last name, first name, MI):</td>
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<td></td>
<td>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</td>
<td></td>
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<tr>
<td>11.</td>
<td>Amount of Payment (check all that apply):</td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ _____________________</td>
<td>actual</td>
</tr>
<tr>
<td>12.</td>
<td>Form of Payment (check all that apply):</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. cash</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. In-kind; specify:</td>
<td></td>
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<tr>
<td></td>
<td>Nature __________________________</td>
<td>Value</td>
</tr>
<tr>
<td>13.</td>
<td>Type of Payment (check all that apply):</td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td></td>
<td>a. retainer</td>
<td></td>
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<td></td>
<td>b. one-time fee</td>
<td></td>
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<td></td>
<td>c. commission</td>
<td></td>
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<td></td>
<td>d. contingent fee</td>
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</tr>
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<td></td>
<td>e. deferred</td>
<td></td>
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<td></td>
<td>f. other; specify: __________________________</td>
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<tr>
<td>14.</td>
<td>Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 (attach Continuation Sheet(s) SF-LLL-A, if necessary):</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Continuation Sheet(s) SF-LLL-A attached:</td>
<td>Yes</td>
</tr>
</tbody>
</table>
16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

<table>
<thead>
<tr>
<th>Signature: ____________________________</th>
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<tbody>
<tr>
<td>Print Name: __________________________</td>
<td></td>
</tr>
<tr>
<td>Title: ________________________________</td>
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</tr>
<tr>
<td>Telephone No: ______________ Date: ________</td>
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</tbody>
</table>

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D. C. 20503
APPENDIX F: CONTRACTOR CERTIFICATIONS

Contractor Certifications Required by North Carolina Law

Instructions

The person who signs this document should read the text of the statutes listed below and consult with counsel and other knowledgeable persons before signing.

- The text of Article 2 of Chapter 64 of the North Carolina General Statutes can be found online at: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- The text of G.S. 105-164.8(b) can be found online at: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- The text of G.S. 143-48.5 (S.L. 2013-418, s. 2.(d)) can be found online at: http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H786v6.pdf
- The text of G.S. 143-59.1 can be found online at: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- The text of G.S. 143-59.2 can be found online at: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- The text of G.S. 147-33.95(g) (S.L. 2013-418, s. 2.(e)) can be found online at: http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H786v6.pdf

Certifications

1. Pursuant to G.S. 143-48.5 and G.S. 147-33.95(g), the undersigned hereby certifies that the Contractor named below, and the Contractor’s subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system.” E-Verify System Link: www.uscis.gov

2. Pursuant to G.S. 143-59.1(b), the undersigned hereby certifies that the Contractor named below is not an “ineligible Contractor” as set forth in G.S. 143-59.1(a) because:
   (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); and
   (b) [check one of the following boxes]

   □ Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a “tax haven country” as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; or

   □ The Contractor or one of its affiliates has incorporated or reincorporated in a “tax haven country” as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 but the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
(3) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor’s officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.

(4) The undersigned hereby certifies further that:

(f) He or she is a duly authorized representative of the Contractor named below;

(g) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and

(h) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1and -59.2 shall be guilty of a Class I felony.

Contractor’s Name

Signature of Contractor’s Authorized Agent

Date

Printed Name of Contractor’s Authorized Agent

Title

Signature of Witness

Title

Printed Name of Witness

Date

The witness should be present when the Contractor’s Authorized Agent signs this certification and should sign and date this document immediately thereafter.
APPENDIX G: FFATA FORM

Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement
NC DHHS, Division of Public Health Subawardee Information

A. Exemptions from Reporting
1. Entities are exempted from the entire FFATA reporting requirement if any of the following are true:
   - The entity has a gross income, from all sources, of less than $300,000 in the previous tax year
   - The entity is an individual
   - If the required reporting would disclose classified information

2. Entities who are not exempted for the FFATA reporting requirement may be exempted from the requirement to provide executive compensation data. This executive compensation data is required only if both are true:
   - More than 80% of the entity’s gross revenues are from the federal government and those revenues are more than $25 million in the preceding fiscal year
   - Compensation information is not already available through reporting to the U.S. Securities and Exchange Commission.

By signing below, I state that the entity listed below is exempt from:
The entire FFATA reporting requirement:
☐ as the entity’s gross income is less than $300,000 in the previous tax year.
☐ as the entity is an individual.
☐ as the reporting would disclose classified information.

Only executive compensation data reporting:
☐ as at least one of the bulleted items in item number 2 above is not true.

Signature
Name
Title
Entity
Date

B. Reporting
1. FFATA Data required by all entities which receive federal funding (except those exempted above) per the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA).

<table>
<thead>
<tr>
<th>Entity’s Legal Name</th>
<th>Contract Number</th>
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<tbody>
<tr>
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</tbody>
</table>

☐ Active SAM registration record is attached
An active registration with SAM is required

<table>
<thead>
<tr>
<th>Entity’s DUNS Number</th>
<th>Entity’s Parent’s DUNS Nbr (if applicable)</th>
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<tbody>
<tr>
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</tbody>
</table>

Entity’s Location

<table>
<thead>
<tr>
<th>street address</th>
<th>city/st/zip+4</th>
<th>county</th>
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</thead>
<tbody>
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</table>

Primary Place of Performance for specified contract
Check here if address is the same as Entity’s Location

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Total Compensation</th>
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<tbody>
<tr>
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</table>

2. Executive Compensation Data for the entity’s five most highly compensated officers (unless exempted above):

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Total Compensation</th>
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<tbody>
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