



Request for Applications

RFA # A407

Adolescent Pregnancy Prevention Public Education

FUNDING AGENCY: North Carolina Department of Health and Human Services
Division of Public Health
Women, Infant, and Community Wellness Section/Reproductive Health Branch

ISSUE DATE: March 15, 2023

DEADLINE DATE: April 25, 2023

INQUIRIES and DELIVERY INFORMATION:

Direct all inquiries concerning this RFA to:

Kristen Carroll, 919-612-1448, kristen.carroll@dhhs.nc.gov

Applications will be received until 5:00 p.m. on April 25, 2023

Electronic copies of the application are available at <https://wicws.dph.ncdhhs.gov/>.

Send all applications electronically as indicated below:

Mailing Address:

Kristen.carroll@dhhs.nc.gov

IMPORTANT NOTE: Indicate agency/organization name and RFA number on the front of the application, along with the RFA deadline date.

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I. INTRODUCTION

The Adolescent Pregnancy Prevention Public Education (APPPE) program provides education and technical assistance around adolescent pregnancy prevention to a wide variety of professionals and the public at large throughout the state of North Carolina. APPPE is administered by Teen Pregnancy Prevention Initiatives (TPPI) of the North Carolina Department of Health and Human Services (DHHS), Division of Public Health (DPH), Women, Infant, and Community Wellness Section (WICWS), Reproductive Health Branch (RHB). Successful applicants will receive funding to provide information, education, resources, technical assistance and training across the state of North Carolina.

ELIGIBILITY

Public or private non-profit agencies interested in providing resources, training, and technical assistance around adolescent pregnancy prevention are eligible to apply to this RFA.

- For-profit agencies are not eligible to apply.
- Agencies must be able to receive North Carolina State funding.

FUNDING

An award will be made on an annual basis for a project period of three (3) years, contingent upon contract compliance, project performance, and availability of funding.

The first project period year will begin September 1, 2023, and will end May 31, 2024.

A total of \$250,000 is available to be awarded each year.

The project funding periods will be distributed as follows:

September 1, 2023 – May 31, 2024: \$250,000

June 1, 2024 – May 31, 2025: \$250,000

June 1, 2025 – May 31, 2026: \$250,000

Only one agency will receive funding through this RFA to provide services across North Carolina.

II. BACKGROUND

The primary goal of the APPPE program is to provide quality resources, training, and technical assistance to individuals and agencies working to improve adolescent pregnancy prevention.

The North Carolina 2020 pregnancy rate per 1,000 15-19-year-old girls was 22.9. The cost of adolescent pregnancy to the state of North Carolina is estimated to be more than \$300 million per year, which impacts every community and every taxpayer across the state. Research has shown that the implementation of evidence-based program models designed to address adolescent pregnancy is highly effective. To ensure the effectiveness and fidelity to the program models, staff implementing the models must be certified to facilitate the program with youth. It is crucial for staff working with youth to stay current with the latest information, training, data, and implementation best practices.

III. SCOPE OF SERVICES

Applicants must demonstrate an understanding of adolescent pregnancy prevention and capacity to provide comprehensive educational services (including training, technical assistance, resources, etc.) to people working with youth across the state. Applicants must be focused on preventing adolescent pregnancy and maintaining the most current and relative information in order to impart the knowledge on to others. The program is designed to ensure all entities working with adolescents around pregnancy prevention are aware of a source of expertise in this area for educational services to improve their readiness and effectiveness in providing services to youth.

The primary activities under the APPPE include:

- Organizing and hosting an annual adolescent pregnancy prevention conference.
- Creating and maintaining a statewide Youth Leadership Council (YLC) to support adolescent pregnancy prevention efforts in NC.
- Providing technical assistance to local agencies looking to create or sustain adolescent pregnancy prevention programs.
- Providing ongoing training opportunities, based on needs identified from adolescent health stakeholders.
- Educating key stakeholders essential to moving adolescent pregnancy prevention forward, including policymakers (school systems, health departments, department of social services, mental health, etc.).
- In collaboration with other NC stakeholders, developing a State of Adolescent Pregnancy Prevention Report in Year 2, complete with recommendations for continued progress on improving adolescent pregnancy prevention.

Annual Conference

An annual conference must be planned to provide current, innovative information and collaborative space for professionals working in the field of adolescent pregnancy prevention. This conference should be planned for a minimum of 250 individuals to attend. The location may vary between the years to draw attention from different parts of the state. A virtual option to attend may be included. The DPH TPPI staff must be involved in the planning process. Sessions must be included to appeal to staff working in primary and secondary pregnancy prevention programs. The conference may be supported in part by sponsorships, other funding opportunities, and charging participants a fee to attend.

Youth Leadership Council (YLC)

A YLC must be developed in year one to support adolescent pregnancy prevention efforts. The YLC should be mutually beneficial to the state and the youth involved. The YLC participants will have opportunities to develop their leadership skills, enhance communication abilities, deepen knowledge of pregnancy prevention, and strengthen teamwork. The YLC must consist of at least 10 youth from across the state and will meet at least six (6) times a year starting in Year 2 and continuing for the duration of the funding cycle. The meetings may be a combination of in person and virtual. One role of the YLC must be to serve as part of the planning team for the Annual Conference. When recruiting YLC participants, attention should be given to inclusiveness and reflecting the racial, ethnic, cultural, geographic, and social diversity of North Carolina. The YLC members may be offered stipends, incentive items, and enrichment activities to encourage participation.

Technical Assistance

Applicants are expected to have expertise in adolescent pregnancy prevention. They should be able to assist local communities looking for information on setting up community adolescent health coalitions, starting an adolescent pregnancy prevention program, applying for grant funding for programs, suggesting different adolescent pregnancy prevention curricula, evaluating the effectiveness of programs, obtaining input from young people, and many other items as it relates to improving adolescent pregnancy prevention within communities. Applicants should anticipate that local agencies contact them throughout the year to assist with questions or concerns.

Training Opportunities

Every year, trainings must be offered to interested parties on a variety of topics related to adolescent pregnancy prevention. At least 2-3 trainings must be offered annually. The trainings may be held in-person or virtually. The trainings may consist of topics addressing beginner needs, such as reproductive health 101 to grant writing; as well as more advanced topics based on feedback from stakeholders and the communities. Topics will be determined in tandem with TPPI. Trainings must include an evaluation component.

Educating key stakeholders

Applicants must be seen as having expertise in adolescent pregnancy prevention and understand the specific needs in North Carolina. Sharing information with a variety of stakeholders around issues affecting adolescents is important. Stakeholders include adolescents, schools, Department of social services, policymakers, healthcare providers, health educators, community health workers, Medicaid, Planned Parenthood, universities, etc. Dissemination of information may occur in many formats, including newsletters, emails, forums, meetings, media campaigns, etc. Information should be shared at several times a year, and whenever something new is concerning or relevant to the community.

State of Adolescent Pregnancy Prevention Report

In Year 2 of this funding opportunity, a State of Adolescent Pregnancy Prevention Report must be completed and made available. This report will be completed in partnership with key stakeholders representing variety of disciplines working with adolescent pregnancy prevention (adolescents, schools, healthcare, mental health, foster youth, sexual violence prevention, housing, higher education, etc.). The report must include recommendations for the next three (3) years to improve adolescent pregnancy prevention.

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 05/31/2023.

2. 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.

3. 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.

4. 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.

5. 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.

6. Titles

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

7. Form of Application

Each application must be submitted on the form provided by the funding agency. Both the *Application Form* and *Budget and Justification Form* will be sent to interested agencies along with this RFA, and they can be downloaded on March 15, 2023, from the Program's website at <https://wicws.dph.ncdhhs.gov/>.

8. 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).

9. Advertising

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

10. 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.

11. 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.

12. 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.

13. Subcontracting

Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.

Agencies and organizations shall also ensure that subcontractors are not on the state's Suspension of Funding List available at: <https://www.osbm.nc.gov/stewardship-services/grants/suspension-funding-memos>.

14. 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.

15. 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.

16. Contract

The Division will issue a contract to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed 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 at the following DHHS website on **March 15, 2023**:

<http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities> and may be sent to prospective agencies and organizations via direct mail, email, and/or the Program's website.

2. **Distribution of the RFA**

RFAs will be posted on the Program's website <https://wicws.dph.ncdhhs.gov/> and may be sent via email to interested agencies and organizations beginning **March 15, 2023**.

3. **Question & Answer Period**

Written questions concerning the specifications in this Request for Applications will be received until 5:00 p.m. on **April 12, 2023**. As an addendum to this RFA, a summary of all questions and answers will be placed on <https://wicws.dph.ncdhhs.gov/> website by 5:00 p.m. on **April 17, 2023**. Any questions must be addressed to Kristen Carroll at kristen.carroll@dhhs.nc.gov or 919-612-1448 or Juanella Tyler at juanella.tyler@dhhs.nc.gov or 919-397-8012. Questions directed to any other Division of Public Health staff will not be addressed.

4. **Notice of Intent**

Any agency that plans to submit an application is strongly encouraged to register its intent by 5:00 p.m. on **March 29, 2023**, utilizing the following survey link:

<https://www.surveymonkey.com/r/G5NDC2C>.

Information requested on the registration form shall include the following:

- The legal name of the agency.
- The name, title, phone number, mailing address, and email address of the person who will coordinate the application submission.

5. **Applications**

Applicants shall email a pdf version of the full application to Kristen Carroll at Kristen.carroll@dhhs.nc.gov. In addition, applicants should email the excel worksheet of the application budget. Faxed applications will not be accepted.

6. **Format**

The application should be single-spaced with 1" margins. The font should be easy to read and no smaller than an 11-point font.

7. **Space Allowance**

Page limits are clearly marked in each section of the application.

8. Application Deadline

All applications must be received by **5:00 p.m. on April 25, 2023**. Faxed applications will not be accepted in lieu of the emailed version.

9. Receipt of Applications

Applications from each responding agency and organization will be logged into the system with the date and time received. Agencies will receive an email that the application has been received.

10. 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 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's or organization's staff, cost, etc. The State reserves the right to conduct site visits as part of the application review and award process. 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.

11. 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.

12. 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.

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.

13. 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.

14. 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, those private non-profit agencies are to provide a completed and signed page verifying continued existence of the agency's 501(c)(3) status. (An example of this page is provided on page 31, *Verification of 501(c)(3) Status*.)

15. 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 A). Federal Certifications should NOT be signed or returned with application.

16. Unique Entity Identifier (UEI)

All grantees receiving federal funds must have a Unique Entity Identifier (UEI) which is issued by the federal government in www.SAM.gov. If your agency does not have a UEI, please use the online registration at www.SAM.gov to receive one free of charge.

17. Additional Documentation Prior to Contract Execution

Contracts require more documentation prior to contract execution. After the award announcement, agencies will be contacted about providing the following documentation:

- a. Documentation of the agency's Unique Entity Identifier (UEI).

If your agency does not have a UEI, please use the online registration at www.SAM.gov to receive one free of charge.

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 and signed statement which includes the agency's Conflict of Interest Policy. (A reference version appears in Appendix A)
- b. A completed, signed, and notarized page certifying that the agency has no overdue tax debts. (A reference version appears in Appendix A)

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 A). 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.

18. 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. (Refer to: https://www.sosnc.gov/divisions/business_registration)

19. Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement

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 \$30,000 or more in federal funds. A reference version appears in Appendix A.

20. Iran Divestment Act

As provided in G.S. 147-86.59, any person identified as engaging in investment activities in Iran, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to G.S. 147-86.58, is ineligible to contract with the State of North Carolina or any political subdivision of the State.

21. Boycott Israel Divestment Policy

As provided in Session Law 2017-193, any company that boycotts Israel, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to Session Law 2017-193 is ineligible to contract with the State of North Carolina or any political subdivision of the State.

22. Application Process Summary Dates

March 15, 2023:	Request for Applications released to eligible applicants.
March 29, 2023:	Notice of Intent due.
April 12, 2023:	End of Q&A period. All questions due by 5pm.
April 17, 2023:	Answers to Questions released as an addendum to the RFA.
April 25, 2023:	Applications due by 5pm.
May 31, 2023:	Successful applicants will be notified.
September 1, 2023:	Contract begins.

VI. PROJECT BUDGET

Budget and Justification

Applicants must complete the *Budget and Justification Form*, which requires a line-item budget for the first year of funding and a narrative justification. The form will be sent to interested agencies along with this RFA, and it can be downloaded on March 15, 2023, from the Women, Infant, and Community Wellness Section website at <https://wicws.dph.ncdhhs.gov/>.

Narrative Justification for Expenses

A narrative justification must be included for *every* expense listed in the year one budget. Each justification should show how the amount on the line-item budget was calculated, and it should be clear how the expense relates to the project. Reference *How to Fill out the Open Window Budget Form* which can be found on the Women, Infant, and Community Wellness Section website at <https://wicws.dph.ncdhhs.gov/>.

Travel Reimbursement Rates

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the “Change in IRS Mileage Rate” memorandum to be found on OSBM’s website when there is a change in this rate. The current state mileage reimbursement rate is \$0.655 cents per mile.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. However, please be advised that reimbursement rates periodically change. The Division of Public Health will only reimburse for rates authorized in North Carolina Department of Health and Human Services Travel Policy. Effective July 1, 2021, the Department of Health and Human Services (DHHS) shall utilize GSA State/City Standard Travel Per Diems as the maximum allowable statutory rate for meals and lodging (subsistence). The following schedule (effective July 1, 2021) shall be used for reporting allowable subsistence expenses incurred while traveling on official state business:

Current Rates for Travel and Lodging

Meals	In State	Out of State
Breakfast	\$13.00	\$13.00
Lunch	\$15.00	\$15.00
Dinner	\$26.00	\$26.00
<i>Total Meals Per Diem Per Day</i>	<i>\$54.00</i>	<i>\$54.00</i>
Lodging (<i>Maximum rate per person, excludes taxes and fees</i>)	\$98.00 + taxes/fees	\$98.00 + taxes fees
Total Travel Allowance Per Day	\$152.00	\$152.00
Mileage	\$0.655 per mile/regardless of distance	

Staff Development Costs

Applicants should include costs for registration to attend or to host trainings to support staff development in carrying out the services outlined in this RFA. Travel costs associated with attending or hosting trainings should be included under Contract Staff Travel and not exceed the travel reimbursement rates.

Supplies

Materials needed for office work and for trainings, meetings, etc. may be included in the Supply category. Examples of supplies are as follows: paper, ink cartridges, flip chart paper, markers, notebooks, etc.

Justification Example: 50 Notebooks for a training @ \$10.00 each = \$500.

Equipment

The maximum that can be expended on an equipment item, without prior approval from the RHB, is \$2,000. An equipment item that exceeds \$2,000 shall be approved by the RHB before the purchase can be made. If an equipment item shall be used by multiple programs, you must prorate the cost of that equipment item and the narrative must include a detailed calculation which demonstrates how the agency prorates the equipment.

Justification Example: 1 shredder @ \$1,500 each for office staff to shred confidential information for the agency. Cost divided between 3 programs: $\$1,500/3 = \500 .

Administrative Personnel Fringe Costs

Provide position titles, staff FTE amounts, brief description of the positions, and method of calculating each fringe benefit that shall be funded. A description can be used for multiple staff if the duties being performed are similar. *Do **not** prorate the salary and fringe amounts. The spreadsheet will prorate these amounts based on the number of months and percent of time worked.*

Justification Example: P. Johnson, Training Coordinator, 1.0 FTE, Coordinates, organizes, and develops trainings for adolescent pregnancy prevention professionals.

Budget Narrative Justification Example: FICA at 7.65% of budgeted salary; Retirement at 10% of budgeted salary; Unemployment at 2% of budgeted salary; and Other at 3% (includes life insurance, AD&D and liability insurance) of budgeted salary. Health insurance is \$6,000 per individual.

Incentives

Incentives may be provided to program participants in order to ensure the level of commitment that is needed to achieve the expected outcomes of the program. While there is no maximum amount of funding that may be used to provide incentives for program participants, the level of incentives must be appropriate for the level of participation needed to achieve the expected outcomes of the program. Examples of incentives are as follows: gift cards, gas cards/bus passes, and water bottles.

Justification Example: Gift cards for 10 YLC participants @ \$50/card = \$500.

Audits

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.

There are 3 reporting levels that 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 an audit. 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.

Indirect Cost

Indirect cost is the cost 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. Regulations restricting the allocation of indirect cost vary based on the funding source.

Maternal and Child Health Block Grant (MCHBG-Federal)

The MCHBG grant limits administrative cost to 10 percent. Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the indirect cost rate requested may not exceed the award's limits regardless of the applicant's recognized rate. Additionally, the total modified direct cost identified in the applicant's FNICR shall be further restricted based on the MCHBG regulations for administrative cost. A copy of the FNICR must be included with the applicant's budget.

Where the applicant has no FNICR, a 10% indirect cost rate (known as the *de minimus* rate) may be used on the total, modified direct cost as defined in 2 CFR 200.68, Modified Total Direct Cost (MTDC), with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. Applicants must indicate in the budget narrative that they wish to use the *de minimus* rate, or some part thereof.

Applicants who do not wish to claim any indirect cost should enter "No indirect cost requested" in the budget narrative.

Estimated portion of subaward funded by the Maternal and Child Health Block Grant (MCHBG) is as follows for each year:

<u>Year</u>	<u>MCHBG Funding Estimate</u>
1	\$250,000
2	\$250,000
3	\$250,000

VII. EVALUATION CRITERIA

SCORING OF APPLICATIONS

Applications shall be scored based on the responses to the four application content areas.
Maximum score is 70 points.

Content Areas

1. Cover Letter:

Total maximum points = 2

2. Capacity Statement/Agency Ability:

Total maximum points = 30

3. Program Plan:

Total maximum points = 33

4. Budget:

Total maximum points = 5

Each of the content areas will be scored according to the numerical values stated above.

VIII. APPLICATION

Application Checklist

The following items must be included in the application. Please assemble the application in the following order:

1. ___ **Cover Letter**
2. ___ **Application Face Sheet**
3. ___ **Applicant's Response/Form**
4. ___ **Project Budget**
 Include a budget in the format provided.
 Indirect costs are allowed and shall not exceed 10%.
5. ___ **Indirect Cost Rate Approval Letter** (if applicable to your budget)
6. ___ **Attachment A: Letters of Support/Commitment**
7. ___ **Attachment B: Agency Information**
8. ___ *IRS Documentation:*
 ___ **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
9. ___ **Verification of 501(c)(3) Status Form** (private non-profits)

Cover Letter

The application must include a cover letter, on agency letterhead, signed and dated by an individual authorized to legally bind the Applicant. Please cover the following in the letter: agency mission, brief history, background & current services provided, and how this proposed work fits within your agency mission. There is no page limit for the cover letter. (2 points)

Include in the cover letter:

- the legal name of the Applicant agency
- the RFA number
- the Applicant agency's federal tax identification number
- the Applicant agency's Unique Entity Identifier (UEI)

Application Face Sheet

This form provides basic information about the applicant and the proposed project with *the Adolescent Pregnancy Prevention Public Education*, 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 # A407 are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator: Name: Title:	Telephone Number: Fax Number: Email Address
7. Agency Status (check all that apply): <input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	9. Agency UEI:
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 #14) Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Signature of Authorized Representative:	17. Date

Section 1: Capacity Statement/ Agency Ability

Do not delete the question headers.
Please provide your response to each question under the heading.

Total Point Value:
30

Page Limit:
6 single-spaced

Section 1

1-1. Describe evidence of the following:

- a. Your agency's qualifications to deliver the program components outlined in this request (staff experience and training). (2 points)
- b. Your agency's successes, challenges, and lessons learned in providing adolescent pregnancy prevention services over the last few years. (3 points)

1-2. How is your agency engaging:

- a. Adolescents in your current programming? (2 points)
- b. How do you know you are successfully engaging adolescents? (2 points)
- c. Key stakeholders in current programming decisions? (2 points)
- d. How do you know you are successfully engaging key stakeholders? (2 points)

1-3. Financial practices.

Please describe your agencies capacity to accept funding from the North Carolina Division of Public Health through a reimbursement process (meaning your agency expends funds to implement the work and the state reimburses, based on monthly submission of expenses). (2 points)

1-4. Using the chart below, list all the staff positions that are necessary to implement and support the proposed program. (6 points)

- a. Include name, degree, credentials, years of service with the organization, supervision information (if relevant) and full-time equivalency.
- b. Add copies of job descriptions in Attachment B.
- c. Any other relevant details may be included in narrative form below the chart.

Position	Employee Name	Degree/ Credentials	# years in position	Number of staff supervised	Full Time Equivalency (FTE)

1-5. Staff performance

- a. How is staff performance measured, including how often? (2 points)

- b. Describe how you will assess staff professional development needs, and how and with what frequency you will provide professional development opportunities. (2 points)

1-6. Staff turnover and engagement

- a. What is the current level of staff turnover within your agency? (1 point)

- b. How will you work to minimize the amount of staff turnover over the course of the grant? (2 points)

- c. How will you ensure that staff are actively engaged in their work? (2 points)

Section 2: Program Plan

Do not delete the question headers.
Please provide your response to each question under the heading.

Total Point Value:
33

Page Limit:
8 single-spaced

Section 2

Please describe your plan to provide adolescent pregnancy prevention public education.

2-1. Statewide Conference

- a. Please describe your experience in planning for a statewide conference. In your description, please include: how you determined the needs of the audience, who was involved in planning for the event, how were speakers determined/identified, what was the average number of attendees, and, if applicable, how did the event change due to the COVID19 pandemic? (4 points)
- b. Please describe a brief plan to execute a statewide conference in North Carolina, including a proposed timeline. In your description, please include (how you will determine the needs of the audience, who will be involved in the planning process, and how speakers will be identified). (4 points)

2-2. Youth Leadership Council (YLC)

- a. Please describe the proposed steps to create a North Carolina YLC. In your description, please address how youth will be recruited, what incentives will be part of the Council, and how the YLC will be structured (including term length and supervision). (4 points)
- b. What specific training and/or projects are planned for the YLC in each of the three years of this grant opportunity? (3 points)

2-3. Training Opportunities

- a. How will training needs be identified for reaching professionals working with adolescent pregnancy prevention issues? (2 points)
- b. How will trainings be offered (through what mediums), how will they be advertised, and how will the trainings be evaluated? (3 points).

2-4. Promotion of Adolescent Pregnancy Prevention

- a. How do you plan to promote adolescent pregnancy prevention in North Carolina to key stakeholders? What is your promotion/dissemination plan? (2 points)
- b. How will you build support for adolescent pregnancy prevention issues in North Carolina? (2 points)

2-5. Quality Improvement

- a. Describe the quality improvement structure your agency has for current programming? (2 points)
- b. Please describe the quality improvement plan for the work outlined in this opportunity. (3 points)

2-6. Project Workplan

Complete the table below to indicate key activities, timeline, and person responsible for year one of your proposed project. Please add as many additional rows as needed or add additional columns if you would like to include additional information. (4 points)

Key Activities	Timeline (month) 9/1/23 – 5/31/24	Person Responsible

Section 3: Budget

Total Point Value:

5

Budget and Justification Form

Applicants must complete the *Budget and Justification Form*, which requires a line-item budget for the first year of funding and a narrative justification. The form will be sent to interested agencies along with this RFA, and it can be downloaded on March 15, 2023 from the following website at

<https://wicws.dph.ncdhhs.gov/>.

Attachment A: Letters of Support/Commitment

- This attachment must include letters of support from individuals/agencies that demonstrate the successful partnership/collaboration with your agency to implement programs (max of 3 letters).
- This attachment should also include a letter of commitment from any agency/individual that you plan to subcontract with to complete the work included in the application.

Attachment B: Agency Information

This attachment must include each of the following:

- Organizational chart of the applying agency.
- List of current Board of Directors of the applying agency.
- Job descriptions for all staff positions that are necessary to implement and support the project.

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 Form

IRS Tax Exemption Verification Form (Annual)

I, _____, hereby state that I am _____ of
(Printed Name) (Title)
_____, ("Organization"), and by that authority duly given
(Legal Name of Organization)
and as the act and deed of the Organization, state that the Organization's status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

I understand that the penalty for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the _____ day of _____, 20_____.

(Signature)

Appendix A Forms for Reference

Do **NOT** complete these documents at this time **nor return them** with the
RFA response.
They are for reference only.

FEDERAL CERTIFICATIONS**The undersigned states that:**

1. He or she is the duly authorized representative of the Contractor named below;
2. 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;
3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
4. [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.
5. 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):

Street Address No.1:

City, State, Zip Code:

Street Address No.2:

City, State, Zip Code:

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.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
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 Nonprocurement 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, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all subrecipients 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 subawardee 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 subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", 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.

Disclosure of Lobbying Activities
(Approved by OMB 0348-0046)

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action: <input type="checkbox"/> a. Bid/offer/application <input type="checkbox"/> b. Initial Award <input type="checkbox"/> c. Post-Award		3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ Quarter _____ Date of Last Report: _____	
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, (if known) Congressional District (if known) _____			5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District (if known) _____		
6. Federal Department/Agency: _____			7. Federal Program Name/Description: CFDA Number (if applicable) _____		
8. Federal Action Number (if known) _____			9. Award Amount (if known) : \$ _____		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): (attach Continuation Sheet(s) SF-LLL-A, if necessary)			b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI): (attach Continuation Sheet(s) SF-LLL-A, if necessary)		
11. Amount of Payment (check all that apply): \$ _____ € actual € planned			13. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____		
12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. In-kind; specify: Nature _____ Value _____					
14. 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): _____					
15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No					

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.	Signature: _____	
	Print Name: _____	
	Title: _____	
	Telephone No: _____ Date: _____	
Federal Use Only		Authorized for Local Reproduction Standard Form - LLL

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

CONFLICT OF INTEREST POLICY

CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY

State of _____

County _____

I, _____ hereby state that I am the _____
(Printed Name) (Title)

of _____ (“Organization”), and by that authority
(Legal Name of Organization)

duly given and as the act and deed of the Organization, state that the following Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the _____ day of _____, _____. I understand that the penalty
(Day of Month) (Month) (Year)

for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the _____ day of _____, 20_____.
(Day of Month) (Month) (Year)

(Signature)

Instruction for Organization:

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

Name of Organization

Reference only — Not for signature

Signature of Organization Official

Conflict of Interest Policy Example

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:

Name of Organization

Signature of Organization Official

Date

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

Reference only — Not for
signature

Title

Date

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.”

CONTRACTOR CERTIFICATIONS

State Certifications

Contractor Certifications Required by North Carolina Law

Instructions: The person who signs this document should read the text of the statutes and Executive Order listed below and consult with counsel and other knowledgeable persons before signing. The text of each North Carolina General Statutes and of the Executive Order can be found online at:

- Article 2 of Chapter 64: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- G.S. 133-32: <http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=133-32>
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): <http://www.ethicscommission.nc.gov/library/pdfs/Laws/EO24.pdf>
- G.S. 105-164.8(b): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- G.S. 143-48.5: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html
- G.S. 143-59.1: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- G.S. 143-59.2: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- G.S. 143-133.3: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html
- G.S. 143B-139.6C: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf

Certifications

- (1) **Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009)**, the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.
- (2) **Pursuant to G.S. 143-48.5 and G.S. 143-133.3**, 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
- (3) **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
- (4) **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.
- (5) **Pursuant to G.S. 143B-139.6C**, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.
- (6) The undersigned hereby certifies further that:
 - (a) He or she is a duly authorized representative of the Contractor named below;
 - (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
 - (c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

Contractor's Name: _____

Contractor's
Authorized Agent: Signature _____ Date _____

Printed Name _____ Title _____

Witness: Signature _____ Date _____

Printed Name _____ Title _____

The witness should be present when the Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.

FFATA Form**Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement**
NC DHHS, Division of Public Health Subawardee Information**A. Exemptions from Reporting**

- 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
- 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.

Reference only — Not for signature

Signature _____ Name _____ Title _____

Entity _____ Date _____

B. Reporting

- 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)*.

Entity's Legal Name _____ Contract Number _____

☐ Active UEI registration record is attached

An active registration with UEI is required

Entity's UEI _____

Entity's Parent's UEI
(if applicable) _____

Entity's Location

street address _____

city/st/zip+4 _____

county _____

Primary Place of Performance for specified contract

Check here if address is the **same** as Entity's Location ☐

street address _____

city/st/zip+4 _____

county _____

- Executive Compensation Data** for the entity's five most highly compensated officers (unless exempted above):

Title	Name	Total Compensation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Page left intentionally blank.