1. **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%.

* 1. **Indirect Cost Rate Approval Letter** (if applicable to your budget)
  2. Attachment A: **Letters of Support/Commitment**
  3. Attachment B: **Agency Information**

*IRS Documentation:*

* 1. **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

* 1. **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: | | | | |
| 1. Mailing Address (include zip code+4): 2. 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): | | | | |
|  Public |  Private Non-Profit |  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  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 |

# 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**:

1. Your agency’s qualifications to deliver the program components outlined in this request (staff experience and training). (2 points)
2. 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:

1. Adolescents in your current programming? (2 points)
2. How do you know you are successfully engaging adolescents? (2 points)
3. Key stakeholders in current programming decisions? (2 points)
4. 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)

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

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| --- | --- | --- | --- | --- | --- |
| **Position** | **Employee Name** | **Degree/ Credentials** | **# years in**  **position** | **Number of staff**  **supervised** | **Full Time Equivalency**  **(FTE)** |
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#### 1-5. Staff performance

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

1. What is the current level of staff turnover within your agency? (1 point)
2. How will you work to minimize the amount of staff turnover over the course of the grant? (2 points)
3. 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

1. 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)
2. 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)

1. 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)
2. 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

1. How will training needs be identified for reaching professionals working with adolescent pregnancy prevention issues? (2 points)
2. 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

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

#### 2-5. Quality Improvement

1. Describe the quality improvement structure your agency has for current programming? (2 points)
2. 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 would like to include additional information. (4 points)

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