



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

Request for Applications

RFA # A413 Addendum # 1

Adolescent Parenting Program

PURPOSE OF ADDENDUM: To extend the deadline date for application submissions one week, from November 28, 2023 to December 4, 2023, and extend the award notification date from December 18, 2023 to January 4, 2023. No other changes to the original RFA have been made.

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: October 23, 2023

UPDATED DEADLINE DATE: **December 4, 2023** (revised from November 28, 2023)

INQUIRIES and DELIVERY INFORMATION:

Direct all inquiries concerning this RFA to:

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UPDATED: Applications will be received until 5:00 p.m. on **December 4, 2023**.

Electronic copies of the application are available at

<https://teenpregnancy.dph.ncdhhs.gov/funding.htm>

Send all applications electronically as indicated below:

Email Address:

tppi-rfa@dhhs.nc.gov

IMPORTANT NOTE: Indicate agency/organization name and RFA number in the email subject line, along with the RFA deadline date.

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I. INTRODUCTION

The Adolescent Parenting Program (APP) is a secondary teen pregnancy prevention program (i.e., prevention of second or higher order pregnancies) that provides four-year annually renewable grant awards to projects to provide services for pregnant or parenting teens throughout North Carolina. APP is administered by the Teen Pregnancy Prevention Initiatives (TPPI) of the North Carolina Department of Health and Human Services, Division of Public Health, Women, Infant, and Community Wellness Section, Reproductive Health Branch.

ELIGIBILITY

Public or private non-profit agencies interested in increasing the self-sufficiency of pregnant or parenting teens and improving the developmental outcomes of their children are eligible to apply. For-profit agencies need not apply. If the applicant agency currently receives APP funding, the agency may not apply to implement an additional parenting program in the same county they currently serve.

Potential applicants should consider whether their agency has the capacity to administer the state grant funds if awarded. Recipients of state funds are expected to have established in writing certain general agency policies including personnel and financial accounting policies.

Applicants that have not previously received or successfully administered state funds should consult a TPPI staff member to determine if their agency has the internal policies and procedures in place to administer a state grant at this time. Funds to grantees will be disbursed on a cost reimbursement basis only and agencies should carefully consider if they have the capacity to implement the program under this system.

Applications are desired from counties ranking in the top quartile (i.e., the top 25) for percent of repeat pregnancies among females aged 15 to 19 based on a five-year average between 2016-2020 (referred to as “priority counties”). The priority counties are as follows Anson, Catawba, Chatham, Cumberland, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Halifax, Lenoir, Mecklenburg, Montgomery, Nash, Person, Richmond, Rowan, Rutherford, Stanly, Surry, Wayne, Wilkes, and Wilson. Applicants in these counties shall receive a demonstrated need score as described on page eight.

FUNDING

Grant awards may range from \$75,000 to \$125,000 annually. Grantees are required to supplement the grant award by providing local matching funds that range from \$10,000 to \$25,000 annually depending upon the amount of the award. Local matching funds may be accounted for in either cash or in-kind services. Contracts are awarded annually for a maximum of four years, per GS 130A 131.15A, contingent upon contract compliance, project performance, and availability of funding. The proposed contract will begin June 1, 2024.

BACKGROUND

The General Assembly of North Carolina requires the North Carolina Department of Health and Human Services to establish and administer programs to prevent teen pregnancy through TPPI (see the TPPI Legislative Rules in Appendix B). The goals of APP are as follows:

1. Increase the self-sufficiency outcomes for APP participants by:
 - a. Increasing the delay of a subsequent pregnancy;
 - b. Increasing graduation from high school with diploma or completion of GED;
2. Improve child welfare and school readiness outcomes for the children of APP participants by:
 - a. Increasing incidence of positive parenting among APP participants to support their child's cognitive development and mental health.

II. SCOPE OF SERVICES

Applicants must demonstrate an understanding of and capacity to implement the APP model as prescribed by TPPI. The program, which is coordinated by at least one full-time staff person with an average caseload of between 15 and 20 participants annually, includes evidence-based home visiting and peer group education sessions. The APP Implementation Guide is located at <http://www.teenpregnancy.ncdhhs.gov/ap2proj.htm>.

Participant Eligibility

APP serves pregnant or parenting teens who are 19 years of age or younger at the time of enrollment. In order to be eligible for and continue to receive services, participants must be enrolled in school or an equivalent educational program. Pregnant adolescents may be enrolled at any stage of their pregnancy.

Home Visiting

Applicants are required to implement with fidelity *Parents as Teachers (PAT)*¹ www.parentsasteachers.org as an evidence-based curriculum for home visits.

Using the curriculum, applicants are required to provide at least one 60-minute home visit per month with each program participant during their enrollment. At least 33 percent of these home visits must take place in the participant's home. Other in-person visits may take place in school or another appropriate setting.

In addition, applicants are required to use Motivational Interviewing (MI), an evidence-based guidance technique which elicits and strengthens motivation for change. Using MI, applicants will develop individualized goal plans with each participant 45-60 days after enrollment in APP. The goal plan shall be reviewed monthly during the home visit. Goals should be updated and/or created based upon the needs of the participant.

Group Education Sessions

Applicants are required to offer group education sessions to program participants.

1. Applicants are mandated to provide reproductive health education covering complete and medically accurate information about all FDA-approved contraceptive methods, including abstinence, to all participants (see Appendix B). In order to meet this requirement, each participant must receive evidence-informed programming, specific program to be determined by TPPI staff, during their enrollment in APP.
2. In addition to reproductive health education, peer group education sessions must be conducted each quarter. Applicants are encouraged to use participant feedback to plan these group education sessions. Applicants must detail how they plan to elicit this feedback, and how they plan to implement these quarterly group education sessions for participants.

¹ APPs are not required to become model affiliates of *PAT*, though they must implement the home visiting curriculum with fidelity and meet the requirements outlined in this RFA. See the *PAT* curriculum information sheet in Appendix C for more information.

3. Applicants should also discuss how they plan to engage long-term participants in group education sessions (examples include utilizing teens as peer educators or mentors to other participants).

Who May Apply

Public or private non-profit agencies interested in reducing teen pregnancy in North Carolina are eligible to apply. For-profit agencies need not apply. If the applicant agency currently receives secondary prevention funding for teen pregnancy prevention through the North Carolina Department of Health and Human Services, the agency may not apply to implement an additional pregnancy prevention program in the same county they currently serve. Potential applicants should consider whether their agency has the capacity to administer the state grant funds if awarded. Recipients of state funds are expected to have established in writing certain general agency policies including personnel and financial accounting policies.

Demonstrated Need Score

Applications from counties ranking in the top quartile (i.e., the top 25) for repeat pregnancy rate among females aged 15 to 19 based on a five-year average between 2016-2020 (referred to as “priority counties”) shall receive a demonstrated need score as indicated on the table below.² Points are awarded for both rank and absence of a TPPI-funded secondary prevention project in the county. The demonstrated need score shall be added to the application score established by an objective review committee.

Rank	County	5-yr Percent	Rank Points	Existing APP	Points if No APP	Total Points
1	Duplin	29.0%	5	No	5	10
2	Halifax	28.6%	5	No	5	10
3	Person	27.4%	5	No	5	10
4	Nash	27.3%	5	No	5	10
5	Anson	27.2%	5	No	5	10
6	Edgecombe	26.9%	4	No	4	8
7	Davie	26.2%	4	No	4	8
8	Durham	26.0%	4	No	4	8
9	Wilkes	25.7%	4	No	4	8
10	Rowan	25.5%	4	Yes	0	4
11	Montgomery	25.4%	3	No	3	6
12	Wayne	25.2%	3	No	3	6
13	Rutherford	25.0%	3	No	3	6
14	Wilson	25.0%	3	Yes	0	3
15	Franklin	24.9%	3	No	3	6
16	Stanly	24.4%	2	No	2	4
17	Cumberland	24.2%	2	No	2	4
18	Lenoir	24.1%	2	No	2	4
19	Forsyth	23.9%	2	No	2	4
20	Mecklenburg	23.8%	2	No	2	4
21	Catawba	23.7%	1	Yes	0	1
22	Chatham	23.6%	1	No	1	2
23	Gaston	23.5%	1	Yes	0	1
24	Richmond	23.4%	1	No	1	2
25	Surry	23.3%	1	No	1	2

²Counties whose percent of repeat pregnancies are based on fewer than 20 occurrences per year are excluded from the list of priority counties, as The State Center for Health Statistics considers these rates unstable.

III. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection UPDATED

All qualified applications will be evaluated and awards made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by January 4, 2024 (updated from December 18, 2023).

2. Decline to Offer

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

3. Cost of Application Preparation

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

4. Elaborate Applications

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

5. Oral Explanations

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

6. Reference to Other Data

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

7. Titles

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

8. Form of Application

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

9. Exceptions

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

10. Advertising

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

11. Right to Submitted Material

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

12. Competitive Offer

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

13. Agency and Organization's Representative

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

14. Subcontracting

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

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>.

15. Proprietary Information

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

16. Participation Encouraged

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

17. Contract

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

IV. 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 **October 23, 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

www.teenpregnancy.ncdhhs.gov/funding.htm and may be sent via email to interested agencies and organizations beginning **October 23, 2023**.

3. Bidder's Conference / Webinars / Question & Answer Period

All prospective applicants are encouraged to attend a Bidder's Conference Webinar on **October 26, 2023** from 10:00 a.m. to 12:00 p.m. at

<https://www.zoomgov.com/meeting/register/vJltdOChrZopHTPLE1nXL09uu97kRJnlIC>
[c](#)

Written questions concerning the specifications in this Request for Applications will be received until 5:00 p.m. on **November 14, 2023**. As an addendum to this RFA, a summary of all questions and answers will be placed on www.teenpregnancy.ncdhhs.gov/funding.htm on **November 21, 2023**.

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 **November 14, 2023** utilizing the following survey link:

<https://www.surveymonkey.com/r/APPIntentA413>.

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 lead agency administrator and the person who will coordinate the application submission.
- County(ies) where services will be offered.

5. Applications

Applicants shall email a PDF version of the full application to tppi-rfa@dhhs.nc.gov. Faxed applications will not be accepted.

6. Original Application

The applicant must maintain the original application with original documents, and all signatures in the original application must be original. Mechanical, copied, or stamped

signatures are not acceptable. The original application should be clearly marked “original” on the application face sheet.

7. Copies of Application

Additional copies of the application are not required.

8. Format

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

9. Space Allowance

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

10. Application Deadline

All applications must be received by the date and time on the cover sheet of this RFA. Faxed applications ***will not*** be accepted in lieu of the emailed version.

11. Receipt of Applications

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

12. 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.

13. 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.

14. 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.

15. 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.

16. 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 in section *VIII.8 Verification of 501(c)(3) Status.*)

17. 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.

18. System for Award Management Database (SAM)

All grantees receiving federal funds must be actively registered in the federal government's System for Award Management (SAM) database, or be willing to complete the registration process in conjunction with the award (see

www.sam.gov). To maintain an active SAM record, the record must be updated no less than annually.

19. 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.

20. 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).

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.

21. 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)

22. Registration in NC e-Procurement via NC Electronic Vendor Portal (eVP)

Successful applicants (excepting Local Health Departments, which are exempt from this requirement) must be registered in NC eProcurement via the Electronic Vendor Portal (eVP) in order to receive reimbursement payments. This registration does not change your organization’s subrecipient status or how the organization will be treated by DPH. If this is the agency’s first award as an NCDHHS subrecipient, email dph.contractdocs@dhhs.nc.gov for instructions on how to register.

**23. 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 \$25,000 or more in federal funds. A reference version appears in Appendix A.

24. Sudan Divestment Act

The Sudan (Darfur) Divestment Act of 2007, as amended, requires State agencies to divest from investments in companies that are engaged in certain activities in Sudan. Any organization identified engaging in investment activities in Sudan (Darfur), as determined by appearing on the Final Divestment List created by the NC Department of the State Treasurer, is ineligible to contract with the State of North Carolina or any political subdivision of the State. Refer to NC General Statutes Chapter 147 Article 6D.

25. 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.

26. 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.

27. Application Process Summary Dates **UPDATED**

October 23, 2023:	Request for Applications released to eligible applicants.
October 26, 2023:	Webinar
November 14, 2023:	Notice of Intent due (encouraged)
November 14, 2023:	End of Q&A period. All questions due by 5pm.
November 21, 2023:	Answers to Questions released as an addendum to the RFA.
December 4, 2023:	Applications due by 5pm. (updated from 11/28/23)
January 4, 2024:	Successful applicants will be notified. (updated from 12/18/23)
June 1, 2024:	Contract begins.

V. PROJECT BUDGET

Budget and Justification

Applicants must complete the *Budget and Justification Form*, which requires a line-item budget for the Year 1 and Year 2 of funding and a narrative justification. The form will be sent to interested agencies along with this RFA, and it can be downloaded on October 23, 2023 at www.teenpregnancy.ncdhhs.gov/funding.htm. Applicants should prepare two **separate** forms for Year 1 and Year 2.

Narrative Justification for Expenses

A narrative justification must be included for *every* expense listed in the Year 1 and Year 2 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 TPPI website at www.teenpregnancy.ncdhhs.gov/funding.htm.

Local Matching Funds

Applicants are required to provide local matching funds of up to \$25,000 annually. Local matching funds may be accounted for in either cash or in-kind contributions. In-kind contributions are those given in goods or services rather than money (e.g., meeting space at the agency, hours worked by volunteers, refreshments donated by the community for program sessions). The use of these matching funds should also be clearly justified (e.g. in-kind office space 50% of 144 square feet @ \$8.75/sq. foot).

Administrative Personnel Costs

Personnel costs for any staff that will not be providing direct services to program participants may not exceed ten percent of the total budget.

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 October 1, 2023) 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>)	\$107.00 + taxes/fees	\$107.00 + taxes fees
Total Travel Allowance Per Day	\$161.00	\$161.00
Mileage	\$0.655 per mile/regardless of distance	

Other Restrictions:

Equipment Costs

Expenses for any equipment to be purchased may not exceed \$2,000 per item.

Incentives

Incentives may be provided to 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 participants, the level of incentives must be appropriate for the level of commitment that is needed for the participants to achieve the expected outcomes of the program.

State funds may not be used to provide cash payments as incentives. Local matching funds must be used to provide cash incentives. State funds may be used for non-cash incentives such as gift cards, movie passes, and healthy meals. If gift cards will be provided, applicants must outline a plan to log them by serial number, maintain them in a locked storage cabinet, and obtain the signature of individuals upon receipt of the cards.

Program Evaluation Costs

Evaluation design and analysis will be coordinated by TPPI. If an applicant plans to implement a more extensive evaluation plan, then these costs must be covered by local matching funds.

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.

Per NC Session Law 2023-65: For Grantees, including nonprofit grantees, that (i) are receiving financial assistance and do not have a federally approved indirect cost rate from a federal agency or (ii) have a previously negotiated but expired rate, the Department may allow the grantee, in accordance with 2 C.F.R. § 200.332(a)(4) or 2 C.F.R. § 200.414(f), to use the de minimis rate or ten percent (10%) of modified total direct costs. Alternatively, the grantee may negotiate or waive an indirect cost rate with the Department. If State or federal law or regulations establish a limitation on the amount of funds the grantee may use for administrative purposes, then that limitation controls, in accordance with 2 C.F.R. § 200.414(c)(3).

Regulations restricting the allocation of indirect cost vary based on the funding source. TPPI sub-awards are funded through three sources: Federal Temporary Assistance for Needy Families (TANF), Maternal and Child Health Block Grant (MCHBG), and State dollars. At the time of application and award, neither the applicant nor the State shall have any knowledge of which funding source will be allocated should the award be made.

TANF

The TANF grant limits administrative cost to 15 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 TANF regulations for administrative cost. A copy of the FNICR must be included with the applicant's budget.

If the applicant does not have an FNICR and no indirect cost rate is currently established by a CPA, then the applicant may claim indirect cost **up to the limit as defined above** or the *de minimus* indirect cost rate of 10%, whichever is less. The applicant may elect to claim a lesser portion of the allowed indirect cost rate. If claiming the *de minimus* or some portion thereof, it may not exceed the limit of the modified total direct costs in the proposed budget as defined by [2 CFR 200.1 "Modified Total Direct Cost \(MTDC\)"](#). Applicants must indicate in the budget narrative that they wish to use the de minimis rate, or some part thereof. Applicants who do not wish to claim any indirect cost must enter "No indirect cost requested" in the indirect cost line item of the budget narrative.

MCHBG

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.

If the applicant does not have an FNICR and no indirect cost rate is currently established by a CPA, then the applicant may claim indirect cost **up to the limit as defined above** or the *de minimus* indirect cost rate of 10%, whichever is less. The applicant may elect to claim a lesser portion of the allowed indirect cost rate. If claiming the *de minimus* or some portion thereof, it may not exceed the limit of the modified total direct costs in the proposed budget as defined by [2 CFR 200.1 "Modified Total Direct Cost \(MTDC\)"](#). Applicants must indicate in the budget narrative that they wish to use the de minimis rate, or some part thereof. Applicants who do not wish to claim any indirect cost must enter "No indirect cost requested" in the indirect cost line item of the budget narrative.

State Dollars

NC Division of Public Health policy limits indirect cost to 10 percent.

Where the applicant has a FNICR, the total modified direct cost identified in the applicant's FNICR shall be applied up to 10 percent. A copy of the FNICR must be included with the applicant's budget.

If the applicant does not have an FNICR and no indirect cost rate is currently established by a CPA, then the applicant may claim indirect cost **up to the limit as defined above** or the *de minimus* indirect cost rate of 10%, whichever is less. The applicant may elect to claim a lesser portion of the allowed indirect cost rate. If claiming the *de minimus* or some portion thereof, it may not exceed the limit of the modified total direct costs in the proposed budget as defined by [2 CFR 200.1 "Modified Total Direct Cost \(MTDC\)"](#). Applicants must indicate in the budget narrative that they wish to use the de minimis rate, or some part thereof. Applicants who do not wish to claim any indirect cost must enter "No indirect cost requested" in the indirect cost line item of the budget narrative.

For federal grant limitations, please refer to the definitions of administrative cost per the Code of Federal Regulations (CFR), Part 263, Expenditures of State and Federal TANF Funds, located in Appendix A.

VI. EVALUATION CRITERIA

SCORING OF APPLICATIONS

Applications shall be scored based on the responses to the seven (7) application content areas.

Content Areas

1. Cover Letter:

Total maximum points = 3

2. Needs Assessment:

Total maximum points = 19

3. Program Plan:

Total maximum points = 31

4. Data Collection:

Total maximum points = 8

5. Agency Ability:

Total maximum points = 15

6. Community Involvement:

Total maximum points = 19

7. Budget:

Total maximum points = 5

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

VII. APPLICATION

Completing the Application

SECTION 1: NEEDS ASSESSMENT

In order to reduce the rates of repeat teen pregnancy in their communities, applicants must: 1) understand the factors that influence adolescents' decisions about sex; 2) determine which factors can be impacted by APP, and; 3) assess which of the factors are most relevant for the population they intend to serve.

In order to reduce the rates of child maltreatment among teen parents, applicants must: 1) understand the factors that influence adolescents' parenting skills; 2) determine which factors can be impacted by APP, and; 3) assess which of the factors are most relevant for the population they intend to serve.

Identifying the Community to Be Served & Evidence of Need

Although applications from priority counties will receive a demonstrated need score as described in this RFA, *all* applicants must convincingly describe and document the need for services in a specific community, such as the county, a town/city, school, etc. Appropriate data and statistics should be provided as evidence to support the statement of need as related to the goals of APP.

The following data must be included:

- a. State, county, and where applicable, community-level rates of teen fertility rates (rate of live births per 1,000 females 15-19);
- b. State, county, and where applicable, community-level rates of repeat teen pregnancy;
- c. State, county, and where applicable, community-level rates of child maltreatment;
- d. State, county, and where applicable, community-level rates of free- and reduced-lunch;
- e. State, county, and where applicable, community-level rates of school dropout.

Additional relevant data should be included beyond these requirements. Applicants are encouraged to present data in tables or graphs as appropriate.

Population to Be Served

Applicants must describe the specific adolescent population to be served within the community. This description should include factors such as gender, race/ethnicity, age/grade and location (i.e., zip code, neighborhood, school, etc.).

Please note that it is not sufficient to either: a) simply name your town or county as your community; or, b) state that the potential participants are at "high risk" without data to support this claim.

Citations

Citations for data and statistics provided in the needs assessment should be indicated using endnotes. Please note that appropriate data sources must be cited in the needs assessment. The citation list should be included on a separate page from the needs assessment narrative and will not count against the page limit for this section. For further information on citing references using endnotes, please refer to the handout at

<http://www.teenpregnancy.ncdhhs.gov/funding.htm>.

SECTION 2: PROGRAM PLAN

Applicants will be required to describe in detail their program and implementation plans, including participant recruitment and retention. Please refer to the Scope of Services section on pages 6-7 of this RFA for details. Additionally, applicants will complete a work plan detailing their program activities in chronological order, and specifying the expected date of completion for each activity and the person responsible. For detailed information about APP, please refer to the APP Implementation Guide which is located on the following website:

<http://www.teenpregnancy.ncdhhs.gov/ap2proj.htm>

SECTION 3: DATA COLLECTION

Required Data

TPPI monitors the services being provided to participants by requiring grantees to submit data about program participants and program activities (i.e., home visits, group education sessions) using a web-based database.

Participant Satisfaction Feedback

Grantees are required to utilize a participant satisfaction survey in order to obtain feedback from program participants on home visiting and group education (see Sample in Appendix D). Results of these surveys should be presented to both APP supervisors and the Community Advisory Council (CAC) to guide continuous quality improvement of APP.

SECTION 4: AGENCY ABILITY

Agency Capacity

Recipients of state funds are expected to have established in writing certain general agency policies including personnel and financial accounting policies. Applicants that have not previously received or successfully administered state funds should consult a TPPI staff member to determine if their agency has the internal policies and procedures in place to administer a state grant at this time. Funds to grantees will be dispersed on a cost reimbursement basis only and agencies should carefully consider if they have the capacity to implement the program under this system.

Staff Salary

The development and ultimate success of a project can be thwarted by frequent staff turnover, which is often caused in part by salaries that are not comparable to similar professional positions in the county. Applicants are expected to propose a competitive salary and review whether this salary is at market rate and still competitive each grant cycle. Consider what benefits you offer beyond compensation as well. See resources below for county level data on related careers. Applicants should also have contingency plans in place for continuity of services during staff vacancies and give thought to the impact of position vacancies on programming.

Resources

UNC School of Government, County Salaries, 2022:

<https://www.sog.unc.edu/publications/reports/county-salaries-north-carolina-2022>

NC State University, McKimmon Conference and Training Center, Careers:

<https://mckimmoncenter.ncsu.edu/career/program-coordinator/>

Indeed Lookup for Comparable Job Titles – use local city search feature:
<https://www.indeed.com/>

Staff Training

Parents as Teachers (Model Affiliate or Curriculum Subscriber) and the required reproductive health education curriculum (to be determined by TPPI) must be implemented with fidelity (i.e., as intended by the program developers) in order to maximize their effectiveness among the program participants. Therefore, it is critical that program staff are appropriately trained to facilitate and implement the curricula. At least one program coordinator and staff supervisor must be trained to implement Parents as Teachers and the selected reproductive health education curriculum (determined by TPPI). Applicants should indicate any experience that the program staff have with Parents as Teachers and any training that they have received. Supervisors are also required to observe at least two home visits a year when the coordinator is facilitating the visit. TPPI plans to sponsor a training for the selected reproductive health education curriculum every year, as needed.

Coordinator/s and supervisor need to have experience with the following: working with teens/adolescents, participant outreach, facilitating education sessions, providing education on topics related to sex and sexuality (contraceptives, condom demonstration, and Sexually Transmitted Infections), and at least one promising or evidence-based curricula understanding the importance of program model fidelity. TPPI will offer these relevant trainings in-person and virtually. Agencies should budget for travel expenses for two in-person trainings for the Program Coordinator/s and Program Supervisor during the first year of funding.

SECTION 5: COMMUNITY INVOLVEMENT

Community Advisory Council (CAC)

Applicants are required to establish a Community Advisory Council (CAC) that consists of members representing at least five community agencies other than the funded agency. The table below shows both required and recommended membership for the CAC.

	Organizations (at least 5)	Individuals (at least 3)
Required	<ul style="list-style-type: none"> • Children’s Development Services Agency (CDSA) or Partnership for Children 	<ul style="list-style-type: none"> • two adolescents • a current or former adolescent parent
Suggested	<ul style="list-style-type: none"> • Local health department • Public school system • Department of Social Services • Cooperative Extension • Mental health services • Local corporations and businesses • Media • Other local agencies that serve youth 	<ul style="list-style-type: none"> • an additional community member (chosen at the agency’s discretion)

The CAC shall be responsible for advising and assisting program staff to provide high quality services to participants, reviewing all educational and promotional materials developed by the

program to ensure appropriateness for the community, and actively promoting and supporting the program in the community.

The CAC shall convene at least quarterly and meeting minutes shall be taken to account for the work of the CAC. Meeting minutes should include names of individuals and organizations represented. Minutes should document the role of the CAC in advising, assisting and promoting the program. The CAC should be assisting the agency and program with sustainability, recruitment, access and familiarity to resources/services in the community, and ensuring that program services are teen-friendly.

Each community member on the CAC must contribute a specific letter of commitment. The letters should be unique and written from the point of view of the individual and specify what the individual will contribute to the program. Letters of specific commitment must be included in Attachment B.

Community Commitment to Collaboration

Applicants are expected to collaborate with other agencies to assist with implementing the program. A Memorandum of Agreement (MOA) must be included from each agency. Examples of such agencies include those that will provide financial support, meeting space, transportation, access to participants, or services to participants beyond the scope of the applicant agency. Each MOA should be unique and specify what the individual or agency will contribute to the program. The MOAs should be on the agency letterhead and signed by the appropriate person (someone authorized to make the commitment or support). All MOAs should be placed in Attachment B.

No more than one MOA per agency should be included, and each MOA should include the following:

- Specific contribution from the individual or agency to the program
- Whether agency will participate on the CAC

Referrals

Participants may have needs that are beyond the scope of the program. In order to provide appropriate support for participants, applicant agencies must have identified appropriate referral agencies and have an MOA with each agency. Applicants must identify an agency to refer participants to for referrals for contraception, sexual violence, dating/domestic violence, mental health, substance abuse, child development and child maltreatment.

No more than one MOA per agency should be included, and each MOA should include the following:

- Specific contribution from the individual or agency to the program
- Whether agency will participate on the CAC

Application Checklist

The following items must be included in the application and assembled 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. Refer to Section VI of this RFA.
5. **Attachment A: Parents as Teachers Readiness Reflection Tool**
6. **Attachment B: Table of Contents and Letters of Specific Commitment and Memoranda of Agreement**
7. **Attachment C: Table of Contents and Agency Information**
8. **Federally Negotiated Indirect Cost Rate Approval Letter** (if applicable)

IRS Documentation:

9. **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

10. **Verification of 501(c)(3) Status Form** (private non-profits)

1. Cover Letter (3 points)

Page Limit:

Not Applicable, use template provided

The application must include a cover letter, on agency letterhead, signed and dated by an individual authorized to legally bind the Applicant. The cover letter must include the contact information on the template. The cover letter must also indicate a clear understanding of and strong commitment to replicating the home-visiting program model.

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)
- the closing date for applications

(This Must be Printed on Agency Letterhead)

Date

Dear Juanella Tyler,

Describe your agency’s mission, background and current services. How does implementing the parenting program fit within your agency?

Provide description of your commitment to the parenting program and the evaluation plan.

If applicable, describe any other funding sources your agency is pursuing to implement a teen parenting program. Please include your agency’s capacity to implement the Adolescent Parenting Program.

Executive Director:

Phone #:

Email:

Provide the person who knows and understands the program and program plan written in the RFA. This person may be contacted any time during the RFA process by TPPI staff or a reviewer related to the RFA.

Name:

Phone #:

Email:

Address of the facility where the program will be conducted

Please select the evidenced-based program model your agency proposes to replicate:

Parents as Teachers, Model Affiliate

Parents as Teachers, Curriculum Subscriber

Are you a current or former (within the last 5 years) NC TPPI grantee?

Yes

No

If “yes” please complete the following, for each program if applicable.

Program Name	Last Completed Funding Year	Proposed # of Participants Served	Actual # of Participants Reached Threshold or Largest Caseload at One Time for APP
Adolescent Parenting Program		15-20	
Adolescent Pregnancy Prevention Program			
PREPare for Success			
Project REACH			

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with the **Teen Pregnancy Prevention Initiatives, Adolescent Parenting Program** 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 #A413** 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

3. Applicant's Response

Section 1 Needs Assessment

Do not delete the question headers.

Please provide your response to each question under the heading.

Total Point Value:

19

Page Limit:

4 single-spaced (excluding Parents as Teachers Readiness Reflection Tool and citation page)
All data that you would like for reviewers to evaluate must be included in this section and not added to the appendices.

- 1-1. Define and describe the specific community or communities that will be served. (A community may be the county, town/city, school, etc.) Example: If you are serving an entire county, provide a description of that county. (2 points)**
- 1-2. For each community, provide recent data to demonstrate the need for a secondary pregnancy prevention program in your service area. Include statistics for the following, providing trend data for the past three years as available. Provide data at the state and county levels, and the community level if available. (4 points)**
 - a. Rates of teen fertility, stratified by race/ethnicity;**
 - b. Rates of repeat teen pregnancy;**
 - c. Free-and reduced-lunch;**
 - d. School dropout.**
- 1-3. Describe resources and gaps that currently exist in the defined community(ies), including (5 points)**
 - a. Other teen parenting programs;**
 - b. Teen pregnancy prevention programs;**
 - c. Youth development programs;**
 - d. Availability of youth friendly health care services; and**
 - e. Resources for young parents.**
- 1-4. Based on the data and resources (Questions 1-2 and 1-3) what disparities exist for pregnant and parenting teens and how will this be addressed within the program. (3 points)**
- 1-5. Will the evidence-based Parents as Teachers model be implemented as Model Affiliate or Curriculum Subscriber?
Complete the Parents as Teachers Readiness Reflection Tool. (3 points)
The Readiness Reflection Tool must be attached following Section 1.**
- 1-6. Citations should be noted throughout the needs assessment using endnotes. A list of citation sources should be attached to the needs assessment as a separate page, which will not count against the page limit for this section. (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:
31

Page Limit:
6 single-spaced

- 2-1. Based on the Parent's as Teachers curriculum you will implement for this proposed program, please describe how you will meet the fidelity requirements for APP. (8 points)**
- a. Maintain a minimum caseload of 15 participants per year.**
 - b. Describe in detail your plan to recruit participants into the program, including referrals.**
 - c. Provide monthly home visits for each participant.**
 - d. Provide home visits that are one hour in length.**
 - e. Provide at least 33 percent of the home visits in the home of the participant.**
 - f. Review and update participant goals monthly. Describe how the home visitor will utilize Motivational Interviewing techniques during goal planning.**
 - g. Provide curriculum implementation and motivational interviewing training to all home visitors.**
 - h. Describe any supplemental activities that will be provided.**
- 2-2. Describe in detail how you plan to implement a reproductive health curriculum with 6-8 sessions for all participants. (5 points)**
- a. How will you ensure that all participants receive programming during their enrollment period?**
 - b. How will you retain participants to complete all required sessions of the programming?**
 - c. Where will you offer the program (including setting and location(s))?**
 - d. How will you address the need for transportation and childcare during the program?**
 - e. Describe any supplemental activities that will be provided.**
- 2-3. Describe in detail your plan to implement quarterly group education sessions. (5 points)**
- a. How will you address potential barriers to participation, such as transportation and child care?**
 - b. How will you recruit/retain participants for quarterly group education sessions?**
 - c. How will topics be determined for group education sessions? (If utilizing a tool, please provide a sample in Attachment A)**
 - d. Where will you offer group education sessions?**
 - e. If you have an outside speaker for a session, how will you determine he/she will deliver appropriate and medically accurate information to participants?**

2-4. Complete the following work plan for Year 1 of the funding period, adding additional rows as needed. Please note, this is only required for Year 1 activities, Year 2 is not needed at this time. List each activity, along with proposed date and person responsible. (3 points)

Activities	Timeline (June 1, 2024 – May 31, 2025)											Person Responsible	
	J	J	A	S	O	N	D	J	F	M	A		M
#1:													
#2:													
#3:													
#4:													
#5:													
#6:													
#7:													
#8:													
#9													

Activities	Timeline (June 1, 2024 – May 31, 2025)											Person Responsible		
	J	J	A	S	O	N	D	J	F	M	A		M	
#10:														
#11:														
#12:														
#13:														
#14:														
#15:														
#16:														
#17:														
#18:														

2-5. Describe your plan to collaborate with other agencies to provide program services (i.e., meeting space, transportation) as needed using the table below. Include a Memorandum of Agreement (MOA) for each agency detailing the contribution of each party in Attachment B. (6 points)

Name of Partner Agency	Describe services Partner Agency will Provide to APP	MOA Attached?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

2-6. Describe how you will keep participants engaged over several years of enrollment in the Adolescent Parenting Program. (4 points)

Section 3
Data Collection

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

Total Point Value:
8

Page Limit:
3 single-spaced

- 3-1. How will you ensure confidentiality of files (paper and electronic) containing personal information of participants? (2 points)**
- 3-2. Who will be responsible for: (2 point)**
- a. Entering data into the electronic database?**
 - b. Monitoring the database to ensure that data is being entered on a monthly basis?**
- 3-3. Describe your plans for soliciting feedback from program participants, including: (4 points)**
- a. What methods will you use to collect participant feedback? Include a sample of the data collection tool in Attachment C.**
 - b. How often will you collect feedback?**
 - c. Who will be responsible for reviewing feedback and analyzing the data?**
 - d. Describe how you will use participant feedback to improve program implementation.**

Section 4
Agency Ability

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

Total Point Value:
15

Page Limit:
3 single-spaced

4-1. Using the chart below; list all the staff positions that are necessary to implement and support the program, including the amount of time to be spent on the project. If you currently have staff trained in Parents as Teachers please enter the date trained. If staff have not been trained, please select “No”. (4 points)

Position	Employee Name	Full Time Equivalency (FTE)	Parents as Teachers Trained and Date
Program Coordinator			<input type="checkbox"/> Yes, Date: mm/dd/yyyy <input type="checkbox"/> No
Program Supervisor			<input type="checkbox"/> Yes, Date: mm/dd/yyyy <input type="checkbox"/> No
			<input type="checkbox"/> Yes, Date: mm/dd/yyyy <input type="checkbox"/> No
			<input type="checkbox"/> Yes, Date: mm/dd/yyyy <input type="checkbox"/> No
			<input type="checkbox"/> Yes, Date: mm/dd/yyyy <input type="checkbox"/> No

4-2. Describe your process for measuring staff performance. (4 points)
a. How often is staff performance measured?
b. Describe how you will assess staff professional development needs, and how and with what frequency will you provide professional development.
c. What specific topics have already been identified for professional development?

4-3. What is the current level of staff turnover within your agency in the past year (use turnover rate formula below)? (4 points)

$$\text{Turnover Rate} = \frac{[\# \text{ of employees who have left agency}]}{[\text{total \# of current employees}]} \times 100$$

a. Describe staff turnover and engagement within your agency.
b. How will you work to minimize the amount of staff turnover over the course of the grant?
c. What are the potential impacts of key staff vacancies on programming?

4-4. How will you ensure that staff salaries are competitive in your county? What is your plan to assess compensation competitiveness each year of the grant cycle? (3 points)

Section 5
Community Involvement

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

Total Point Value:
19

Page Limit:
3 single-spaced

- 5-1. List examples of how you engaged community members in developing the program plan? (3 points)
- 5-2. How were youth involved in planning and designing your program? (3 points)
- 5-3. Using the chart provided, describe the roles (what do they bring to your CAC) of agencies (businesses, community partners, etc.) that will serve on your Community Advisory Council. (5 points)

Community Advisory Council		
Agency/ Member Name	Description of agency (or member's) role for Council.	Indicate attached:
Current/ Former Teen Parent		<input type="checkbox"/> Letter
Teen Program Participant		<input type="checkbox"/> Letter
Teen Program Participant		<input type="checkbox"/> Letter
CDSA or Partnership for Children		<input type="checkbox"/> MOA
Name of Agency 2		<input type="checkbox"/> MOA
Name of Agency 3		<input type="checkbox"/> MOA
Name of Agency 4		<input type="checkbox"/> MOA
Name of Agency 5		<input type="checkbox"/> MOA
Additional Community Member		<input type="checkbox"/> Letter

5-4. Using the chart provided, list where you will refer participants that have needs or require services beyond the scope of your project. Attach MOAs from all agencies who will accept referrals in Attachment C. (4 points)

Participant Referral Plan		
Description of Service	Name Agency to Provide Service	MOA Attached?
Contraception		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Violence		<input type="checkbox"/> Yes <input type="checkbox"/> No
Intimate Partner/Domestic Violence		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health		<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance Abuse		<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Development		<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Maltreatment		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

5-5. Describe how you plan to effectively communicate with partner organizations. Include specific examples of more traditional, formal strategies as well as inventive, informal strategies you plan to use. (2 points)

5-6. Describe how your CAC will assist with program sustainability efforts. (2 points)

4. Project Budget

Section 6 Budget

Total Point Value:
5

Page Limit:
Not Applicable
Insert Budget & Justification Form

Applicants must complete the *Budget and Justification Form* for Year 1 (6/1/2024 through 5/31/2025) and Year 2 (6/1/2025 through 5/31/2026) as separate documents.

Applicant must ensure that worksheet cells are expanded to expose the full narrative justification. This budget and justification can be downloaded from <https://teenpregnancy.dph.ncdhhs.gov/funding.htm> beginning October 23, 2023.

5. Attachment A

**Attachment A
Parents as Teachers Readiness Reflection Tool**

Applicants must complete the Parents as Teachers Readiness Reflection in its entirety. The Readiness Reflection tool should be attached within the RFA application behind Section 1. The document can be accessed electronically:

<https://teenpregnancy.dph.ncdhhs.gov/funding.htm>

6. Attachment B

Letters of Specific Commitment & Memoranda of Agreement

This attachment must include a table of contents detailing the following: letters of specific commitment and Memoranda of Agreement (MOAs) from each of the following agencies or individuals:

- Letters from current or prospective community CAC members indicating both their commitment to serve and the responsibilities they will assume as a member of the CAC.
- An MOA from any agency that the applicant will be relying on to successfully implement the proposed program activities. Examples of such agencies include those that will provide financial support, meeting space, transportation, access to participants, or services to participants beyond the scope of the applicant. MOA must include specific contribution from the agency to the program and whether the agency will participate on the CAC.
- An MOA from any agency that the applicant partners with to provide referral service to program participants. Referrals must include but are not limited to contraception, sexual violence, dating/domestic violence, mental health, and substance abuse. MOAs must include specific contribution from the agency to the program and whether the agency will participate on the CAC.

7. Attachment C

Agency Information

This attachment must include a table of contents detailing the following:

- Organizational chart of the applying agency.
- List of current Board of Directors of the applying agency.
- List of current or prospective Community Advisory Council members.
- Job descriptions or resumes for all staff positions that are necessary to implement and support the project.
- Sample Participant Satisfaction Survey
- IRS Letter – All applicants are required to include documentation of their tax identification number.
- 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. In addition, those private non-profit agencies are to provide a completed, signed, and notarized page verifying continued existence of the agency's 501(c) (3) status. Verification form provided on the following page.

8. Federally Negotiated Indirect Cost Rate Approval Letter (if applicable)

9. 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.

10. 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

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

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

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	<u>Board Chair</u>	_____
_____	Title	Date
Reference only — Not for signature	_____	_____
Signature	Title of Second Authorizing Official	Date

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

Reference only — Not for signature

Notary Signature and Seal

Notary’s commission expires _____, 20__.

¹ G.S. 105-243.1 defines: Overdue tax debt – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement.”

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/gascritps/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 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (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 Subaward Information

A. Exemptions from Reporting

1. Entities are **exempted** from the entire FFATA reporting requirement if **any** of the following are true:
 - The entity has a gross income, from all sources, of less than \$300,000 in the previous tax year
 - The entity is an individual
 - If the required reporting would disclose classified information
2. Entities who are not exempted for the FFATA reporting requirement may be exempted from the requirement to provide executive compensation data. This **executive compensation data is required only if both** are true:
 - More than 80% of the entity's gross revenues are from the federal government **and** those revenues are more than \$25 million in the preceding fiscal year
 - Compensation information is **not** already available through reporting to the U.S. Securities and Exchange Commission.

By signing below, I state that the entity listed below is exempt from:

The entire FFATA reporting requirement:

- as the entity's gross income is less than \$300,000 in the previous tax year.
 as the entity is an individual.
 as the reporting would disclose classified information.

Only executive compensation data reporting:

- as at least one of the bulleted items in item number 2 above is not true.

Reference only — Not for signature

Signature _____ Name _____ Title _____

Entity _____ Date _____

B. Reporting

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

Entity's Legal Name _____ Contract Number _____

Active SAM registration record is attached

An active registration with SAM 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 _____

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

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

Confirmation of Registration and Login NC Electronic Vendor Portal (eVP) and eProcurement

Grantees (subrecipients) and contractors under contract with the NC DHHS Division of Public Health must be registered in the NC Electronic Vendor Portal (eVP) to receive reimbursements and payments. When registering, grantees must choose NC eProcurement as their registration type. There is no fee to register.

Please note that grantees and contractors **must login to NC eVP at least once a year** to keep your account active and out of inactive status.

In order to avoid payment delays, please provide your eVP Customer Number below and confirm that you have logged in to eVP to keep your account active. When you login to eVP, your Customer Number can be found on your Main Page and also under the Company Information Tab.

Confirmed by:

eVP Customer Number

Name of Organization

Signature of Organization Official

Date

Appendix B TPPI Legislative Rules

TPPI Legislative Rules
North Carolina General Statutes
Chapter 130A: Public Health
Article 5: Maternal and Child Health and Women's Health
Part 6: Teen Pregnancy Prevention

§ 130A-131.15A. Department to establish program.

- (a) The Department shall establish and administer Teen Pregnancy Prevention Initiatives. The Department shall establish initiatives for primary prevention, secondary prevention, and special projects.
- (b) The Commission shall adopt rules necessary to implement this section. The rules shall include a maximum annual funding level for initiatives and a requirement for local match.
- (c) Initiatives shall be funded in accordance with selection criteria established by the Commission. In funding initiatives, the Department shall target counties with the highest teen pregnancy rates, increasingly higher rates, high rates within demographic subgroups, or greatest need for parenting programs. Grants shall be awarded on an annual basis.
- (d) Initiatives shall be funded on a four-year funding cycle. The Department may end funding prior to the end of the four-year period if programmatic requirements and performance standards are not met. At the end of four years of funding, a local initiative shall be eligible to reapply for funding.
- (e) Administrative costs in implementing this section shall not exceed ten percent (10%) of the total funds administered pursuant to this section.
- (f) Programs are not required to provide a cash match for these funds; however, the Department may require an in-kind match.
- (g) The Department shall periodically evaluate the effectiveness of teen pregnancy prevention programs.
- (h) The Department's use of State funds for initiatives and projects authorized under this section shall not include the allocation of funds to renew or extend existing contracts or enter into new contracts for the provision of family planning services, pregnancy prevention activities, or adolescent parenting programs with any provider that performs abortions. (2001-424, s. 21.89(c); 2015-265, s. 3.)

North Carolina Administrative Code
Title 10A – Health and Human Services
Chapter 43 – Personal Health
Section .0800 – Teen Pregnancy Prevention

SECTION .0800 - TEEN PREGNANCY PREVENTION

10A NCAC 43A .0801 GENERAL

10A NCAC 43A .0802 DEFINITIONS

10A NCAC 43A .0803 GRANT APPLICATIONS

10A NCAC 43A .0804 MAXIMUM FUNDING LEVEL

10A NCAC 43A .0805 OPERATING STANDARDS

10A NCAC 43A .0806 EVALUATION AND MONITORING

10A NCAC 43A .0807 RENEWAL OF GRANT FUNDS

History Note: Authority G.S. 130A-124; 130A-131.15A; S.L. 1989, c. 752, s. 136; Eff. August 1, 1990;

Amended Eff. January 4, 1994; July 1, 1992; August 1, 1991;

Temporary Amendment Eff. December 1, 2001;

Temporary Amendment Expired September 13, 2002;

Amended Eff. August 1, 2004; April 1, 2003;

Expired Eff. November 1, 2017 pursuant to G.S. 150B-21.3A.

10A NCAC 43A .0808 CRITERIA FOR PROJECT SELECTION :

History Note: Authority G.S. 130A-124; 130A-131.15A;

Temporary Adoption Eff. December 1, 2001;

Temporary Adoption Expired September 13, 2002;

Eff. April 1, 2003;

Amended Eff. April 1, 2008; August 1, 2004;

Expired Eff. November 1, 2017 pursuant to G.S. 150B-21.3A.

Appendix C Parents as Teachers TPPI **Implementation Requirements**

Parents as Teachers

Program Description and Overview

The mission of *Parents as Teachers (PAT)* is to provide the information, support and encouragement parents need to help their children develop optimally during the crucial years of early life. By providing parents with parenting support and child development knowledge, *PAT* fosters early detection of developmental delays and health issues, prevents child maltreatment and increases school readiness. Implementation of the full *PAT* model includes one-on-one home visits, peer group meetings, developmental screenings and referrals. APPs are not required to become model affiliates of *PAT*. APP staff will use the *PAT* home visiting curriculum with fidelity, meeting the requirements set by APP. If an agency chooses to become a model affiliate of *PAT*, they must comply with all of the essential requirements of *PAT*.

	APP Curriculum Subscriber	PAT Model Affiliate
Home visits	1 hour-long home visit each month	2 hour-long home visits each month (teens are considered high-risk)
Peer group education	Quarterly peer group education	Monthly peer group education
Reproductive health education	Required	Required
Developmental screenings	Recommended	Required
Referrals/Resource network	Required	Required
Duration of services	Duration varies (enrollment window ends with high school graduation/GED completion)	Provide a minimum of 2 years of service
Community Advisory Council	Required	Required
Staffing	<ul style="list-style-type: none"> Home visitors have HS diploma or GED & 2 years' experience working with young children and/or parents 	<ul style="list-style-type: none"> Home visitors have HS diploma or GED & 2 years' experience working with young children and/or parents Provide monthly reflective supervision
Training/ Professional Development	<ul style="list-style-type: none"> New home visitors must attend the Foundational Training Complete competency-based professional development 	<ul style="list-style-type: none"> New home visitors must attend the Foundational & Model Implementation Trainings Supervisors must attend the Model Implementation Training Complete competency-based professional development & annual certification renewal

Training Information & Curriculum Materials

Parents as Teachers trainings are routinely conducted in both North Carolina and South Carolina. Information on training and curriculum materials are available at www.parentsasteachers.org.

Appendix D Participant Satisfaction Survey

Adolescent Parenting Program SATISFACTION SURVEY

Listed below is a series of questions regarding your satisfaction with services you receive from _____ . Please help us to improve the quality of our program by answering the following questions. We are very interested in your opinions and suggestions.

For each of the questions asked, ***please mark the answer that best describes your level of satisfaction with the program.*** Remember that your comments are important to us and that they are confidential.

	Strongly Agree	Agree	Neither / Neutral	Dis-agree	Strongly Dis-agree
1. My scheduled home visits are at a good time for me.					
2. My APP Coordinator asks for, listens to, and respects my feelings, opinions, ideas, and suggestions.					
3. My APP Coordinator is available when needed.					
4. My APP Coordinator cares about me as a person.					
5. My APP Coordinator respects my cultural beliefs and values (the things that are important to me).					
6. My APP Coordinator shares resources and ideas that are helpful for me and my child.					
7. I have the skills to use the parenting information that my APP coordinator has shares with me.					
8. The books and materials my APP Coordinator shares with me give examples I can relate to.					
9. My APP Coordinator helps me find resources in my community (i.e., counseling, transportation, housing, daycare, doctors, etc.).					
10. My APP Coordinator helps me set and reach goals that I want to make happen for me and my child.					
11. The topics covered in group sessions are helpful to me.					
12. I would recommend APP to other pregnant or parenting teens.					

Please answer the following questions. Your comments are valued and confidential.

13. What has your APP Coordinator done that has been most helpful for you and your child?

14. What do you do differently as a result of participating in APP? For example, do you eat more fruits and vegetables, spend more time reading to your child, etc.?

15. Is there anything that your APP Coordinator could do differently to be more helpful?

16. Is there anything else you would like to share your APP Coordinator?

17. Is there anything else you would like to share about APP?

Thank you for your participation in this survey.

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