

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

Request for Applications

RFA # A416

Request for Applications to Provide Care Coordination, Counseling and Education Services to Sickle Cell Clients, Families and Communities in Select North Carolina Counties for FY 2026-2028

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

ISSUE DATE: October 2, 2024

DEADLINE DATE: November 6, 2024

INQUIRIES and DELIVERY INFORMATION:

Direct inquiries concerning this RFA to:

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Kimberly.Leathers@dhhs.nc.gov

Applications will be received until 5:00 pm on November 6, 2024.

Applications can be submitted via email, mail or hand delivery to the address noted below:

Mailing Address:

Kimberly H. Leathers
NC Sickle Cell Syndrome Program
NC DHHS- Division of Public Health
1929 Mail Service Center
Raleigh, NC 27699-1929

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NC Sickle Cell Syndrome Program
NC DHHS- Division of Public Health
5601 Six Forks Road, Building 2, 2nd Floor
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Send all applications electronically to Kimberly.Leathers@dhhs.nc.gov

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

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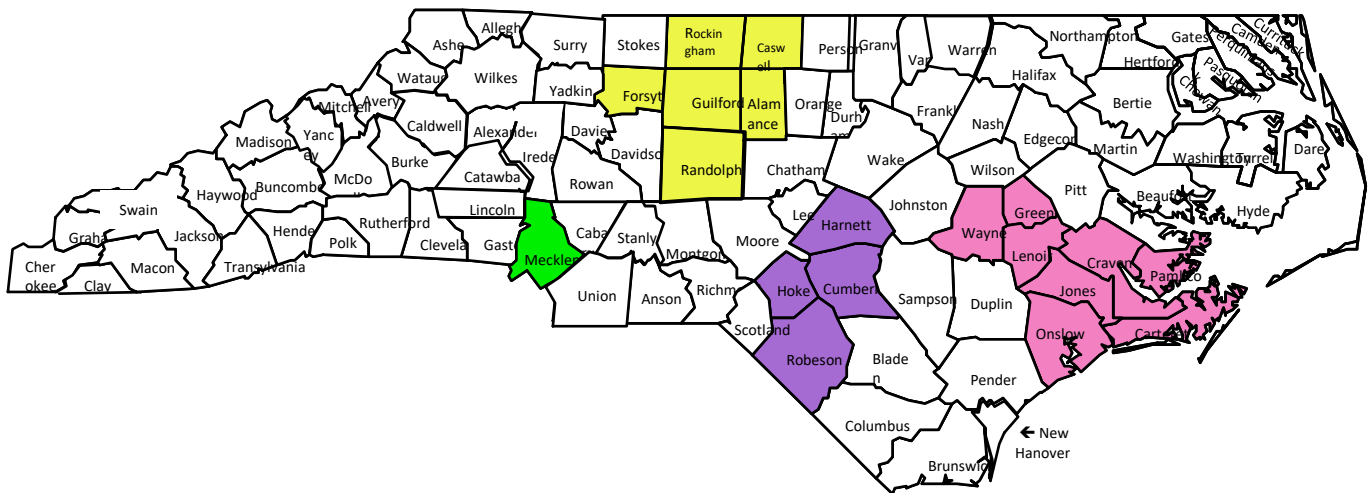
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I. INTRODUCTION

The North Carolina Sickle Cell Syndrome Program (NCSCSP) is administered by the North Carolina Department of Health and Human Services (DHHS), Division of Public Health (DPH)-Women, Infant and Community Wellness Section (WICWS), Infant and Community Health Branch. The NCSCSP provides services to infants, children, adolescents, and adults with sickle cell disease, sickle cell trait or related hemoglobin disorders. The goal of the NCSCSP is to promote the health and well-being of persons with sickle cell disease through the reduction of morbidity and mortality and to bring heightened awareness of the disease and its complications to the public.

This Request for Applications (RFA) will award funding for care coordination, education, and genetic/sickle cell trait counseling services to individuals and their families with sickle cell disease, sickle cell trait or related blood disorders residing in 19 North Carolina counties during Fiscal Years 2026-2028. The 19 counties covered by this RFA are: Alamance, Carteret, Caswell, Craven, Cumberland, Forsyth, Greene, Guilford, Harnett, Hoke, Jones, Lenoir, Mecklenburg, Onslow, Pamlico, Randolph, Robeson, Rockingham, and Wayne.



Contracts will be awarded annually for a three-year period and are contingent upon grantee compliance, project performance, risk assessments, and availability of funding.

ELIGIBILITY

Public or private non-profit agencies including but not limited to local health departments, community-based organizations, area health education centers (AHECs) and federally qualified health centers (FQHCs) are eligible and encouraged to apply. Applicants must be in good standing with the State of North Carolina (no overdue tax debts, no suspension of funding, disbarments, program performance concerns, etc.) at the time of application.

Applicant agencies interested in being considered for funding under this RFA must demonstrate the capacity to serve individuals (and their family members) with sickle cell disease, sickle cell trait and related blood disorders and/or chronic illnesses. Persons receiving services under this RFA must reside in one or more of the 19 counties covered by this RFA. Up to four agencies will be selected and awarded funds to coordinate and manage all aspects of program planning and implementation. Agencies may apply to serve all four regions. Subcontracting with other agencies is permitted to provide services that

are required by this RFA. The lead agency who is responding to the RFA must provide specific details in the narrative response about each subcontracting agency (who they are, where they are located, why they were chosen, the agency’s mission, population served, etc.) their role, and the services to be provided by program staff under this RFA. All subcontractors must be approved by DPH and are held to the standards for funding and service delivery as the lead agency. Funds required to implement program services must be clearly outlined in the subcontractor section of the proposed budget.

Potential applicants should consider whether their agency has the capacity to administer grant funds if awarded. Recipients of grant funds are expected to have established written agency policies including personnel, financial accounting, management of subcontractors and related procedures.

FUNDING

Funding awarded will be based on the region(s) each applicant agency intends to serve. Each selected agency must have or will be required to set up a physical location (office) in **each region** (there are 4 regions) they intend **to serve** within the 19-county service area to ensure that clients have access to on-site services including care coordination, genetic and sickle cell trait counseling, and education.

<i>Region</i>	<i>County/COUNTIES</i>	<i>Estimated # of Clients with Disease</i>	<i>Estimated # of Persons with Sickle Cell Trait</i>	<i>Estimated funds per Region per Year</i>
1	Alamance, Caswell, Forsyth, Guilford, Randolph, Rockingham	1097	537	\$325,192
2	Mecklenburg	918	647	\$301,293
3	Carteret, Craven, Greene, Jones, Lenoir, Onslow, Pamlico, Wayne	455	175	\$221,098
4	Cumberland, Harnett, Hoke, Robeson	749	356	\$226,155
Estimated Total Number of Clients with Sickle Cell Disease and Sickle Cell Trait to be Served Annually and Total Funding for the 19 Counties under this RFA.		3219	1715	\$1,073,738

The table above represents the estimated number of clients with sickle cell disease and estimated funding amounts per region. The table also represents the estimated number of clients with sickle cell trait and related trait to be served each year. The exact numbers of clients to be served annually will be included in the contract(s) to be awarded. Likewise, the funding amounts per region will be decided based on the number of awards made and included in the contract(s) to be awarded. Please note that individuals with sickle cell disease are eligible to receive program services throughout the life cycle (on-going services) whereas individuals with sickle cell trait and related trait generally receive one service over the life cycle consisting of trait counseling.

The total amount of funding available is **\$3,221,214**. The funding breakdown for this grant is as follows:

Year/ Funding Amount	Funding Source
Year 1 - \$927,893 \$100,000 \$45,845	42% Federal Medicaid Funds: 58% Required State Match Funds 100% Federal- MCHBG 100% State Funds
Year 2 \$927,893 \$100,000 \$45,845	42% Federal Medicaid Funds: 58% Required State Match Funds 100% Federal- MCHBG 100% State Funds
Year 3 \$927,893 \$100,000 \$45,845	42% Federal Medicaid Funds: 58% Required State Match Funds 100% Federal- MCHBG 100% State Funds

Estimated amount of grant awards will range from \$221,098 to \$1,073,738 annually. The estimated funding amounts by region listed in the chart above could increase or decrease (not to exceed a maximum of \$1,073,738) depending on the number of awards made and the number of clients served. Contracts are awarded annually for a maximum of three years, contingent upon contract compliance, program performance, and availability of funding. The initial contract will begin June 1, 2025. The three-year funding period is outlined below:

Year One: June 1, 2025 - May 31, 2026
Year Two: June 1, 2026 - May 31, 2027
Year Three: June 1, 2027 - May 31, 2028

Funds to grantees will be disbursed on a **cost reimbursement basis only**. **Cost reimbursement is defined as repayment of funds expended by the grantee agency that are reported on the monthly Contract Expenditure Report (CER) for financial assistance contracts.** All payments are contingent upon fund availability. Applicants who have not previously received or successfully administered state funds should consult with the DPH contact person for this RFA, to determine if their agency has the internal policies and procedures in place to administer a state grant at this time. Generally, funds are reimbursed to agencies thirty to forty-five days after the CER is received and approved by the DPH Contract’s Office and the DHHS Controller’s Office. Agencies should carefully consider whether they have the capacity to implement the program under this cost reimbursement system usually involving a 30-45 day waiting period to receive funds reported on the monthly CER. Funds cannot be reported on the CER that were not expended within that month.

If awarded federal pass-through funds, Applicant as well as all SubGrantees of the Applicant must certify the following whenever applying for funds, requesting payment, and submitting financial reports:
“I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.”

II. BACKGROUND

The NCSCSP was established in 1973 through House Bill 32 and General Statutes §130A-129 and reads as follows: “The Department shall establish and administer a sickle cell program. The Commission shall, after consultation with the Council on Sickle Cell Syndrome, adopt rules for the program that shall include, but not be limited to, programs for education, voluntary testing, counseling, and medical reimbursement services for sickle cell syndrome. "Sickle cell syndrome" includes sickle cell disease, sickle cell trait, sickle cell thalassemia and variants.” (1987, c. 822, s. 2.)

Sickle cell disease is an inherited blood disease that affects an estimated 7,000 people in North Carolina, including approximately 120 infants born each year with sickle cell disease and nearly 4,000 infants born with sickle cell trait or a related trait. According to the Centers for Disease Control and Prevention, it is estimated that sickle cell disease affects approximately 100,000 people in the United States; more than 90% are non-Hispanic Black or African American, and an estimated 3% to 9% are Hispanic or Latino (<https://www.cdc.gov/ncbddd/sicklecell/data.html>). Thousands more are diagnosed with sickle cell trait and related abnormal hemoglobinopathies (other blood disorders). Sickle cell disease and sickle cell trait most often affects people of African, Mediterranean, Middle Eastern and American Indian ancestry along with Latino and Asian populations.

The NCSCSP provides a holistic approach in caring for persons living with sickle cell disease, sickle cell trait and related blood disorders. Education, care coordination, genetic/trait counseling and clinical care are core services offered by the program.

The **objectives** of the NCSCSP are to:

- Increase the community’s knowledge and awareness of sickle cell disease, sickle cell trait and related blood disorders through education and genetic counseling
- Reduce mortality of newborns by educating and counseling the parent(s) and linking the newborn to a medical home, comprehensive sickle cell medical center, and a Sickle Cell Educator Counselor/Case Manager who provides care coordination services and makes referrals to local resources as required, resulting in a longer and healthier life
- Educate and encourage screening of individuals of reproductive age (14-44 years) who may be at risk of having a child with sickle cell disease
- Reduce morbidity and increase life expectancy of clients by working to promote appointment compliance with specialists at comprehensive medical centers, primary care providers, and other support services; and provide client education about new therapies for treating sickle cell disease

Services provided to individuals with sickle cell disease, sickle cell trait or related abnormal hemoglobin include:

- Newborn screening at birth at area hospitals to detect an infant with sickle cell disease, sickle cell trait and related hemoglobin disorders
- Testing services at local health departments
- Laboratory services performed by the NC State Laboratory of Public Health
- Education for clients, health professionals, school personnel and the public performed by DPH Sickle Cell Educator Counselors and Case Managers at community-based centers
- Genetic and sickle cell trait counseling for clients and family members performed by - DPH Sickle Cell Educator/Counselors and Case Managers at community-based centers
- Care coordination and referrals to health and human services are made by DPH Sickle Cell Educator/Counselors and Case Managers at community-based centers based on individual need to help ensure the health and well-being of each client served

- Specialized clinical services for clients with sickle cell disease performed by personnel at six comprehensive sickle cell medical centers

Services are provided through:

- **Sickle Cell Educator Counselors**
- Nine Regional Sickle Cell Educator Counselors employed by DPH provide care coordination, education and related services to clients residing in 81 of 100 North Carolina counties.
- **Contracts with Comprehensive Sickle Cell Medical Centers**
Six major medical centers with sickle cell programs provide specialized clinical care to clients in all 100 counties.
- **Contracts with Community-Based Sickle Cell Centers**
Community-based sickle cell centers provide care coordination, education, and related services to clients with sickle cell disease who live in the 19-county catchment area served by this RFA.
- **Local Health Departments**
Local health departments conduct screening services to the general population. Also, the health departments collaborate with Regional Sickle Cell Educator Counselors and community-based sickle cell center staff to coordinate sickle cell trait and genetic follow-up counseling to persons with abnormal test results.
- **State Laboratory of Public Health**
Blood tests are used to screen newborns for multiple health conditions and diseases. Prior to an infant's discharge from the hospital, his or her heel is pricked, and a few drops of blood is collected. Blood samples are sent to the State Laboratory of Public Health for testing. Infants up to six months of age are screened for sickle cell disease, sickle cell trait and related blood disorders. All infants whose test results indicate sickle cell disease are referred to the NCSCSP for follow-up, including referral for confirmatory testing, genetic counseling, education, care coordination and clinical care. Infants with sickle cell trait or a related trait may also receive services from the NCSCSP including sickle cell trait counseling and education.

For more information about the NCSCSP, please visit <https://ncsicklecellprogram.dph.ncdhhs.gov>.

III. SCOPE OF SERVICES

Client participation in the NC Sickle Cell Syndrome Program is voluntary. Not all eligible clients will agree to participate. Documentation should be noted in cases where clients refuse participation in the NCSCSP. Applicants must, based on the region(s) selected, carry out the following required services to a set number of unduplicated sickle cell clients, family members and communities as listed below:

1. Provide **care coordination** to all enrolled clients as follows:
 - a. **Initial Contact/Enrollment:** Each Sickle Cell Educator Counselor/Case Manager shall meet and talk with each prospective program participant or parent (defined as the individual identified with sickle cell disease or other blood disorder and family members of the client) and answer any questions about NCSCSP services. Contacts shall be made

in person either in home, clinical or community locations. Virtual and/or telephone contacts are also allowed.

- b. **Newborn Screening Follow-up:** Sickle Cell Educator Counselors/Case Managers shall coordinate the **completion of repeat newborn screening (confirmatory) tests and family studies** with 100% of infants identified with sickle cell disease through the Newborn Screening Program. Sickle Cell Educator Counselors/Case Managers shall reach out to the parent(s) in their home, community, or clinical setting, or by telephone or use of virtual technology to connect them to a pediatrician and/or comprehensive medical center for completion of repeat testing to confirm their infant's sickle cell disease diagnosis.
- c. **Initial/Annual Assessments:** Each Sickle Cell Educator Counselor/Case Manager shall complete an assessment of strengths and needs to be addressed with each sickle cell client/patient. The NCSCSP's Client Strengths and Needs Assessment Tool shall be used to identify the needs of each client. The assessment tool is also used to develop the client's care coordination (or goal) plan. Assessments shall be completed with clients in person within 45 days of the initial contact, then annually thereafter. Virtual and/or telephone contacts with clients are allowed.
- d. **Care Plans:** Sickle Cell Educator Counselors/Case Managers shall work with clients to design an individualized care coordination (or goal) plan. The written plan outlines the steps to be taken to address each client's identified needs based on the results of the assessment tool. Care plans should be reviewed at least once a year and/or modified as the client's needs and situations change over time and involvement in program services.
- e. **Required Screenings and Assessments:** Sickle Cell Educator Counselors/Case Managers are required to complete the Personal Health Questionnaire-9 (PHQ-9) with every client with sickle cell disease eleven (11) years and older. The PHQ-9 is an evidence-based tool used to screen individuals for depression. Once the client completes the tool, the Sickle Cell Educator Counselor/Case Manager scores it and the results are reviewed to determine whether a referral for further assessment and treatment services is warranted. Training and technical assistance around the use of the depression screening tools will be provided by a subject matter expert within the Women, Infant and Community Wellness Section. Sickle Cell Educator Counselors/Case Managers and supervisors will be required to attend training on the aforementioned tools. The training date, location and time will be shared with staff at least 30 days in advance.
 - 1. Personal Health Questionnaire-9 (PHQ-9)-Overview, Screening and Scoring Tool
 - 2. PHQ-9 Modified for Adolescents
- f. **Integration of Evidence-based Educational Resources and Brief Intervention Strategies:** Sickle Cell Educator Counselors/Case Managers are also required to integrate the following brief intervention strategies and educational resources when supporting and providing health information as part of care coordination services provided to NCSCSP clients:
 - 1. Are You Ready, Sex and Your Future (Reproductive Life Planning Booklet)
<http://whb.ncpublichealth.com/Manuals/AreYouReadySexAndYourFutureRevise>

[d-9-10-10.pdf](#)

2. Motivational Interviewing-background information
<https://www.centerforebp.case.edu/practices/mi>
3. Ready, Set, Plan Tool Kit
<https://wicws.dph.ncdhhs.gov/provpart/pubmanbro.htm>

Click on “Manuals”

Click on “Community Preconception Health Training Manual”. The Ready Set Plan tool kit is contained in the four links listed on the website.

Training and technical assistance will be provided by a subject matter expert within the WICWS. Sickle Cell Educator Counselors, Case Managers, supervisors and others deemed necessary by the contractor will be required to attend training on the aforementioned tools. The training date, location and time will be shared with staff at least 30 days in advance.

- g. **Information and Referrals:** Sickle Cell Educator Counselors, Case Managers, supervisors, and others deemed necessary by the contractor shall provide each client and the community at large with up-to date information about local resources and make referrals to organizations including (but not limited to) health care, employment, social services, job training, education (GED, 2 and 4-year college, etc.), transportation, mental/behavioral health, and related services.
 - h. Ensure that **primary care provider/medical home information for clients with sickle cell disease and related blood disorders is up-to-date and documented in the Women’s and Children’s Section Web (WCS-Web) Database.** Paper records (approved forms provided by the NCSCSP) should be used in addition to electronic documentation of client contacts in the database.
 - i. Facilitate **eligibility/application completion and submission for all eligible sickle cell clients to the DPH-Sickle Cell Benefit Plan.** This is a reimbursement program that covers clinical and related services rendered to clients with sickle cell disease who meet eligibility requirements of the program.
2. **Genetic/Sickle Cell Trait Counseling: Sickle Cell Educator Counselors, Case Managers, Supervisors and Trait Counselors** shall offer sickle cell trait counseling to individuals with sickle cell trait or related trait. After verifying hemoglobin test results, conduct education and counseling about sickle cell disease and sickle cell trait with individuals of reproductive age (14-44 years) who reside with a family member diagnosed with sickle cell disease. Additionally, Sickle Cell Educator Counselors, Case Managers, Supervisors and Trait Counselors offer genetic/sickle cell trait counseling to parents of newborns identified with sickle cell trait or related trait through the newborn screening program. Sickle cell staff shall collaborate with local health departments in counties in the selected region to arrange appointments and carry out genetic/trait counseling sessions. The purpose of the counseling is to educate and empower prospective parents and parents to make informed decisions about childbearing. Individuals/parents are educated about their risk of having a child with sickle cell disease, sickle cell trait or a related abnormal hemoglobin. Sickle Cell Educator Counselors, Case Managers, Trait Counselors and supervisors shall conduct genetic/sickle cell trait counseling as follows:

- a. **In-person**-either in the client’s home or at a community or agency setting. This is the preferred method of genetic/sickle cell trait counseling so that educational materials are shared directly with the client and are tailored to meet their needs. Applicant agencies are encouraged to offer non-traditional hours for appointments, make home or in-person visits, meet the clients in provider offices, etc. to promote client access to services.
- b. Genetic/sickle cell trait counseling and education can also be provided **virtually and/or by telephone** using the counseling tools provided by the funding agency. If the client cannot be reached in person or by phone after two contacts, an **individualized information packet** should be created and mailed to the client.

3. Sickle Cell Disease, Sickle Cell Trait and Other Blood Disorders Education, Awareness Building and Outreach: Sickle Cell Educator Counselors, Case Managers, Supervisors and Trait Counselors shall conduct general education and awareness building efforts around sickle cell disease, sickle cell trait and related blood disorders by reaching out to medical providers, schools, childcare care centers, employers and community members at large. Activities include conducting presentations with clinicians, social workers, health educators, teachers and other school personnel and sharing information at staff in-service sessions, trainings, and related educational events. Virtual technology may also be used to conduct educational sessions/awareness building and outreach. One-on-one education shall also be provided to clients with sickle cell disease and their family to help them learn more about the disease along with strategies for effective disease management. Each region will be required to provide a specific number of educational awareness sessions annually.

Service Delivery/Requirements for Funding

Agencies applying for this funding must comply with the following:

1. **Mandatory position:** Recruit, hire and/or maintain at least **one full-time equivalent (FTE) supervisor per region** who is responsible for providing oversight to sickle cell staff who carry out care coordination, genetic/sickle cell trait counseling, education, and outreach services across each region. Supervisors shall also carry a caseload of approximately 150 clients. The supervisor position requires graduation from a Master’s degree program in public health, public administration, social work, human services or a related field or graduation from a four-year educational institution with a Bachelor’s degree in social work, public health, public administration, health education, or human services. For Master’s degree applicants, at least two years’ work experience supervising or managing a public health or human services program inclusive of program development and planning, and direct service provision is required. Bachelor’s degree applicants must have at least 4 years work experience supervising or managing a public health or human services program inclusive of program development and planning, and direct service provision is required.
2. **Mandatory position;** Hire or maintain **at least two (2) full-time equivalent (FTE) Sickle Cell Educator Counselors/Case Managers per region with a caseload of approximately 175 clients each with sickle cell disease.** Sickle Cell Educator Counselors/Case Managers will

perform sickle cell trait counseling and education efforts at a minimum of 25% time in addition to managing their care coordination caseload of clients with sickle cell disease.

Each Sickle Cell Educator Counselor/Case Manager must also meet the educational and work experience requirements listed below:

- a. Graduation from a four-year educational institution with a Bachelor's degree from an accredited school of social work, counseling, or psychology, or a Master of Human Services degree.
 - b. Experienced candidates with a Bachelor's degree must have a minimum of three years' experience providing care coordination or counseling to individuals with a chronic illness and/or genetic disease (i.e., diabetes, sickle cell disease, or other chronic disease).
 - c. Masters' level candidates with at least two years' experience providing care coordination or counseling to individuals with a chronic illness and/or genetic disease will be considered.
3. **Optional Position:** Hire or maintain **at least one full-time equivalent (FTE) Sickle Cell Trait Educator Counselor position or one part-time equivalent (20 hours per week)** dedicated exclusively to conduct genetic/trait counseling, education, and awareness building efforts. This position should not perform care coordination services for clients with sickle cell disease. This individual must be able to work non-traditional hours (i.e., evenings and weekends) to reach and provide genetic/sickle cell trait counseling and education to individuals, family members and the community at large. Please refer to the Sickle Cell Educator Counselor/Case Manager section above for education and work experience requirements.
4. In-kind positions that are mandatory as stated above must be approved by the NCSCSP. In-kind positions are positions funded by another source other than the NCSCSP that are used to fill a required position. Other positions fully funded or partially funded by this grant including but not limited to Executive Directors, Finance or Operation Managers and Administrative Assistants not included in this RFA should meet the minimum education and work experience requirements of a similar position funded by the State of North Carolina. For more information, reach out to the contact person listed in this RFA.
5. All supervisors, Sickle Cell Educator Counselors, Case Managers, and Sickle Cell Trait Counselors **must successfully complete a Sickle Cell Educator Counselor certification training** approved by the NCSCSP within 9 months after the contract begins if they are not certified. New staff that are hired during the contract period who are not certified at the time of hiring must successfully complete the approved Sickle Cell Educator Counselor certification training within 9 months of the hire date. For more information regarding approved certification programs, reach out to the contact person in this RFA. Applicant agencies with staff that need to take the required certification training must submit a copy of the certificate for each staff person who successfully completed the training within 30 days of attendance to the NCSCSP. Salary costs will not be reimbursed for any staff person as described on page 12, #5 who fails to obtain the Sickle Cell Educator Counselor certification after two attempts
6. Applicant agencies that hire new or replace existing staff must adhere to work experience, educational and training requirements listed for each position or as described by the State of North Carolina for a similar position.

7. The funding agency prefers that each selected agency have experience operating programs that work with individuals with chronic conditions and/or genetic diseases along with evidence of collaborative partnerships with medical centers, local health departments, community health centers, social service agencies or other human services delivery systems.
8. Each selected agency must utilize and incorporate National Heart, Lung, and Blood Institute (NHLBI) evidence-based management of sickle cell disease clinical guidelines, evidence-based curriculums, resources, and brief intervention strategies into education efforts. This also includes the following focus areas of depression, reproductive life planning, social determinants of health and related psychosocial skills critical to the health, well-being, and resiliency of individuals with sickle cell disease and their families.

Other Applicant Agency Requirements: Oversight and Management

The applicant agency shall:

1. Allocate at least 75% of funds in the proposed project budget to costs supporting direct client services and direct services staff. Direct services staff are defined as individuals who conduct care coordination, genetic/sickle cell trait counseling, outreach and education to clients and families. This includes salary and fringe for direct services staff as well as the other operating expenses to support them such as travel, training, and supplies. It also includes costs for facilitating services to support client needs such as bus passes, gas cards, compensation/stipends, van transportation to sickle cell clinical and related appointments, and incentives to promote client attendance at sickle cell related support groups and educational forums. Agency overhead costs that are shared across programs such as administrative and oversight support salaries, rent, internet access, phones, copier rental, fax machine, etc. are not included in the 75% and should be cost allocated across agency programs.
2. Provide supervisory oversight to sickle cell staff to insure appropriate and consistent service delivery to clients. Supervisors must meet educational and work experience requirements noted in the **Service Delivery/Requirements for Funding Section (Items #1 through #8)**. In addition, staff that supervise sickle cell direct service personnel shall:
 - a. conduct at least monthly team meetings to discuss care coordination, sickle cell trait counseling, outreach and related efforts
 - b. meet individually with staff at least monthly to review documentation of client contacts and goal plans, discuss successes and challenges in service provision and provide support and coaching to promote positive work performance
 - c. document individual staff performance at least semi-annually
 - d. complete performance evaluation at least annually
 - e. review and ensure timely completion of written and web-based care coordination, sickle cell trait counseling, education and outreach client records and documentation of client contacts at least quarterly
 - f. monitor and submit reports on program activities twice a year (January 31 and June 30)
3. Include funds for computers, printers, and internet access (required) for supervisory, sickle cell educator and trait counselors to satisfy data collection, data entry and reporting requirements for this program.

4. Include funds for client attendance to medical appointments to medical centers and attendance to select agency functions. Ensure agency compliance with [N.C.G.S. 143C-6-23](#) and [09 NCAC 03M](#), and provide financial oversight and management of NCSCSP services, including expenditures and management of participant incentives (bus passes, gas vouchers, gift cards, etc.) purchased with NCSCSP funds. Assure that compensation and/or stipends that are provided to clients using program funds be recorded on a written log by date, serial number, type of assistance given, and total cost incurred within twenty-four hours of the transaction and be maintained in locked storage. Compensation and/or stipends should link back to attendance and participation in program events and attendance at medical appointments. Each recipient of compensation and/or stipends must provide a complete signature (first and last name) and include the date when they received assistance on the written log.
5. Include the Contract Administrator from the DPH WICWS Infant and Community Health Branch on interview teams prior to hiring staff whose positions are fully or partially funded by the funding agency. Position job descriptions for all positions fully or partially funded by the grantor should be posted on hiring websites, Facebook accounts, etc. for no less than two weeks for each position. Copies of applicant resumes should be forwarded to the Contract Administrator no less than three days before the scheduled interview.

Reporting and Service Delivery Requirements The applicant agencies shall adhere to the following reporting requirements:

1. Weekly:

Enter client specific data into the Women's and Children's Section-Web Database (WCS-Web) and client paper file within seven (7) days of client contact.

2. Monthly:

- a. Submit Contract Expenditure Reports (CERs) by the 10th of every month, even when no expenses are incurred in a given month. Failure to submit monthly expenditure reports may delay receipt of reimbursement.
- b. Include documentation of work performed and expenditures by subcontracted partner(s) submitted to the primary partner. Subcontractors must maintain and provide upon request the same type of documentation as required for the primary partner (lead agency). Failure to comply with documentation requirements may result in loss of funding.

3. Annually:

- a. Participate in periodic site or virtual visits (with a minimum of one per year) with the NCSCSP representative, generally the Contract Administrator.
- b. Prepare and electronically submit Mid-Year and End of Year Performance Reports by the due dates designated by the WICWS. Attend/participate in all required NCSCSP meetings, trainings, webinars, conferences, and conference calls. Tools to collect client feedback must be maintained and available for review upon request and during required site visit(s). Tools should be administered yearly to clients receiving program services.

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection

All qualified applications will be evaluated, and award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by 11/26/2024.

2. Cost of Application Preparation

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

3. Elaborate Applications

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

4. Oral Explanations

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

5. Reference to Other Data

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

6. Titles

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

7. Form of Application

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

8. Exceptions

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

9. Advertising

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

10. Right to Submitted Material

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

11. Competitive Offer

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

12. Agency and Organization's Representative

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

13. Subcontracting

Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All requirements, terms, and conditions of a contract shall be passed through to all organizations performing programmatic work on behalf of the agency as the agency's subawardee. Documentation of each proposed subcontractor or subgrantee shall be submitted as part of the application.

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

14. Proprietary Information

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

15. Participation Encouraged

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

16. Contract

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

V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

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

1. **Announcement of the Request for Applications (RFA)**

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on 10/2/2024:

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

2. **Distribution of the RFA**

RFAs will be posted on the Program's website <https://ncsicklecellprogram.dph.ncdhhs.gov> may be sent via email to interested agencies and organizations beginning 10/2/2024.

3. **Bidder's Conference / Teleconference / Question & Answer Period**

All prospective applicants are encouraged to attend a Bidder's Conference via Microsoft Teams on 10/9/2024 from 1:00-2:30 pm. To participate, please send an email stating your intention to participate in the Bidder's Conference/Microsoft Teams meeting to Kimberly.Leathers@dhhs.nc.gov on or before 5:00 pm on 10/8/2024. The Bidder's Conference is not mandatory to receive funding under this RFA.

Written questions concerning the specifications in this Request for Applications will be received until close of business on 10/15/2024. As an addendum to this RFA, a summary of all questions and answers will be posted on <https://whb.ncpublichealth.gov> and <https://ncsicklecellprogram.dph.ncdhhs.gov> by 10/22/2024.

4. **Notice of Intent**

A Notice of Intent is not required to submit an application under this RFA.

5. **Applications/Electronically Submitted/Hand Delivered**

Electronic submissions will also be accepted. One complete electronic application is required. For more information regarding electronic submissions, contact Kimberly.Leathers@dhhs.nc.gov. Faxed applications will not be accepted. Applications that are hand delivered or mailed must include the original application, and three (3) photocopies of the application in its entirety. The original application should be clearly marked "original" on the application face sheet. Copies of the application should be clearly marked "copy" on the application face sheet. Applications that are hand delivered or mailed must contain original documents, and all signatures in the original application must be original. Mechanical, copied, or stamped signatures are not acceptable.

6. **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.

7. Space Allowance

Page limits are clearly marked in each section of the application. Refer to *VIII.3 Applicant's Response* for specifics.

8. 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. Original signatures are required. Note: If the US Postal Service is used, allow sufficient time for delivery to the funding agency by 11/6/2024.

9. 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. The committee will review each application for completeness, content, experience with similar projects, ability of the agency's or organization's staff, benefit to the State, 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.

10. 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.

11. Audit

Please be advised that successful applicants may be required to have an audit in accordance with [09 NCAC 03M .0205](#). Per 09 NCAC 03M .0205 (amended effective retroactive to July 1, 2024), there are two reporting levels established for recipients and subrecipients receiving grants. Reporting levels are based on the allocated funds from all grants disbursed through the State of North Carolina during the entity's fiscal year. The reporting levels are:

- 1) Level I – A recipient or subrecipient that receives, holds, uses, or expends grants in an amount less than the dollar amount requiring audit as listed in the Code of Federal Regulations 2 CFR 200.501(a) within its fiscal year.
- 2) Level II - A recipient or subrecipient that receives, holds, uses, or expends grants in an amount of equal to or greater than the dollar amount requiring audit as listed in 2 CFR 200.501(a) within its fiscal year.

The dollar amount requiring audit listed in 2 CFR 200.501(a) is herein incorporated by reference, including subsequent amendments and editions, and can be accessed free of charge at <https://www.ecfr.gov/>.

Level II grantees shall have a single or program-specific audit prepared and completed in accordance with Generally Accepted Government Auditing Standards, also known as the Yellow Book G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status.

12. 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.

13. 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.*)

14. Federal Certifications

Agencies or organizations receiving Federal funds shall 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.

15. 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.

16. Additional Documentation Prior to Contract Execution

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

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

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

Contracts with private non-profit agencies require additional documentation prior to contract execution. After the award announcement, private non-profit agencies will be contacted about providing the following documentation:

- b. A completed and signed statement which includes the agency’s Conflict of Interest Policy. (A reference version appears in Appendix A.)
- c. 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.

17. Registration with NC 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)

18. 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 grantee status or how the organization will be treated by DPH. If this is the agency's first award as an NCDHHS grantee, email dph.contractdocs@dhhs.nc.gov for instructions on how to register.

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

The Grantee 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.

20. 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.

21. Iran Divestment Act

The Iran Divestment Act of 2015, as amended, prohibits State agencies from investing in or contracting with individuals and companies engaged in certain investment activities in Iran. Any organization identified engaging in investment activities in Iran, 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 6E.

22. Boycott Israel Divestment Policy

The Divestments from Companies Boycotting Israel Act of 2017, as amended, prohibits State agencies from making investments in, and contracts with, companies that are engaged in a boycott of Israel, as defined by this Act. Any organization that boycotts Israel, 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 6G.

23. Application Process Summary Dates

10/2/2024	Request for Applications released to eligible applicants.
10/9/2024	Bidder's Conference / Teleconference.
10/15/2024	End of Q&A period. All questions due in writing by 5pm.
10/22/2024	Answers to Questions released to all applicants, as an addendum to the RFA.
11/6/2024	Applications due by 5pm.
11/26/2024	Successful applicants will be notified.
6/1/2025	Contract begins.

VI. PROJECT BUDGET

Budget and Justification

Applicants must submit a budget, which requires a line item budget for each year of funding and a narrative justification.

Narrative Justification for Expenses

A narrative justification must be included for every expense listed in the 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.

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 **\$0.67** 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	\$0.67 per mile/regardless of distance	

Other Restrictions (if applicable)

Audits

Per 09 NCAC 03M .0205 (amended effective retroactive to July 1, 2024), there are two reporting levels established for recipients and subrecipients receiving grants. Reporting levels are based on the allocated funds from all grants disbursed through the State of North Carolina during the entity’s fiscal year. The reporting levels are:

- 1) Level I – A recipient or subrecipient that receives, holds, uses, or expends grants in an amount less than the dollar amount requiring audit as listed in the Code of Federal Regulations 2 CFR 200.501(a) within its fiscal year.
- 2) Level II - A recipient or subrecipient that receives, holds, uses, or expends grants in an amount of equal to or greater than the dollar amount requiring audit as listed in 2 CFR 200.501(a) within its fiscal year.

The dollar amount requiring audit listed in 2 CFR 200.501(a) is herein incorporated by reference, including subsequent amendments and editions, and can be accessed free of charge at <https://www.ecfr.gov/>.

Level II Grantees are required to submit a “Yellow Book” audit. Only Level II Grantees may include audit expenses in the budget. Audit expenses shall be prorated based on the ratio of the grant to the total grant funds received by the entity. The chart below details the Level II audit threshold amounts from all grants disbursed through the State of North Carolina during the entity’s fiscal year:

If the Grantee’s Fiscal Year End (FYE) Date is:	The following audit thresholds apply for that fiscal year end:		
	Federal	State Local Government	State Non-Government (nonprofits)
Any 2024 FYEs through May 31, 2025	\$750,000	\$500,000	\$500,000
June 30, 2025 through August 31, 2025	\$750,000	\$500,000	\$750,000
September 30, 2025 and after	\$1,000,000	\$750,000 or \$1,000,000*	\$1,000,000

*Local government remains \$500,000 but is expected to change for fiscal years beginning on or after October 1. Amount to be determined.

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 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).

This RFA is funded by:

Funding Amount	Funding Source
\$927,893	42% - Federal Medicaid Funds: 58% Required State Match Funds
\$100,000	100% Federal-Maternal and Child Health Block Grant
\$45,845	100% State Funds

Indirect costs are allowed, however, the Maternal and Child Health Block Grant limits administrative cost to 10 percent (10%). Therefore, a maximum indirect cost of 10% applied to the modified total direct cost will be allowed.

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the indirect cost rate requested may not exceed the award’s limit of 10%, regardless of the applicant’s recognized rate. The modified total direct cost identified in the applicant’s FNICR shall be applied. A copy of the FNICR must be included with the applicant’s budget.

If the applicant does not have an FNICR, a *de minimis* indirect cost rate not to exceed 10% may be used on the total, modified direct cost as defined in 2 CFR 200.68, *Modified Total Direct Cost (MTDC)*, with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Uniform Guidance 2 CFR 200. 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 should enter “No indirect cost requested” in the indirect cost line item of the budget narrative.

VII. EVALUATION CRITERIA

The application is worth a total of 100 points. Point values are clearly marked beside each item on the application form (Section VIII Application-Applicant's Response). A multi-disciplinary committee will review the application for completeness, content and quality of responses to each item on the application. The committee will first score the responses individually without consulting one another. Then each committee member will participate in a review meeting facilitated by the contact person listed in this RFA. The purpose of the meeting is to discuss the applications and reach a consensus on an appropriate score for each section. Any application that is missing required components or the applicant agency did not follow instructions (including going over page limits) will have 5 points deducted from the score determined by the committee.

SCORING OF APPLICATIONS

Applications shall be scored based on the responses to the seven application content areas noted below.

Section	Title	Maximum Points
1	Needs Assessment	10
2	Proposed Program Plan	20
3	Data Collection, Oversight and Evaluation	10
4	Proposed Staffing Plan	10
5	Agency Capacity	20
6	Board of Directors Involvement/Community Support	15
7	Project Budget	15
	Total Possible Score	100 points

VIII. APPLICATION

Application Checklist

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

1. ___ **Cover Letter**
2. ___ **Application Face Sheet**
3. ___ **Applicant's Response**
 - ___ Attachment A: Staff Resumes & Position Descriptions
 - ___ Attachment B: Organizational Chart
 - ___ Attachment C: Memorandums of Agreement
 - ___ Attachment D: Project Budget & Narrative. Include a budget in the format provided. Refer to Section VI of this RFA for indirect cost (dis)allowances.
 - ___ Attachment E: Board of Directors Roster
 - ___ Attachment F: Client Feedback Data Collection Tool
 - ___ Attachment G: Staff Performance
4. ___ **Indirect Cost Rate Approval Letter** (if using FNICR)
5. ___ **SubContractor/SubGrantee Information**
 - IRS Documentation:*
 - 6. ___ **IRS Letter Documenting Your Organization's Tax Identification Number** (public agencies)
 - or
 - ___ **IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax-exempt Status** (private non-profits)
 - and
7. ___ **Verification of 501(c)(3) Status Form** (private non-profits)

1. Cover Letter

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

Include in the cover letter:

- 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.

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with the North Carolina Sickle Cell Syndrome 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 # A 416 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. “I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.”	
16. Signature of Authorized Representative:	17. Date

3. Applicant's Response

Please answer the questions thoroughly. The application response is **limited to 30 pages**. Each page should be no smaller than 11-point font typed, single-spaced.

Section One-Needs Assessment (10 points)

No more than five (5) pages for this section.

- a. Please identify the county or counties that your agency intends to serve and explain why those counties were chosen. **(1 point)**.
- b. Describe the resources that are most needed by clients with sickle cell disease and how you will go about addressing these resource needs. Describe the population to be served in the county or counties selected. The description should include information about the population by gender, race/ethnicity, socio-economic status, needs and barriers experienced. Data with citations/sources should be included to support the needs outlined in your response. **(5 points)**
- c. Describe your plan to help clients with sickle cell disease have a smooth transition of care from pediatric to adult services. **(4 points)**

Section Two-Proposed Program Plan (20 points)

No more than ten (10) pages for this section.

- a. Provide an overview of the proposed project. Describe the proposed activities that you plan to implement, outline the steps you plan to take to work with a newly identified person with sickle cell disease and sickle cell trait and how the activities will positively impact the lives of clients, families and the communities to be served in the region(s). **(5 points)**
- b. Indicate the total number of clients that your agency plans to serve through sickle cell care coordination services each year. Describe your plan for documentation (record keeping) of all contacts made with clients. **(4 points)**.
- c. Provide the estimated number of individuals that will receive genetic/sickle cell trait counseling and education during each year of the three-year time frame **(1 point)**.
- d. Provide a detailed plan on how you will provide education to the populations within the defined county(s) to be served. Include a table showing time-framed objectives for how you will provide education to various populations as noted below. The table should include the activity, target number of persons to be reached, population, venue, dates and tools to be used. **(4 points)**

Sample table:

Activity	# of persons to be reached	Population	Venue	Dates	Tools
Health Fairs	150	Members of faith-based organizations	Smith AME Church	August 2022	St. Jude's and Centers for Disease Control and Prevention materials

- e. Describe your plan for reaching individuals with sickle cell trait or related trait, inactive clients and retention of clients with sickle cell disease over the client's life span. **(6 points)**

Section Three-Data Collection, Oversight and Evaluation (10 points)

No more than three (3) pages for this section.

Describe the staff position(s) that will be responsible for:

- a. Completing data entry of sickle cell clients along with data related to educational and outreach activities entered into the Women’s and Children’s Section-Web Database. Note: Sickle cell staff of the funded agency will be given permission to use and receive training on the database once the contract begins. **(.5 points)**
- b. Monitoring database entry activities to ensure that data is being entered accurately, consistently, and in a timely manner. **(.5 points)**
- c. Ensuring confidentiality of client records. **(1 point)**

Describe your plans for obtaining feedback from sickle cell clients about their experience in program services including:

- d. What methods will you use to collect client feedback? Please include a sample of the data collection tool in **Attachment F**. **(4 points)**
- e. How often will you collect feedback? **(.5 points)**
- f. Who will be responsible for reviewing feedback and analyzing the data? **(.5 points)**
- g. Describe how you will use client feedback to improve program implementation **(3 points)**

Section Four: Proposed Staffing Plan (10 points)

No more than four (4) pages for this section. Resumes are not included in the 4-page limit.

- a. Describe all staff who will be carrying out activities to support the program. This includes staff providing direct client services and any administrative or oversight support staff. Please include position descriptions. Position descriptions should align with the requirements in this RFA regarding staff qualifications and responsibilities. Link staff members to the specific activities they will carry out including the percentage of time on sickle cell activities and number of hours each staff person will work per week. Include resumes of each staff person if already in place along with in-kind staff who will support program services. Resumes and position descriptions should be included in **Attachment A**. **(4 points)**
- b. Describe your process for measuring staff performance. **(3 points)**
 - i. How often will staff performance be measured? Please include staff performance tool as an **Attachment G**.
 - ii. How will staff be held accountable for achieving program requirements?
 - iii. Describe how your agency will improve agency performance if yearly performance requirements aren’t met.
- c. Describe staff turnover and engagement within your agency **(2 points)**.
 - i. What is the current level of staff turnover within your agency?
 - ii. How will you work to minimize the amount of staff turnover over the course of the program?
 - iii. How will you ensure that staff is actively engaged in their work?
- d. Include an organizational chart that will demonstrate the flow of leadership and staff relationships. Organizational chart should be included in **Attachment B** **(1 point)**.

Section Five: Agency Capacity (20 points):

No more than four (4) pages for this section.

- a. Describe the agency’s structure, background, experience in providing care coordination services, mission and goals and include how this sickle cell program links to your mission statement. **(5 points)**
- b. Describe how you would go about assisting clients in receiving clinical care that reside in medical deserts. Describe your plan for engaging your staff in working collaboratively with the six major comprehensive sickle cell centers. **(5 points)**

- c. Describe your agency’s financial structure that allows your agency to accept a cost reimbursement contract. Include your agency’s procedures and funding structures in place to accommodate a cost reimbursement contract. **(5 points)**
- d. Describe how you will seek additional funding to meet the needs of sickle cell clients and families. Include your plans for program sustainability after this contract ends. Provide a list outlining funding sources/grantors, amounts/purpose and years that funds are available and awarded to your agency from 2021 – September 2024 as well as a current income statement. Monies raised through fundraising/special events may also be included. **(5 points)**.

Funding Source	Amount Received/Purpose	Year(s) funds are available
Example: JC Jones Foundation	\$450,000 (\$150,000/year for 3 years) to support the Nurturing Parenting Program staff	FY 2021-2023

Section Six: Board of Directors Involvement and Community Support (15 points)

No more than four (4) pages for this section. Memorandums of Agreement are not included in the 4-page minimum.

- a. Describe the agency board of directors’ role and level of involvement in decision making in program implementation:
 - 1. How were board members involved in developing the program plan? How often does the board of directors meet? **(3 points)**
 - 2. Describe the board member selection process and their role and function. **(1 point)**
 - 3. Include a current roster of board members including affiliation, the number of years each board member has served on the board, leadership role, names of officers, committee chairs and include Board members who are clients. Include as **Attachment E**. **(1 point)**
- b. Describe your plan to collaborate with other agencies to provide program services (client transportation assistance, financial assistance, food assistance, housing, meeting space for support groups, etc.). **(5 points)**
- c. Include Memorandums of Agreement detailing the type of support or services that each agency (hospitals, clinics, primary care providers, faith-based entities, and other community-based organizations) has committed to provide to meet the needs of sickle cell clients. Examples of support services include financial assistance (assistance with clients’ utility bills, housing bills, medical prescriptions, transportation, etc.) scholarships for clients with sickle cell disease to attend summer camp and free or discounted space (venue) for sickle cell related events. Memorandums of Agreement should be included in **Attachment C**. **(5 points)**

Section Seven: Project Budget (15 points)

Applicants are required to provide budgets and budget narratives including the amount of funding requested, staffing and other operating costs for all three (3) years.

Budget and Justification Form

Applicants are **required** to use the Excel spreadsheet, “Open Window Budget Form.” No other versions will be accepted. The Open Window Budget Form requires a line-item budget and a narrative justification for each line item. This spreadsheet will be posted for download on both the Women, Infant and Community Wellness Section website <https://whb.ncpublichealth.gov> and the North Carolina Sickle Cell Syndrome Program website <https://ncsicklecellprogram.dph.ncdhhs.gov> along with the RFA on October 2, 2024. Do not remove any of the formulas in the Excel documents. A guide to complete

this budget worksheet, entitled, “How To Fill Out the Open Windows Budget Form,” can also be downloaded from either website.

Budgets should be complete, and each expense listed must be clearly linked to program activities. Include specific line items that link back to activities outlined in the proposed program plan; must prepare and **submit three separate budget spreadsheets** for each time period (Years 1, 2, and 3) covered by this RFA, as indicated below:

Year 1: June 1, 2025-May 31, 2026

Year 2: June 1, 2026-May 31, 2027

Year 3: June 1, 2027-May 31, 2028

Project Budgets should be included in **Attachment D**.

- a. Proposed budgets are appropriate and reasonable for services provided. All services mentioned in the program plan are reflected in the budget. Participant incentive items included must directly relate to project goals and activities. Funds allocated to subcontractors (if required) are appropriate for services provided **(5 points)**.
- b. At least 75% of funds in the applicant’s agency’s proposed budget are allocated to costs supporting direct client services and direct services staff. **(5 points)**.
- c. Calculations are accurate **(5 points)**.

Additional Guidance for Key Budget Categories

Personnel

Provide staff names (if not known, list as “TBN”-To Be Named), position title, and a brief description of the positions that shall be funded with grant funds outlined in the justification narrative section.

Travel

Identify names and titles of staff that will complete travel associated with sickle cell care coordination, education and outreach efforts. Briefly explain the purpose of the travel and how it relates to the program plan. Outline estimated mileage, nutritious supplements (meals per NC state reimbursement rates) and overnight costs. Please show calculations (math) of how costs were determined. Applicant agencies may include funds to support travel and registration costs to attend approved Sickle Cell Educator Counselor certification training for staff if needed (i.e., if the Educator Counselor has not already been trained). Certification trainings are held in Mobile, Alabama and Cincinnati, Ohio, and Richmond, California and lasts from three to four days. Allow registration costs (typically \$250 per person) and include airfare, overnight (hotel) rooms and meals. Please note that new Sickle Cell Educator Counselors and Sickle Cell Trait Counselors must successfully complete certification training within 9 months of employment with the applicant agency. For questions regarding certification programs and costs, please contact the certification agency. Also include staff travel to at least three required trainings sponsored by the NCSCSP that are held in the Raleigh area annually.

All travel must adhere to the current state reimbursement rates. The current mileage reimbursement rate is \$0.67 cents per mile. Current reimbursement rates for travel and lodging is presented in the chart on page 22.

Supplies

Supplies listed in the supply line must be itemized. For example, 5 boxes of pens @ \$5.00 each=\$25.00; 3 boxes of copy paper @ \$55 each=\$165. The following statement is not an acceptable justification for supplies: “*Cost for supplies such as pens, pencils, binders, etc. is \$500*”.

IT/Office Equipment

Budgets (if new applicant agency) may include funds for a computer, printer, and internet access for sickle cell staff to complete data collection, entry and reporting required for this program.

Other Operating Expenses

Operating expenses generally include costs for rental (office) space (include cost per square foot) and should be comparable to prevailing rental costs in the surrounding geographic area. Applicant agencies should include the cost of utilities and telephone services only when directly related to program activities. Cost for the purchase or rental/lease and maintenance of equipment may be included.

Professional Services

Those costs generally include services that are outsourced overhead items such as bookkeeping and/or accounting services, IT support services, website management, etc.

Agency Overhead

Agency overhead costs that are shared across programs such as administrative and oversight support salaries, rent, internet access, copier rental, fax machine, etc. are not included in the 75% and should be cost allocated across programs.

Attachment A: Staff Resumes and Position Descriptions

As required in Section Four of the Applicant's Response, Resumes and position descriptions for all staff including senior leadership, sickle cell supervisory, direct service and support staff that are included in the project budget should be submitted with the application. Please include all in-kind positions. Please include in **Attachment A**.

Attachment B: Organizational Chart

As required in Section Four of the Applicant’s Response, include an Organizational Chart that outlines agency structure, chain of command, and all programs. Please label chart as **Attachment B**.

Attachment C: Memorandums of Agreement/ Letters of Commitment

As required in Section Six of the Applicant's Response, Memorandums of Agreement (MOAs) should be included from any agency or community organization integral to the success or implementation of the proposed activities. Examples of such agencies include those that will provide clinical services, outreach services, financial support, meeting space, transportation, access to participants, or services to participants beyond the scope of the applicant agency. MOAs from local health departments are strongly encouraged to facilitate service provision. If a local health department is applying, they should have letters of support from community organizations that can also support this project. MOAs should be included in **Attachment C**.

Attachment D: Project Budget

As required in Section Seven of the Applicant's Response, Project Budgets should be included in **Attachment D**. Applicants are required to provide budgets and budget narratives including the amount of funding requested, staffing and other operating costs for all three (3) years. Applicants are **required** to use the Excel spreadsheet, "Open Window Budget Form." No other versions will be accepted. The Open Window Budget Form requires a line-item budget and a narrative justification for each line item.

Attachment E: Board of Directors

As required in Section Six of the Applicant's Response, Please include a roster of all current board members including board leadership, list of committees, chairpersons and committee members. Also indicate whether persons with sickle cell disease or sickle cell trait are board and/or committee members. Please label list as **Attachment E**.

Attachment F: Client Feedback

As required in Section Three of the Applicant's Response, include a sample of the client feedback data collection tool. Please label as **Attachment F**.

Attachment G: Staff Performance

As required in Section Four of the Applicant's Response, include a sample of your tool for measuring staff performance as **Attachment G**.

4. Indirect Cost Rate Approval Letter (if applicable)

5. SubContractor/SubGrantee Information

In accordance with 09 N.C. Administrative Code 03M.0703, Required Contract Provisions, the Applicant must provide the required information for every subcontractor and subgrantee included in the Project Budget. If the Applicant has no subcontractor and subgrantee, indicate that in the first line under "Name." If the Applicant plans to have subcontractors or subgrantees but they are unknown at this time, that must be indicated in the first line under "Name" for as many as are planned. When they are known, this information shall be submitted to the Division for review prior to the Applicant contracting with the entity. Attach additional pages as necessary.

NOTE: If awarded federal pass-through funds, subgrantees must certify to the Applicant whenever applying for funds, requesting payment, and submitting financial reports:

"I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812."

SubContractor/SubGrantee Name:

Position Title (if applicable):

EIN or Tax ID:

Street Address or PO Box:

City, State and ZIP Code:

Contact Name:

Contact Email:

Contact Telephone:

Fiscal Year End Date (for organizations):

Is this organization functioning as a pass-through entity "SubGrantee" of the Applicant?

Is this organization functioning as a vendor "SubContractor" of the Applicant?

SubContractor/SubGrantee Name:

Position Title (if applicable):

EIN or Tax ID:

Street Address or PO Box:

City, State and ZIP Code:

Contact Name:

Contact Email:

Contact Telephone:

Fiscal Year End Date (for organizations):

Is this organization functioning as a pass-through entity "SubGrantee" of the Applicant?

Is this organization functioning as a vendor "SubContractor" of the Applicant?

6. IRS Letter

Public Agencies:

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

Private Non-profits:

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

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

7. 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 word "Contractor" in the following Federal Certifications includes Grantees.

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 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 [Grantee].]

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 [grantees] 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>\$ _____ € actual € 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 _____ 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 word “Contractor” includes Grantees. The text of each North Carolina General Statutes and of the Executive Order can be found online at:

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

Certifications

- (1) **Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009)**, the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.
- (2) **Pursuant to G.S. 143-48.5 and G.S. 143-133.3**, the undersigned hereby certifies that the Contractor named below, and the Contractor’s subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov
- (3) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an “ineligible Contractor” as set forth in G.S. 143-59.1(a) because:
 - (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
 - (b) [check **one** of the following boxes]
 - Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a “tax haven country” as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
 - The Contractor or one of its affiliates **has** incorporated or reincorporated in a “tax haven country” as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **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 Grantee 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 UEI registration record is attached

An active registration with UEI is required

Entity’s UEI _____

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

Entity’s Location

street address _____
city/st/zip+4 _____
county _____

Primary Place of Performance for specified contract

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

street address _____
city/st/zip+4 _____
county _____

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 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

End of Document. Page left intentionally blank.