



## Request for Applications

RFA #A390R

### Healthy Beginnings

**FUNDING AGENCY:** North Carolina Department of Health and Human Services  
Division of Public Health  
Women's and Children's Health Section/Women's Health Branch

**ISSUE DATE:** March 7, 2022

**DEADLINE DATE:** April 8, 2022

**INQUIRIES and DELIVERY INFORMATION:**

Direct all inquiries concerning this RFA to:

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**Applications will be received until 5:00 p.m. on April 8, 2022.**

Electronic copies of the application are available by request.

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

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WCHS - Women's Health Branch  
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**IMPORTANT NOTE:** Indicate agency/organization name and RFA number on the front of each application envelope or package, along with the RFA deadline date.

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## **I. INTRODUCTION**

Healthy Beginnings is North Carolina's minority infant mortality reduction program. Grants are awarded for a three-year period and are administered by the North Carolina Department of Health and Human Services, Division of Public Health, Women's and Children's Health Section, Women's Health Branch, Perinatal Health Unit.

The Women's Health Branch develops and promotes programs and services that protect the health and well-being of infants and of women during their childbearing years. Healthy Beginnings' goals include improving birth outcomes among minority women, reducing minority infant morbidity and mortality, and supporting families and communities. Healthy Beginnings serves women during and beyond pregnancy and their children up to two years after delivery. Evidence-based and evidence-informed interventions are used to improve the health and well-being of minority women and improve their birth outcomes.

### **ELIGIBILITY**

Public or private nonprofit agencies (e.g. nonprofit community-based organizations, faith-based organizations, local health departments, community health centers) may apply to receive funding to implement Healthy Beginnings programs aimed to impact the reduction of minority infant mortality, and preterm and low birthweight births in their communities and thereby improve minority birth outcomes. The infant mortality rate is the number of infants who die before their first birthday per 1,000 live births.

**Public or private non-profit agencies from ALL counties in North Carolina are eligible to apply.** Applications are desired from counties ranking in the top quartile (i.e., the top 25) for infant mortality rates among minority populations, and from counties with at least a two-fold racial disparity ratio. The ranking is based on the county's five-year average of infant mortality rates between 2015-2019. The counties ranking in the top quartile for infant mortality rates and racial disparity ratios shall receive a demonstrated need score as described on pages 13-15. Also, based on North Carolina's birth outcomes data, priority will be given to applications that serve African American and/or American Indian families.

### **FUNDING**

Two agencies will receive funding at an award level ranging between \$75,000 and \$77,000 annually. Funding will be available for three years, contingent upon contract compliance, program performance and the availability of funding. The funding period for contracts awarded through this competitive application process will begin July 1, 2022, and end on May 31, 2025. Funding for this program is from State funds.

## **II. BACKGROUND**

In 1994, the North Carolina General Assembly appropriated funds to support projects that demonstrated the capacity to lower infant mortality and low birthweight rates among minority populations. The goal of Healthy Beginnings was to address the two-fold disparity between white and minority infant mortality in the State of North Carolina by focusing on areas with significant minority infant mortality. A community-based approach addressing infant mortality was mandated with a specific focus on the formulation and implementation of innovative strategies to improve birth outcomes and involvement from a variety of community organizations.

In 2019, the total infant mortality rate in North Carolina was 6.8 infant deaths per 1,000 live births. The infant mortality rate for non-Hispanic whites was 4.7. The minority infant mortality rate was 9.2, which includes the population categories of African Americans, American Indians and Other (all non-Hispanics), and Hispanics. In 2019, the infant mortality rates for African Americans and American Indians were 12.5 and 12.0 respectively. A racial disparity still remains in the state with the African American and American Indian populations having infant mortality rates that are more than 2.5 times higher than the white population.

### **III. SCOPE OF SERVICES**

Healthy Beginnings (HB) serves minority women during pregnancy, the postpartum period, and up to two years interconceptionally. HB services are provided to all enrolled program participants through care coordination contacts, home visits, and group education sessions. Specific program components are required during the prenatal period and during the interconception period (time period between pregnancies). All Healthy Beginnings staff are required to complete training and/or utilize educational materials identified by the Women's Health Branch for each program component.

#### **1. Program Requirements**

##### **A. Program Staff**

Each HB site shall hire a minimum of 1.0 full-time equivalent program staff person who is responsible for providing care coordination services, to all enrolled program participants. Care coordination services and the minimum requirements for the frequency and type of contacts with program participants are described under Care Coordination Services and Home Visits. HB staff responsibilities also include: coordinating and facilitating group educational sessions, planning and facilitating the Community Advisory Board (CAB) meetings, as well as planning and participating in community outreach and educational activities. Additional HB staff responsibilities are listed below and under Reporting Requirements.

##### **i. Education and Experience Requirements**

HB staff must have a minimum of a two-year associate degree in social sciences/human services or related degree with a minimum of two years of experience working in a health/social service agency, or a four-year bachelor's degree in health education/social work or related degree with one year of experience working or interning in a health/social service agency.

##### **B. Caseload and Enrollment Eligibility**

Each HB site shall maintain a minimum caseload of 40 unduplicated minority pregnant and/or interconception women. HB sites shall serve all enrolled women and their children prenatally and up to two years interconceptionally. Eligible program participants are minority women who are pregnant or no more than 60-days postpartum at program entry. For pregnant women, every effort should be made to enroll as early in their pregnancy as possible. At least 80% of the program participant caseload must be pregnant at enrollment. No more than 20% of program participant caseload can be enrolled during the 60-day postpartum period (up to 60 days after the baby is born). Interconception women cannot be enrolled into HB after the 60-day postpartum period.

##### **C. Care Coordination Services and Home Visits**

HB staff shall provide care coordination services to all enrolled program participants. Under HB, care coordination services include conducting assessments and screenings and providing education, support and referrals to program participants. HB staff shall provide a minimum of 12 monthly care coordination contacts per year, which equates to one contact per month. At least six (6) of the 12 contacts must be home visits and the remaining six (6) contacts can be conducted by phone or in-person (in the office, clinic,

or community location). The annual time-period for the 12 care coordination contacts begins on the program participant's enrollment date. One additional home visit (or visit in hospital) is required within one week after the baby's birth, or as soon as possible thereafter, for all program participants who enrolled prenatally.

D. Program Components

HB staff shall provide care coordination services (as described above) under each program component. The program components required during the prenatal period for pregnant participants and during the interconception period for interconception participants, are listed below:

i. Prenatal Period – Pregnant Participants:

a. Breastfeeding

HB staff shall provide breastfeeding education and conduct an assessment on the participants' plan to breastfeed. HB staff will provide education during pregnancy to support their plan. HB staff will also provide education and resources to fathers/partners and family members on breastfeeding and ways to support breastfeeding mothers.

b. Depression Screening

HB staff shall screen participants for depression during pregnancy using the self-administered Edinburgh Postnatal Depression Scale (EPDS). HB staff shall follow the Healthy Beginnings EPDS Policy and Procedures for administering the screening tool, interpreting scores, re-screening, and providing education and referrals when indicated. The HB EPDS Policy and Procedures will be provided by the Women's Health Branch.

c. Folic Acid/Multivitamins

HB staff shall provide education and support to ensure that participants are consuming a multivitamin that contains the recommended daily allowance of folic acid and other nutrients needed during pregnancy (commonly found in prenatal vitamins). HB staff shall provide referrals or resources to obtain prenatal vitamins (if available) and conduct monthly assessments to ensure that participants are taking folic acid/prenatal vitamins daily.

d. Healthy Weight and Physical Activity

HB staff shall provide education on the recommended healthy weight gain range during pregnancy based on the participant's pre-pregnancy body mass index (BMI), along with education and support on nutrition and physical activity during pregnancy. HB staff will also offer education and resources to fathers/partners and family members on healthy eating and physical activity.

e. Infant Safe Sleep Practices

HB staff shall provide education to participants, fathers/partners and family members on current infant safe sleep practices to help them prepare a safe sleep

space before the baby is born. HB staff will provide resources and referrals for infant items that are approved for safe sleep spaces when available.

- f. Prenatal Care  
HB staff shall provide education and support to ensure that participants are receiving early and continuous prenatal care during pregnancy. HB staff shall provide participants with referrals to prenatal care providers when they are not receiving prenatal care at enrollment. HB staff shall conduct monthly assessments to ensure that participants are receiving continuous prenatal care.
  - g. Reproductive Life Planning  
HB staff shall conduct a reproductive life plan assessment with participants and provide education during pregnancy to support their plan. HB staff will provide education on the risks of short interpregnancy intervals (repeat pregnancies sooner than 18 months). HB staff will also offer education and resources to fathers/partners on effective contraceptive methods.
  - h. Tobacco Use/Smoking Cessation and Eliminating Exposure  
HB staff shall conduct monthly assessments and provide education and advice to help participants quit using tobacco products (inclusive of electronic nicotine delivery systems) and eliminate their exposure to tobacco products. HB staff shall provide education and support to participants who are smoking or using other tobacco products using the 5A's. The 5A's (Ask, Advise, Assess, Assist, and Arrange) is a brief, evidence-based intervention that can help participants quit using tobacco products. HB staff will also offer education and resources to help fathers/partners and family members quit using tobacco products and provide education on the risks of exposure to tobacco products. HB staff shall refer participants, fathers/partners and family members to QuitlineNC for tobacco cessation counseling.
- ii. Interconception Period – Interconception Participants
- a. Breastfeeding  
HB staff shall provide education, support and referrals to encourage breastfeeding initiation and maintenance for at least six months. HB staff shall conduct monthly assessments and provide ongoing support and referrals to help participants continue to breastfeed. HB staff will also provide education and support to fathers/partners and family members to support breastfeeding mothers.
  - b. Depression Screening  
HB staff shall screen participants for depression during the interconception period using the self-administered Edinburgh Postnatal Depression Scale (EPDS). HB staff shall follow the Healthy Beginnings EPDS Policy and Procedures for administering the screening tool, interpreting scores, re-screening, and providing education and referrals when indicated.



- c. Healthy Weight and Physical Activity  
HB staff shall provide education and support on healthy weight and physical activity during the interconception period. HB staff shall conduct assessments on participants' postpartum body mass index (BMI), no sooner than six weeks after baby's birth and at program discharge when baby turns two years of age. HB staff will also offer education and resources to fathers/partners and family members on healthy eating and physical activity.
- d. Infant Safe Sleep Practices  
HB staff shall provide education to participants, fathers/partners and family members on current infant safe sleep practices. HB staff shall conduct monthly assessments on infant safe sleep practices until the child is 12 months of age. HB staff will provide resources and referrals for infant items that are approved for safe sleep places when available.
- e. Multivitamins  
HB staff shall provide education and support to ensure that participants are continuing to consume a multivitamin that contains the recommended daily allowance of folic acid and other nutrients. HB staff shall provide referrals or resources to obtain multivitamins (if available) and conduct monthly assessments to ensure that participants are taking multivitamins daily.
- f. Postpartum Care  
HB staff shall provide education and support to ensure that participants are receiving postpartum care checkups as determined by their medical provider. HB staff shall conduct assessments to document the date participants received their postpartum care checkups.
- g. Reproductive Life Planning  
HB staff shall conduct a reproductive life plan assessment with participants to include discussing plans for having more children and providing education on all approved contraceptive methods, from the most effective to the least effective, using a patient-centered approach. HB staff will provide education on the risks of short interpregnancy intervals (repeat pregnancies sooner than 18 months). HB staff shall conduct monthly assessments on the primary birth control method being used. HB staff will also offer education and resources to fathers/partners on reproductive life planning.
- h. Tobacco Use/Smoking Cessation and Eliminating Exposure  
HB staff shall conduct monthly assessments and provide education and advice to help participants quit using tobacco products (inclusive of electronic nicotine delivery systems) using the 5A's. The 5A's (Ask, Advise, Assess, Assist, and Arrange) is a brief, evidence-based intervention that can help participants quit using tobacco products. HB staff shall conduct monthly assessments and provide education and advice to help eliminate participants' and their child(ren)'s exposure to tobacco products. HB staff will also offer education and resources to

help fathers/partners and family members quit using tobacco products (inclusive of electronic nicotine delivery systems) and provide education on the risks of exposure to tobacco products. HB staff shall provide referrals to participants, fathers/partners and family members to QuitlineNC for additional tobacco cessation counseling.

i. Well-Child Visits

HB staff shall provide education and referrals to participants to ensure their children are receiving all of the recommended well-childcare visits and immunizations based on the recommendations for preventive pediatric health care from Bright Futures/American Academy of Pediatrics. HB staff shall conduct monthly assessments to ensure that well-childcare visits are being received.

E. Education and Training

Healthy Beginnings (HB) staff shall participate in quarterly program webinars, an annual skill building workshop, and other trainings required by the Healthy Beginnings Program Manager. HB staff shall receive education and training in the topics listed below. Please refer to Appendix C for detailed information on the required trainings (including cost and location) and educational materials and resources described below.

i. Breastfeeding

HB staff shall attend the North Carolina Division of Public Health (NC DPH), Nutrition Services Branch, Breastfeeding Peer Counselor Core Training. This training will provide HB staff with the knowledge and skills to educate and promote breastfeeding to program participants during pregnancy to assist them in making informed decisions for feeding their baby. For program participants, who initiate breastfeeding after birth, the HB staff will provide education and support for continued breastfeeding, and referral to lactation experts in the community when needed. HB staff shall receive education on the important role fathers/partners have in breastfeeding decision making to further encourage initiation and maintenance of breastfeeding among program participants.

ii. Depression Screening

HB staff shall receive training from the Women's Health Branch on the Edinburgh Postnatal Depression Scale (EPDS) and the policy and procedures for the use of the EPDS with program participants during the prenatal period and interconception period.

iii. Folic Acid/Multivitamins

HB staff shall utilize the March of Dimes educational materials on folic acid, prenatal vitamins, nutrients need before, during and after pregnancy.

iv. Healthy Weight and Physical Activity

HB staff shall utilize the American College of Obstetricians and Gynecologists (ACOG), NC DPH, Nutrition Services Branch, and Eat Smart, Move More NC's recommendations and educational materials on appropriate weight gain, nutrition and

physical activity during pregnancy, and healthy eating and physical activity during the interconception period.

- v. Home Visiting  
HB staff shall receive training in the Florida State University's Partners for a Healthy Baby (PHB) home visiting curriculum and utilize this curriculum when conducting home visits with program participants. HB staff will be required to educate program participants on specific PHB curriculum content during the prenatal period and during the interconception period. The list of required PHB curriculum content will be provided to each funded program site by the Healthy Beginnings Program Manager once funds are awarded. Please refer to Appendix C for more information including costs for PHB training.
- vi. Infant Safe Sleep Practices  
HB staff shall receive training on infant safe sleep practices to provide program participants, fathers/partners and family members with education on how to create safe sleep spaces to reduce the incidence of sleep-related infant deaths.
- vii. Labor and Birth  
HB staff shall receive basic education on pregnancy and birth education from the NC DPH, Women's Health Branch. This education will help HB staff provide information and support to pregnant program participants and their families. The information HB staff provides, on evidence-informed birth practices and strategies, will help participants and their families make informed decisions related to their care, and effectively communicate with health care providers during birth.
- viii. Postpartum Care  
HB staff shall utilize the recommendations from the American College of Obstetricians and Gynecologists (ACOG) Committee Opinion on Optimizing Postpartum Care to ensure that participants are receiving postpartum care.
- ix. Reproductive Life Planning  
HB staff shall receive training and educational materials from the Family Planning National Training Center on the current methods of birth control, which will include the benefits, potential side effects and effectiveness rates for each birth control method; and training on how to help program participants create reproductive life plans.
- x. Tobacco Use/Smoking Cessation and Eliminating Exposure  
HB staff shall receive training on evidenced-based tobacco cessation counseling and utilize educational materials to help program participants, fathers/partners and family members quit using tobacco products (inclusive of electronic nicotine delivery systems) and eliminate exposure to tobacco products.

xi. Well-Child Visits

HB staff shall utilize the recommendations for preventive pediatric health care up until two years of age from Bright Futures/American Academy of Pediatrics.

F. Group Educational Sessions

Each HB site shall provide a minimum of seven (7) group educational sessions per year. Six (6) group educational sessions shall be provided to all enrolled program participants. Possible group educational session topics include: infant safe sleep practices, reproductive life planning, pregnancy and birth, breastfeeding, nutrition and physical activity, tobacco use/smoking cessation, and well-child visits. It is recommended that topics are chosen based upon the needs of and requests from program participants. HB staff shall encourage program participants to attend these group educational sessions with fathers/partners and family members.

One (1) group educational session shall be provided to fathers/partners or other family members and pregnant program participants and program participants who are breastfeeding. It is highly recommended that this session is held during the program participant's prenatal period so that decisions on infant feeding can be made before the participant gives birth. This group educational session will cover the father's/partner's involvement during pregnancy and after the baby is born, how fathers/partners can connect with the baby and the mom, and the father's/partner's role in breastfeeding and supporting the mom. The Healthy Beginnings Program Manager will provide a facilitator outline for this breastfeeding group educational session to each HB site.

HB staff shall develop and administer a pre-test and post-test for each group educational session to measure the percentage of knowledge gained by program participants. The Healthy Beginnings Program Manager will provide examples of pre-tests and post-tests to each HB site. HB staff shall follow the Eat Smart, Move More NC's guidelines for healthy foods and beverages at group educational meetings, if applicable. These guidelines can be found at: [www.MyEatSmartMoveMore.com](http://www.MyEatSmartMoveMore.com).

G. Community Advisory Board

Each HB site shall maintain a Community Advisory Board (CAB) that convenes at least quarterly (a minimum of four times per year) and more often as needed. The CAB shall have a minimum of ten (10) members, not including HB staff. The CAB membership shall include at least two (2) Healthy Beginnings program participants (current or past enrollees) along with at least eight (8) representatives from health and human service agencies and other community entities such as: hospitals/health care organizations, schools/educational institutions, local businesses, churches/faith-based organizations, and women and family support services agencies. At least one HB program participant CAB member must be in attendance for 75% of CAB meetings (at least three meetings per year). The CAB shall be responsible for advising and assisting HB staff to provide high quality and appropriate services to the program participants, providing feedback for program improvement to meet service deliverables, reviewing educational and promotional materials developed by the program to ensure appropriateness for the

community, promoting and supporting the program in the community, and assisting HB staff to obtain resources.

A meeting agenda shall be developed for every CAB meeting and meeting minutes shall be taken at every meeting to document the work of the CAB. Meeting minutes should include the names of the individuals and organizations in attendance and specific details on the information discussed during the meeting. Educational and promotional materials that are reviewed should be documented in the meeting minutes and include the name and purpose of the materials, and the CAB recommendations regarding the use of such materials. Meeting minutes shall be distributed to the CAB membership following every CAB meeting.

#### H. Community Outreach and Education

HB staff shall conduct and/or participate in four (4) community outreach and education activities (e.g. radio broadcasts, newspaper articles, health fairs, and provider training sessions) per year. These community outreach and education activities shall be related to improving birth outcomes and maternal health among minority women. HB sites are encouraged to include fathers/partners and family members in their community outreach and education activities.

#### I. Program Performance Outcome Measures

- i. At least 80% of pregnant program participants shall begin receiving prenatal care in the first trimester.
- ii. At least 90% of program participants enrolled prenatally shall receive a home visit (or visit in hospital) ideally within one week of baby's birth but no later than three weeks after baby's birth.
- iii. At least 35% of interconception program participants shall initiate breastfeeding and maintain for at least six months.
- iv. At least 90% of interconception program participants shall receive their postpartum checkup.
- v. At least 95% of program participants shall receive depression screening within 30 days of enrollment.
- vi. At least 80% of interconception program participants shall always lay their babies down to sleep on their backs until their child reaches 12 months of age.
- vii. At least 90% of interconception program participants shall experience an interpregnancy interval greater than 18 months.
- viii. At least 40% of all currently enrolled program participants will attend each group educational session.
- ix. At least 80% of all program participants attending group educational sessions shall report increased knowledge of maternal and child health topics.

## 2. Reporting Requirements

### A. Program Forms

HB staff shall utilize the Healthy Beginnings (HB) forms to: screen for program eligibility; conduct assessments and monthly contacts; screen for depression; document program participant information, and education and referrals provided under each program component; and document care coordination services provided during the prenatal and interconception periods. Care coordination services also include providing information and referrals for: prenatal and primary care, transportation, childcare, school, employment, mental health, substance use, and intimate partner violence. Information and referrals are provided based upon the program participant's needs and the resources available. The current HB forms can be found at:

<http://whb.ncpublichealth.com/provPart/forms.htm>. HB forms training will be required and provided by the Healthy Beginnings Program Manager.

### B. Program Database

Each HB site shall utilize the HB Database to enter program participant-level data on a monthly and quarterly basis. The HB Database is a file developed in the Microsoft Excel software program. HB staff are responsible for accurate and timely data entry in the HB Database file provided to each HB site annually. Each HB site shall submit quarterly database reports. HB Database report submission dates will be determined by the Healthy Beginnings Program Manager. HB Database training will be required and provided by the Healthy Beginnings Program Data Manager.

### C. Program Reports

- i. HB site shall submit biannual program reports that provide detailed information on program deliverables and performance outcome measures. Program reports shall be submitted online through Survey Monkey. The Healthy Beginnings Program Manager shall provide the Survey Monkey link for the program report submissions to each HB site. Program report submission dates will be determined by the Healthy Beginnings Program Manager.
- ii. Each HB site shall administer the HB participant satisfaction survey (through Survey Monkey or in written form) to program participants annually to obtain programmatic feedback. HB staff shall enter all HB participant satisfaction survey responses administered in written form online through Survey Monkey. The Healthy Beginnings Program Manager shall provide the Survey Monkey link for the HB participant satisfaction survey to each HB site. A summary of HB participant satisfaction survey responses shall be sent to each HB site by the Healthy Beginnings Program Manager annually. A copy of the HB participant satisfaction survey can be found in Appendix D.

### D. Expenditure Reports

- i. Each HB site shall submit a monthly report outlining the previous months expenditures. A copy of the monthly expenditure report forms will be provided by the Healthy Beginnings Program Manager before the contract start date.

**Who May Apply**

Public or private non-profit agencies (e.g. nonprofit community-based organizations, faith-based organizations, local health departments, community health centers) interested in improving birth outcomes and maternal health among minority women in their communities are eligible to apply. Public or private non-profit agencies from all counties in North Carolina are eligible to apply. For-profit agencies need not apply.

Potential applicants should consider whether their agency has the capacity to administer the state grant funds if awarded. Recipients of state funds are expected to have established in writing certain general agency policies including personnel and financial accounting policies. Funds to grantees will be dispersed on a cost reimbursement basis only and agencies should carefully consider if they have the capacity to implement the program under this system.

**Demonstrated Need Scores**

In an effort to make an impact in reducing infant mortality rates among minority populations and reducing the two-fold disparity between white and African American and American Indian infant mortality in North Carolina, counties will receive additional scores based on need under two categories. This includes the counties that rank in the top quartile (i.e. the top 25) for minority infant mortality rates and the counties with the highest disparity ratios for infant mortality. The top-ranking counties were identified based on their five-year average infant mortality rates between 2015-2019. In Table 1, an infant mortality need score has been assigned to the top 25 counties based upon their ranking position (refer to Table 1 on page 16). In Table 2, a disparity ratio need score has been assigned to the top 25 counties based upon their ranking position (refer to Table 2 on page 17). Applications are desired from agencies located in counties under these two categories. The need score shall be added to the application score established by an objective review committee.

**Table 1: Infant Mortality Need Score<sup>1</sup>**

<b>Rank</b>	<b>County</b>	<b>5-yr. Infant Mortality Rate</b>	<b>Need Score</b>
1	WASHINGTON	24.6	5
2	PERSON	18.6	5
3	BERTIE	16.2	5
4	HERTFORD	15.0	5
5	PITT	14.9	5
6	WILSON	13.8	4
7	FRANKLIN	13.7	4
8	LINCOLN	13.7	4
9	BEAUFORT	13.5	4
10	ANSON	13.3	4
11	PENDER	13.3	3
12	ROCKINGHAM	13.3	3
13	BLADEN	13.2	3
14	STANLY	13.2	3
15	RICHMOND	13.0	3
16	EDGECOMBE	12.9	2
17	CLEVELAND	12.7	2
18	DAVIDSON	12.5	2
19	HALIFAX	12.5	2
20	CHATHAM	11.8	2
21	HOKE	11.4	1
22	FORSYTH	11.3	1
23	GUILFORD	11.1	1
24	ROBESON	11.0	1
25	WAYNE	10.7	1

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<sup>1</sup>North Carolina minority infant mortality rates 2015-2019 are based on infant deaths reported among African American Non-Hispanic, American Indian Non-Hispanic and Other Non-Hispanic populations. Counties whose infant mortality rates are based on less than 10 deaths are excluded from this list, as the State Center for Health Statistics considers these rates unreliable. Source: NC Department of Health and Human Services State Center for Health Statistics.



**Table 2: Disparity Ratio Need Score<sup>2</sup>**

<b>Rank</b>	<b>County</b>	<b>5-yr. Disparity Ratio</b>	<b>Need Score</b>
1	PITT	4.77	5
2	PENDER	4.46	5
3	DURHAM	4.42	5
4	WAKE	4.13	5
5	LEE	2.98	5
6	MECKLENBURG	2.94	4
7	GUILFORD	2.87	4
8	WAYNE	2.83	4
9	HOKE	2.81	4
10	WILSON	2.71	4
11	CRAVEN	2.51	3
12	CATAWBA	2.45	3
13	FORSYTH	2.44	3
14	ONSLow	2.43	3
15	NEW HANOVER	2.36	3
16	RICHMOND	2.34	2
17	JOHNSTON	2.34	2
18	DAVIDSON	2.32	2
19	ROCKINGHAM	2.27	2
20	ALAMANCE	2.25	2
21	UNION	2.16	1
22	CUMBERLAND	2.16	1
23	CABARRUS	2.09	1
24	IREDELL	2.05	1
25	ROBESON	2.00	1

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<sup>2</sup>North Carolina infant mortality disparity ratios are based on disparities between infant deaths reported among White Non-Hispanics and African American Non-Hispanics. Counties whose infant mortality rates are based on less than 10 deaths are excluded from this list, as the State Center for Health Statistics considers these rates unreliable. Source: NC Department of Health and Human Services State Center for Health Statistics.

#### **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 April 27, 2022.

**2. Decline to Offer**

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

**3. Cost of Application Preparation**

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

**4. Elaborate Applications**

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

**5. Oral Explanations**

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

**6. Reference to Other Data**

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

**7. Titles**

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

**8. Form of Application**

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

**9. Exceptions**

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

**10. Advertising**

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

**11. Right to Submitted Material**

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

**12. Competitive Offer**

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

**13. Agency and Organization's Representative**

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

**14. Subcontracting**

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

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

**15. Proprietary Information**

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

**16. Participation Encouraged**

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

**17. Contract**

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

## 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 **Monday, March 7, 2022**:

<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 <http://whb.ncpublichealth.com/> and may be sent via email to interested agencies and organizations beginning Monday, March 7, 2022.

### 3. **Mandatory Pre-Application Webinar / Technical Assistance Call / RFA Consultation Period**

All prospective applicants are required to participate on a pre-application webinar on **Monday, March 14, 2022 at 10:00 – 11:00 am**. Webinar link:

<http://whb.adobeconnect.com/hbrfaa390/>

An optional technical assistance conference call will be held on **Friday, March 18, 2022** from **10:00 – 11:00 am** call-in phone number is **919-501-4272**.

Questions concerning the specifications in this RFA will be received **until 4:30 pm on Wednesday, March 23, 2022** only to [renee.jackson@dhhs.nc.gov](mailto:renee.jackson@dhhs.nc.gov). As an addendum to this RFA, a summary of all questions and answers will be e-mailed to all eligible applicants on **Tuesday, March 29, 2022**. Eligible applicants are those agencies who participated on the mandatory pre-application webinar and submitted the mandatory notice of intent (see below).

### 4. **Mandatory Notice of Intent**

Any agency that plans to submit an application is required to submit a non-binding notice of intent no later than **5:00 pm on Wednesday, March 23, 2022**. Confirmation of receipt will be provided in response. Agencies that do not submit a notice of intent by the deadline shall not be eligible to respond to this RFA. The link to submit a notice of intent is: <https://www.surveymonkey.com/r/HBRFAA390>

The following information will be requested in the notice of intent:

- The legal name of the agency.
- The name, title, phone number, mailing address, and email address of the person who will coordinate the application submission.
- County(ies) where services will be provided.

**5. Applications**

Applicants shall submit an original and four (4) copies of the application. All copies shall include the required attachments. Electronic submission will not be accepted in lieu of an original. Faxed applications will not be accepted.

**6. Original Application**

The original application must contain original documents, and all signatures in the original application must be original. Mechanical, copied, or stamped signatures are not acceptable. The original application should be clearly marked “original” on the application face sheet.

**7. Copies of Application**

Along with the original application, submit four (4) photocopies of the application in its entirety. Copies of the application should be clearly marked “copy” on the application face sheet.

**8. Format**

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

**9. Space Allowance**

Page limits are clearly marked in each section of the application. Points will be deducted from the score of each application if page limits are exceeded.

**10. Application Deadline**

Applications shall be received until **5:00 p.m. on Friday, April 8, 2022. Applications that arrive after the deadline shall not be considered even if they are postmarked on or before the deadline.** Faxed or emailed applications **will not** be accepted in lieu of the original application and required number of hard copies. Original signatures are required.

**11. Receipt of Applications**

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

**12. Review of Applications**

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the maternal and child health issues. Staff from applicant agencies may not participate as reviewers. The committee will review each application for completeness, content and quality of responses to each item on the application. The committee uses a standardized set of criteria based on various factors to establish a score for each application and provides recommendations for funding. Any application missing required components or not following instructions (including going over page limits) will have **5** points deducted from the score determined by the review committee. The demonstrated need scores, as described in this RFA, are added to the application score established by the review committee.

The State reserves the right to conduct site visits as part of the application review and award process. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

**13. Request for Additional Information**

At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

**14. Audit**

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status.

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

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

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$500,000

Level 3: \$500,000 or more

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

**15. Assurances**

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

**16. Additional Documentation to Include with Application**

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

Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the agency's 501(c)(3) tax-exempt status. (This letter

normally includes the agency's tax identification number, so it would also satisfy that documentation requirement.)

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

#### **17. Federal Certifications**

Agencies or organizations receiving Federal funds would be required to execute Federal Certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco Smoke, Debarment, Lobbying, and Lobbying Activities. A copy of the Federal Certifications is included in this RFA for your reference (see Appendix F). Federal Certifications should NOT be signed or returned with application.

#### **18. System for Award Management Database (SAM)**

All grantees receiving federal funds must be actively registered in the federal government's System for Award Management (SAM) database or be willing to complete the registration process in conjunction with the award (see [www.sam.gov](http://www.sam.gov)). To maintain an active SAM record, the record must be updated no less than annually.

#### **19. 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. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign contracts (a reference version appears in Appendix F).
- b. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign expenditure reports (a reference version appears in Appendix F).
- c. Documentation of the agency's DUNS number. Documentation consists of a copy of communication (such as a letter or email correspondence) from Dun & Bradstreet (D&B) which indicates the agency or organization's legal name, address, and DUNS number. In lieu of a document from D&B, a copy of the agency or organization's SAM record is acceptable.

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

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

- a. A completed and signed statement which includes the agency's Conflict of Interest Policy (a reference version appears in Appendix F).



- b. A completed, signed, and notarized page certifying that the agency has no overdue tax debts (a reference version appears in Appendix F).

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

Note: At the start of each calendar year, all agencies with current DPH contracts are required to update their contract documentation. These agencies will be contacted a few weeks prior to the due date and will be provided the necessary forms and instructions.

**20. Registration with Secretary of State**

Private non-profit applicants must also be registered with the North Carolina Secretary of State to do business in North Carolina or be willing to complete the registration process in conjunction with the execution of the contract documents. (Refer to: [https://www.sosnc.gov/divisions/business\\_registration](https://www.sosnc.gov/divisions/business_registration))

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

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

**22. Iran Divestment Act**

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

**23. Boycott Israel Divestment Policy**

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

**24. Application Process Summary Dates**

Dates	RFA Action Items
03/07/2022	RFA released and consultation period begins.
03/14/2022	Mandatory pre-application webinar at 10:00 am - 11:00 am <a href="http://whb.adobeconnect.com/hbrfaa390/">http://whb.adobeconnect.com/hbrfaa390/</a>
03/18/2022	Technical assistance call (optional) at 10:00 am - 11:00 am, call-in number is 919-501-4272.

03/23/2022	Mandatory notice of intent due at 5:00 pm: <a href="https://www.surveymonkey.com/r/HBRFAA390">https://www.surveymonkey.com/r/HBRFAA390</a>
03/23/2022	RFA consultation period ends at 4:30 pm.
03/29/2022	Question and answer addendum emailed to all eligible applicants.
04/08/2022	Application deadline at 5:00 pm.
04/27/2022	Successful applicants will be notified.

## **VI. COMPLETING THE APPLICATION**

### **Cover Letter**

A cover letter on agency letterhead must be signed by the lead administrator of the agency submitting the application and include the information provided in the cover letter template (Appendix A).

### **Application Form**

The complete Application Form can be downloaded from the Women’s Health Branch website at <http://whb.ncpublichealth.com/> on October 25, 2021. The Application Form in Appendix B is for reference only.

### **Application Face Sheet**

The Application Face Sheet serves as the cover page for the application. It provides basic information about the applicant and the proposed project with Healthy Beginnings, including the signature of the individual authorized to sign “official documents” for the agency. Complete the Application Face Sheet with all of the information requested. The name and contact information of the person best suited to answer questions about the proposed project should be included on the Application Face Sheet.

Applicants must enter their Data Universal Numbering System (DUNS) number, which is developed and regulated by Dun & Bradstreet. If your agency does not have a DUNS number, please use the Dun & Bradstreet (D&B) online registration (<http://fedgov.dnb.com/webform>) to receive one free of charge.

## **SECTION 1: NEEDS ASSESSMENT**

In order to improve minority maternal and infant health outcomes in their communities, applicants must: 1) understand the factors that contribute to high infant mortality rates among minority populations; 2) understand the factors that contribute to poor maternal health outcomes among minority women of childbearing age; 3) assess which of the factors are most relevant for the population they intend to serve; and 4) determine which factors can be impacted by the Healthy Beginnings program.

### **Evidence of Need**

Although applications from counties that are among the top quartile for minority infant mortality rates and infant mortality disparity ratios will receive a demonstrated need score, as described in this RFA, **all** applicants must convincingly describe and document the need for services in a specific community, such as a county or a town/city. Recent and appropriate data should be provided as evidence to support the statement of need as related to the goals of Healthy Beginnings. Please refer to Appendix E for a list of recommended data resources. The following data must be included for **minority populations**:

- State and county infant mortality rates;
- State and county low and very low birth weight rates;
- State and county preterm birth rates,
- State and county prenatal care initiation rates;

- State and county percentages of women who received adequate prenatal care;
- State and county smoking during pregnancy rates; and
- State and county statistics for women who gave birth (i.e. age, education level, health status, pre-pregnancy body mass index).

### **Population to Be Served**

Applicants must describe the specific population to be served within the community. This description should include factors that have an impact on birth outcomes, such as: race/ethnicity, age, educational level, income level, housing, nutrition, stress, substance use, and intimate partner violence. Please note that it is not sufficient to state that the potential participants are minority pregnant women who are at “high risk.”

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

### **Citations**

Appropriate data sources must be cited in the needs assessment. One way this can be done is by using endnotes. If you use endnotes, the citation list can be included on a separate page and will not count against the page limit for this section. For further information on citing references using endnotes, please refer to the handout entitled “Endnote Citation Guidance” posted on the Women’s Health Branch website at: <http://whb.ncpublichealth.com>.

## **SECTION 2: PROGRAM PLAN**

Applicants will be required to describe in detail their program planning and implementation, including participant recruitment and retention. Please refer to the Scope of Services section of this RFA for details. Applicants will describe how their program will meet or exceed the Healthy Beginnings program’s service deliverables and the activities involved to meet the service deliverables. Applicants will describe how their program will conduct assessments and screenings and provide education, support and referral services for each program component. Applicants will describe how their program will meet each of the program’s performance outcome measures. Applicants will describe how they plan to address issues that affect meeting program requirements such as: loss of contact with program participants, no shows for home visits, and low attendance at group educational sessions.

## **SECTION 3: DATA COLLECTION AND EVALUATION**

Applicants will be required to describe who will be responsible for collecting performance outcome data such as: the number of program participants served, number of care coordination monthly contacts conducted, number of home visits conducted, and program participant attendance at group educational sessions. Applicants will be required to describe who will be responsible for completing and submitting the online biannual program reports through Survey Monkey. Applicants will be required to describe how participant records will be kept confidential, and who will be responsible for entering participant-level data in the Healthy Beginnings (HB) database, monitoring the HB database, and submitting quarterly HB database reports. Applicants will be required to describe how the HB participant satisfaction survey will

be administered; who will be responsible for collecting and reviewing survey feedback; how feedback will be used for program improvement; and who will enter survey responses received in written form online through Survey Monkey. Applicants will be required to describe who will be responsible for developing and administering the pre-tests and post-tests for each group educational session; calculating the percent increase in knowledge; and ensuring confidentiality and anonymity.

## **SECTION 4: AGENCY ABILITY**

### **Agency Overview**

Applicants will be required to describe their agency's mission, background and services and how these relate to the Healthy Beginnings program's goals. Applicants should describe their experience working with minority communities and implementing maternal and infant health programs in the community. Applicants who are or have been funded to implement the Healthy Beginnings program should describe their experience, including successes and challenges experienced. The agency's organizational chart and list of current Board of Directors must be included in Attachment B.

### **Agency Capacity**

Applicants should consider whether their agency has the capacity to administer a state grant if funds are awarded. Recipients of state funds are expected to have established written general agency policies including personnel and financial accounting policies. Funds to grantees will be dispersed on a cost reimbursement basis only and agencies should carefully consider if they have the capacity to implement the program under this system. Applicants will be required to describe their capacity to implement the program under a cost reimbursement system.

### **Staffing and Training**

Applicants will be required to describe the staff positions needed to implement and support the program, and the process for recruiting and hiring staff if they are not currently in place. Applicants will be required to describe the plan for training new staff and provide the proposed dates for each required training or provide the dates current staff received each required training. Please refer to Appendix C for detailed information on the required training programs.

Program staff need to have experience working with minority women, children and families; providing education on maternal and child health topics; conducting home visits, conducting community outreach; and working with community partners and developing resource and referral networks. If program staff is already in place, please provide a job description and resume for each program staff position in Attachment B. If program staff is not in place, please provide a job description for each program staff position in Attachment B.

### **Staff Turnover**

The development and ultimate success of a program can be thwarted by frequent staff turnover, which can be caused in part by salaries that are not comparable to similar professional positions in the county, or the limited provision of supervision and program support. Applicants are expected to propose a competitive salary for program staff. Applicants will be required to describe their recent history of staff turnover, how they will minimize staff turnover during the grant period, and the plan for continued service provision if staff turnover is experienced.

## **SECTION 5: COMMUNITY INVOLVEMENT**

### **Community Advisory Board (CAB)**

Applicants will be required to describe how they will establish a Community Advisory Board (CAB) that consists of a minimum of 10 members, not including HB staff. The CAB shall include at least eight (8) members representing health and human service agencies and other community entities and at least two (2) Healthy Beginnings program participants (current or past enrollees). If an applicant has an existing CAB for HB, they will be required to describe how CAB members (including program participants) are engaged and involved in program improvement, what agencies are currently represented on the CAB and what agencies are missing, and what are their plans for recruiting new members.

Each CAB member and/or proposed CAB member must submit a letter of specific commitment. The letters should be unique and written from the point of view of the individual and specify what the individual will contribute to the CAB. Letters of specific commitment must be included in Attachment A.

### **Agency Collaboration**

Applicants are expected to collaborate with other agencies to assist with implementing the proposed program. A Memorandum of Agreement (MOA) must be included from each agency that is committed to the following: referring potential participants; providing meeting space; assisting with transportation needs; and providing childcare or other resources. All Memoranda of Agreement must be included in Attachment A.

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

- Specific contribution from the agency to the program
- Specific commitment to provide an agency representative to participate on the CAB (if applicable)

### **Referrals**

Program participants may have needs that are beyond the scope of the program. In order to provide appropriate services for program participants, applicants must identify appropriate referral agencies and have a Memorandum of Agreement (MOA) with each agency. Referrals may be made for services such as contraception, intimate partner violence, mental health, and substance use. Applicants must describe how they will determine that referrals were completed. All Memorandums of Agreement must be included in Attachment A.

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

- Specific contribution from the agency to the program
- Specific commitment to provide an agency representative to participate on the CAB (if applicable)

## SECTION 6: BUDGET

### Budget and Justification

Applicants must complete the **Open Windows Budget Form** for the first year of the three-year funding period. The Open Windows Budget Form requires a line-item budget and a narrative justification for each line-item expense. The Open Windows Budget Form and Instructions can be downloaded from the Women’s Health Branch website at <http://whb.ncpublichealth.com> on March 7, 2022.

### 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 each expense relates to the program.

### 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 585 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.

### Current Rates for Travel and Lodging

<b>Meals</b>	<b>In State</b>	<b>Out of State</b>
Breakfast	\$13.00	\$13.00
Lunch	\$14.00	\$14.00
Dinner	\$23.00	\$23.00
<i>Total Meals Per Diem Per Day</i>	<i>\$50.00</i>	<i>\$50.00</i>
<b>Lodging</b> ( <i>Maximum rate per person, excludes taxes and fees</i> )	\$96.00	\$96.00
<b>Total Travel Allowance Per Day</b>	<b>\$146.00</b>	<b>\$146.00</b>
Mileage	\$0.585 per mile	

### Audits

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

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

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$500,000

Level 3: \$500,000 or more

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

### **Indirect Cost**

Indirect cost is the cost incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. Regulations restricting the allocation of indirect cost vary based on the funding source.

This RFA is funded by:

### **State Funds**

No indirect costs are allowed on the state funded sub-awards.



## **APPLICATION CHECKLIST**

Please be sure that all of the items below are included or completed in your application. Use a binder clip at the top left corner of each copy of the application. The original application should be clearly marked “original”, and the four copies should be marked “copy” on the Application Face Sheet. Do not include a copy of this checklist with the application.

1. \_\_\_ **Cover Letter** (template in Appendix A)
2. \_\_\_ **Complete Application Form** (Appendix B)  
Download from the Women’s Health Branch website at:  
<http://whb.ncpublichealth.com/>
3. \_\_\_ **Program Budget Form (Year 1)**  
Include a detailed budget with justifications in the format provided.  
Download from the Women’s Health Branch website at:  
<http://whb.ncpublichealth.com/>
4. \_\_\_ Attachment A – **Table of Contents and Letters of Specific Commitment and Memoranda of Agreement**
5. \_\_\_ Attachment B – **Table of Contents and Agency Information**
6. \_\_\_ Application meets all page limit requirements
7. \_\_\_ All signatures are “original” on the original application, and marked “original” on the Application Face Sheet
8. \_\_\_ Four (4) copies of the original application are submitted, each marked “copy” on the Application Face Sheet

# Appendix A

## Cover Letter

**Total Point Value: 2**

The form in this attachment is for **reference only**.

The cover letter must be on agency letterhead and signed and dated by the individual authorized to legally bind the applicant. The cover letter must include: legal name of the applicant agency, applicant agency's federal tax identification number, applicant agency's DUNS number, the RFA number, and the contact information for the person who may be contacted during the RFA process. The cover letter must also indicate a clear understanding of and strong commitment to implement the program and meet the program requirements of the Healthy Beginnings program.

**Cover Letter Template**  
(This Letter Must be Printed on Agency Letterhead)

Date

Dear Renee Jackson,

Describe your agency's mission, background and current services. How does implementing the Healthy Beginnings program fit within your agency?

Provide description of your commitment to the program and the evaluation plan, and your agency's capacity to implement the Healthy Beginnings program.

Executive Director:

Phone #:

Email:

Board President:

Phone #:

Email:

Provide the person who knows and understands the program and program plan written in the RFA. This person may be contacted any time during the RFA process by the Healthy Beginnings Program Manager.

Name:

Phone #:

Email:

Address of the agency where the program will be conducted.

# Appendix B

## Application Form

The forms in this attachment are **for reference only**.

The complete Application Form can be downloaded on March 7, 2022, from the Women's Health Branch website at: <http://whb.ncpublichealth.com/>.

**Application Face Sheet**  
**Healthy Beginnings**  
**RFA #A390R**

This form provides basic information about the applicant and the proposed program with Healthy Beginnings, 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 #A390R 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:	Telephone Number:
Title:	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 DUNS Number:
10. Agency’s URL (website):	
11. Agency’s Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Amount of Funding Requested	
15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #14)    Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Signature of Authorized Representative:	17. Date

# **Section 1**

## **Needs Assessment**

**Do not delete the question headers.**

Please provide your response to each question under the heading.

**Total Point Value:**

**20**

**Page Limit:**

**4 single-spaced (excluding citation page)**

- 1-1. Provide recent data to demonstrate the need for the Healthy Beginnings (HB) program in the community you propose to serve. Provide **state and county level data for minority populations** for the following: (6 points)
  - a. Infant mortality rates
  - b. Low and very low birth weight rates
  - c. Preterm birth rates
  - d. Prenatal care initiation rates
  - e. Percent of women who received adequate prenatal care
  - f. Smoking during pregnancy rates
  - g. Data on women who gave birth in your county (i.e. age, health status, education level, pre-pregnancy body mass index)
  
- 1-2. Define the specific community that will be served by the HB program. A community may be a county, zip code, or town/city. (2 points)
  
- 1-3. Describe the specific population to be served within the community. This description should include factors (also known as social determinants of health) that have an impact on birth outcomes, such as: age, race/ethnicity, educational level, income level, housing, nutrition, stress, substance use, and intimate partner violence. Describe how this population was identified. (6 points)
  
- 1-4. Describe the availability and accessibility of health and social services and other support services in the community. Describe strengths, barriers and gaps in services. (4 points)
  
- 1-5. Appropriate data sources must be cited in the needs assessment. One way this can be done is by using endnotes. If you use endnotes, the citation list can be included on a separate page and will not count against the page limit for this section. (2 points)

# **Section 2**

## **Program Plan**

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

**Total Point Value:**

**30**

**Page Limit:**  
**12 single-spaced**



- 2-1. Describe how your agency will meet or exceed the Healthy Beginnings (HB) program deliverables. Describe, in detail, the activities your agency will conduct to meet or exceed HB program deliverables (who is responsible, and when, where and how will activities occur). (12 points)
- a. Maintain a minimum caseload of 40 unduplicated minority women and serve all enrolled women and their children prenatally and up to two years interconceptionally. Describe in detail your recruitment and retention plan, including incentives.
  - b. Provide a minimum of 12 care coordination contacts annually with each enrolled program participant, a minimum of one contact must be provided each month. These 12 care coordination contacts must include a minimum of six (6) home visits and a minimum of six (6) contacts conducted by phone or in-person (office, clinic or other location).
  - c. Provide one additional home visit (or visit in hospital) within one week of the baby's birth, or as soon as possible thereafter, to all program participants enrolled prenatally.
  - d. Provide a minimum of seven (7) group educational sessions per year, which includes one (1) group educational session for fathers/partners or other family members and pregnant and breastfeeding program participants on breastfeeding. Describe how you will address potential barriers to attendance, such as transportation and childcare. Describe how you will ensure that program participants attend, and how will fathers/partners and family members be encouraged to attend. Describe how incentives will be used, logged, and maintained (if applicable).
  - e. Maintain a Community Advisory Board that convenes quarterly.
  - f. Conduct and/or participate in four (4) community outreach and education activities per year.
- 2-2. Describe how your agency will provide care coordination services under each program component for program participants during the prenatal period and interconception period as described in this RFA (pages 5-8). (12 points)
- 2-3. Describe how your agency will meet each program performance outcome measure. (6 points)
- a. At least 80% of pregnant program participants shall begin receiving prenatal care in the first trimester.
  - b. At least 90% of program participants enrolled prenatally shall receive a home visit (or visit in hospital) ideally within one week of baby's birth but no later than three weeks after baby's birth.
  - c. At least 35% of interconception program participants shall initiate breastfeeding and maintain for at least six months.
  - d. At least 90% of interconception program participants shall receive their postpartum checkup.
  - e. At least 95% of program participants shall receive depression screening within 30 days of enrollment.
  - f. At least 80% of interconception program participants shall always lay their babies down to sleep on their backs until their child reaches 12 months of age.
  - g. At least 90% of interconception program participants shall experience an interpregnancy interval greater than 18 months.
  - h. At least 40% of all currently enrolled program participants will attend each group educational session.
  - i. At least 80% of all program participants attending group educational sessions shall report increased knowledge of maternal and child health topics.

# **Section 3**

## **Data Collection and Evaluation**

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

**Total Point Value:**

**12**

**Page Limit:**  
**3 single-spaced**

- 3-1. Describe who will be responsible for entering program participant data into the Healthy Beginnings (HB) Database and submitting quarterly HB Database reports. Describe who will be responsible for monitoring and the frequency of monitoring the HB Database to ensure that complete and accurate data is being entered. (3 points)
- 3-2. Describe who will be responsible for completing and submitting the HB biannual program reports online through Survey Monkey. (2 points)
- 3-3. How will you ensure the confidentiality of program participant records? (2 points)
- 3-4. Describe how you will administer the HB Participant Satisfaction Survey (online and/or in written form) and use program participant feedback. (3 points)
  - a. How often will you administer the survey?
  - b. Who will be responsible for collecting and reviewing feedback?
  - c. Who will be responsible for entering all written survey responses online through Survey Monkey?
  - d. How will the participant feedback be used to improve your program?
- 3-5. Describe who will be responsible for developing and administering the pre-tests and post-tests for each group educational session. Describe who will be responsible for calculating the percent increase in knowledge for each group educational session and ensuring the confidentiality and anonymity of the pre-tests and post-tests. (2 points)

# **Section 4**

## **Agency Ability**

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

**Total Point Value:**

**14**

**Page Limit:**  
**4 single-spaced**

- 4-1. Describe your agency’s mission, background and services and how these relate to the Healthy Beginnings (HB) program’s goals. Describe your agency’s experience working with minority communities and implementing maternal and infant health programs in the community. Applicants who are or have been funded to implement the HB program should describe their experience implementing the program, including successes and challenges experienced. Include the agency’s organizational chart and list of current Board of Directors in Attachment B. (3 points)
- 4-2. Using the chart below, list each staff position that is necessary to implement and support the HB program, include the percentage of time (full-time equivalency percentage) to be spent on the program. Please insert additional rows if needed. Include copies of job descriptions and resumes for staff positions already hired, and job descriptions for staff positions that are not hired in Attachment B. (3 points)
- a. If staff are not currently in place, explain the process for recruiting and hiring new staff to implement the program.

Position Title	Employee Name	Full-Time Equivalency (FTE) %	Check the items attached for each position
			<input type="checkbox"/> Job Description and/or <input type="checkbox"/> Resume
			<input type="checkbox"/> Job Description and/or <input type="checkbox"/> Resume
			<input type="checkbox"/> Job Description and/or <input type="checkbox"/> Resume
			<input type="checkbox"/> Job Description and/or <input type="checkbox"/> Resume

- 4-3. Describe the plan for training newly hired staff and provide the proposed dates for each required training or provide the dates current staff received each required training under these topics: breastfeeding, home visiting, infant safe sleep practices, and tobacco/smoking cessation. Please refer to Appendix C for the required trainings under the specific topics listed above. (3 points)
- 4-4. Describe staff turnover and staff development within your agency. (3 points)
- a. Describe your agency’s history of staff turnover over the past four years.
- b. How will you minimize staff turnover during the grant period?
- c. Describe how program services will continue if staff turnover is experienced.
- d. How will you ensure that staff receive opportunities for staff development?
- 4-5. Describe your agency’s capacity to implement the program under a cost reimbursement system. (2 points)

# **Section 5**

## **Community Involvement**

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

**Total Point Value:**

**14**

**Page Limit:**  
**5 single-spaced**

- 5-1. Describe how you will establish a Healthy Beginnings (HB) Community Advisory Board (CAB) that consists of a minimum of 10 members (not including HB staff), including at least two (2) HB program participants (current or past enrollees), and how CAB members will be involved in program improvement. If you have an existing CAB, then describe how CAB members (including program participants) are engaged and involved in program improvement, what agencies are currently represented on the CAB and what agencies are missing, and what your plans are for recruiting new members. (4 points)
- 5-2. Using the table below, list each member that will serve on your HB CAB. Please insert additional rows if needed. A letter of specific commitment (LOC) from each member must be included in Attachment A. (3 points)

Member Name	Name of Agency or Program Participant	LOC Attached?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

- 5-3. Using the table below, list the collaborating agencies that will assist with program implementation (i.e. meeting space, transportation, childcare). Please insert additional rows if needed. Include a Memorandum of Agreement (MOA) for each agency detailing their contribution to the program in Attachment A. (3 points)

Name of Agency	Description of Contribution	MOA Attached?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

- 5-4. Using the table below, list where you will refer program participants for services that are beyond the scope of your agency (contraception, intimate partner violence, mental health, substance use). Please insert additional rows if needed. Include a Memorandum of Agreement (MOA) for each agency in Attachment A. (4 points)

a. Describe how you will determine that referrals were completed.

Name of Referral Agency	Description of Service	MOA Attached?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

# **Section 6**

## **Budget**

**Total Point Value:**

**8**

**Page Limit:**

**Not Applicable**

### **Insert Open Windows Budget Form**

Applicants must complete the Open Windows Budget Form for Year 1 (6/1/22 through 5/31/23). Applicant must ensure that all worksheet rows are expanded to expose the full narrative justification for each line item before printing. The Open Window Budget Form can be downloaded from the Women's Health Branch website at <http://whb.ncpublichealth.com> on March 7, 2022.

A narrative justification must be included for every expense listed in the Year 1 budget. Each justification should show how the amount on the line-item budget was calculated, and it should be clear how each expense relates to the program. The instructions for completing the Open Windows Budget Form can be downloaded from the Women's Health Branch website at <http://whb.ncpublichealth.com> on March 7, 2022.



## **Attachment A**

### **Letters of Specific Commitment & Memoranda of Agreement**

This attachment must include a table of contents that lists each letter of specific commitment and each Memoranda of Agreement (MOA) from the following agencies or individuals:

- Letters from current or prospective Community Advisory Board (CAB) members that indicate both their commitment to serve and the responsibilities they will assume as a member of the CAB.
- A MOA from any agency that the applicant will be relying on to successfully implement the proposed program activities. Examples of such agencies include those that will provide meeting space, childcare, transportation, referrals to the program, or resources for program participants. Each MOA must include the specific contribution from the agency to the program and specific commitment to provide a representative to serve on the CAB (if applicable).
- A MOA from any agency that the applicant will refer program participants to for services beyond the scope of the applicant. Referrals must include, but are not limited to: contraception, intimate partner violence, mental health, and substance abuse. Each MOA must include the specific contribution from the agency to the program and specific commitment to provide a representative to serve on the CAB (if applicable).

## **Attachment B**

### **Agency Information**

This attachment must include a table of contents that lists each of the following items:

- Organizational chart of the applying agency.
- List of current Board of Directors of the applying agency.
- List of current and/or prospective Community Advisory Board members.
- Job descriptions and/or resumes for all staff positions that are necessary to implement and support the program.
- All applicants must include IRS documentation of their tax identification number.  
(*Public and Private Non-Profit Agencies*)
- A copy of the IRS determination letter regarding the agency's 501(c)(3) tax-exempt status  
(*Private Non-Profit Agencies Only*)
- A completed, signed, and notarized page verifying continued existence of the agency's 501(c)(3) status. Please use the Verification of 501(c)(3) form in Appendix B.  
(*Private Non-Profit Agencies Only*)

## **IRS Letter**

### ***Public Agencies:***

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

### ***Private Non-profits:***

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

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

**Verification of 501(c)(3) Status Form**

**IRS Tax Exemption Verification Form (Annual)**

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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 C**

## **Required Training Programs, Education and Resource Materials**

## **Required Training Programs, Education and Resource Materials**

The following is a detailed description of the required training programs, and education and resource materials by topic area for all Healthy Beginnings (HB) program staff. Proof of completion will be required for all training programs. More details will be provided for the training and education provided by the North Carolina Division of Public Health (NC DPH), Women's Health Branch before the contract start date.

### **Breastfeeding**

HB staff shall attend the NC DPH, Nutrition Services Branch, Breastfeeding Peer Counselor Core Training. This is a free five-day or six-day training session provided by the Nutrition Services Branch's Regional Breastfeeding Coordinators. Travel and lodging expenses must be included in your budget (if applicable). Information on the Breastfeeding Peer Counselor Core Training can be found at: <https://www.nutritionnc.com/wic/conferences.htm>.

### **Depression Screening**

HB staff shall receive training on the use of the Edinburgh Postnatal Depression Scale (EPDS) and the policy and procedures for screening, interpreting scores, documenting scores, re-screening, and providing education and referrals to program participants from the NC DPH, Women's Health Branch.

### **Folic Acid/Multivitamins**

HB staff shall utilize the March of Dimes (MOD) educational materials on folic acid, prenatal vitamins, and nutrients need before, during and after pregnancy. MOD educational materials can be found at: <https://www.marchofdimes.org/pregnancy/folic-acid.aspx> and <https://www.marchofdimes.org/pregnancy/vitamins-and-other-nutrients-during-pregnancy.aspx>.

### **Healthy Weight and Physical Activity**

HB staff shall utilize the American College of Obstetricians and Gynecologists (ACOG) guidelines on the appropriate weight gain during pregnancy based upon the pre-pregnancy body mass index (BMI). HB staff shall utilize ACOG recommendations and NC DPH, Nutrition Services Branch educational materials on physical activity and eating healthy during the prenatal period and interconception period. Educational materials can be found at: [Physical Activity and Exercise During Pregnancy and the Postpartum Period | ACOG](#); [Weight Gain During Pregnancy | ACOG](#); [EatingforTwoEnglishWEB4-19ab.pdf \(nutritionnc.com\)](#); [TIPS-HealthyPregnancy-ENGLISH-2019-FINAL-WEB-12182019.pdf \(nutritionnc.com\)](#). HB staff shall utilize educational materials for good health and healthy weight from Eat Smart, Move More NC found at: [www.MyEatSmartMoveMore.com](http://www.MyEatSmartMoveMore.com).

### **Home Visiting**

HB staff shall attend the Florida State University, Center for Prevention and Early Intervention Policy, Partners for a Healthy Baby (PHB) Workshop for Home Visitors. The PHB Workshop is a three-day training that is held in Orlando, Florida. Each HB site shall purchase the PHB digital curriculum (which includes the PHB handouts) each program year. The workshop registration fee, travel and lodging expenses, and annual digital curriculum

new/renewal subscription fee must be included in your budget. Information on the PHB home visiting curriculum, workshop schedule and registration fee, and the annual digital curriculum new/renewal subscription fee can be found at: <https://cpeip.fsu.edu/PHB>.

### **Infant Safe Sleep Practices**

HB staff shall receive training and educational materials on infant safe sleep practices from the UNC Collaborative for Maternal and Infant Health at: <https://safesleepnc.org/healthcare-providers/trainings/>. Educational materials can also be ordered from the NC DPH, Women's Health Branch at: <https://whb.ncpublichealth.com/provpart/pubmanbro.htm>.

### **Labor and Childbirth**

HB staff shall receive basic education on labor and childbirth provided by the NC DPH, Women's Health Branch.

### **Postpartum Care**

HB staff shall utilize the recommendations from the American College of Obstetricians and Gynecologists (ACOG) Committee Opinion on Optimizing Postpartum Care found at: <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care>.

### **Reproductive Life Planning**

HB staff shall receive training on the current methods of birth control from the Family Planning National Training Center (FPNTC) "Contraceptive Counseling and Education" E-Learning course at: [Contraceptive Counseling and Education eLearning | Reproductive Health National Training Center \(rhntc.org\)](https://www.fpntrc.org/sites/default/files/resources/fpntrc_bc_moption_chart_2017.pdf). HB staff shall receive training on how to help program participants create reproductive life plans from the FPNTC "Determining Your Client's Need for Services and Discussing Reproductive Goals" E-Learning course at: [Determining Your Client's Need for Services and Discussing Reproductive Goals eLearning | Reproductive Health National Training Center \(rhntc.org\)](https://www.fpntrc.org/sites/default/files/resources/supplemental/fpntrc_bc_moption_spa_2017.pdf). Educational materials on birth control method options (English and Spanish) can be found at: [https://www.fpntrc.org/sites/default/files/resources/fpntrc\\_bc\\_moption\\_chart\\_2017.pdf](https://www.fpntrc.org/sites/default/files/resources/fpntrc_bc_moption_chart_2017.pdf) [https://www.fpntrc.org/sites/default/files/resources/supplemental/fpntrc\\_bc\\_moption\\_spa\\_2017.pdf](https://www.fpntrc.org/sites/default/files/resources/supplemental/fpntrc_bc_moption_spa_2017.pdf). Bedsider's interactive birth control method explorer can be found at: <https://www.bedsider.org/methods>.

### **Tobacco Use/Smoking Cessation and Eliminating Exposure**

HB staff shall receive training on tobacco cessation counseling from You Quit Two Quit OR Northwest AHEC's online tobacco cessation course. You Quit Two Quit provides free training on evidence-based tobacco use screening and cessation counseling. Information on training topics and how to request a training can be found at: <http://youquittwoquit.org/trainings/>. Northwest AHEC's Counseling for Change: An Online Tobacco Cessation Course can be found at: <https://northwestahec.wfubmc.edu/courses-and-events/54705/counseling-for-change-an-online-tobacco-cessation-course>. HB staff shall use the 2016 Guide for Helping to Eliminate Tobacco Use and Exposure for Women which can be found at: <https://whb.ncpublichealth.com/docs/2016-GuideforCounselingWomenWhoSmoke.pdf>. This guide provides detailed information on

counseling using the 5A's method before, during, and after pregnancy, other tobacco products, and additional resources. Educational materials for program participants are available for free, in English and Spanish, from the NC DPH, Women's Health Branch at: [DHHS: DPH: WHB: Publications and Manuals \(ncpublichealth.com\)](https://www.ncpublichealth.com).

### **Well-Child Visits**

HB staff shall utilize the recommendations for preventive pediatric health care from Bright Futures/American Academy of Pediatrics for the schedule for well-child visits found at: [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf) and educational materials can be found at: [Well-Child Visits: Parent and Patient Education \(aap.org\)](https://www.aap.org/en-us/Patient-Education/Patient-Education-Resources/Patient-Education-Resources.aspx).

# **Appendix D**

## **Healthy Beginnings Participant Satisfaction Survey**



Date \_\_\_\_\_

**HEALTHY BEGINNINGS  
PARTICIPANT SATISFACTION SURVEY**

**Please help us improve the quality of our Healthy Beginnings (HB) program by answering the following questions. We are very interested in your opinions and suggestions.**

**Please mark the answer that best describes your level of satisfaction with the program. Remember that your comments are important to us and that they are confidential.**

	<b>Strongly Agree (1)</b>	<b>Agree (2)</b>	<b>Neither/ Neutral (3)</b>	<b>Disagree (4)</b>	<b>Strongly Disagree (5)</b>
1. My HB Coordinator is available when needed.					
2. My HB Coordinator communicates with me in a way that is easy to understand.					
3. My HB Coordinator schedules home visits at a good time for me.					
4. The information and support my HB Coordinator provides during home visits has helped me during and/or after my pregnancy.					
5. My HB Coordinator asks for, listens to, and respects my feelings, opinions, ideas and suggestions.					
6. My HB Coordinator respects my cultural beliefs and values, the things that are important to me.					
7. My HB Coordinator cares about me as a person.					
8. My HB Coordinator provides me with resources and services that are helpful for me.					
9. My HB Coordinator helps me find resources in my community (i.e., medical care, transportation, childcare, counseling, etc.).					
10. The HB program helps me set and reach goals that I want to make happen for me and/or my child/family.					
11. The topics covered in the group education sessions are helpful to me.					
12. The group education sessions are scheduled at a good time of the day for me.					
13. The HB program is meeting my needs and provides helpful information to me during and/or after my pregnancy.					
14. I would recommend the HB program to other pregnant women.					

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

15. What has your Healthy Beginnings Coordinator done that has been most helpful for you and/or your child/family?
  
  
  
  
  
  
  
  
  
  
16. What do you do differently because of participating in the Healthy Beginnings program? For example: do you eat healthier foods, do you ask more questions during prenatal care appointments, did you quit smoking, etc.?
  
  
  
  
  
  
  
  
  
  
17. Is there anything that your Healthy Beginnings Coordinator could do differently to be more helpful?
  
  
  
  
  
  
  
  
  
  
18. Do you have any suggestions for future group education session topics?
  
  
  
  
  
  
  
  
  
  
19. Is there anything else you would like to share about your Healthy Beginnings Coordinator and/or the Healthy Beginnings program?

**Thank You for Completing this Survey!**

# **Appendix E**

## **Data Resources**

# Data Resources

NC and County Births Risk Factors and Characteristics 2019  
<https://schs.dph.ncdhhs.gov/data/vital/babybook/2019.htm>

NC and County Infant Mortality Statistics 2019  
<https://schs.dph.ncdhhs.gov/data/vital/ims/2019>

# Appendix F

## Forms for Reference

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

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**FEDERAL CERTIFICATIONS**

**The undersigned states that:**

1. He or she is the duly authorized representative of the Contractor named below;
2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
  - a. The Certification Regarding Nondiscrimination;
  - b. The Certification Regarding Drug-Free Workplace Requirements;
  - c. The Certification Regarding Environmental Tobacco Smoke;
  - d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
  - e. The Certification Regarding Lobbying;
3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
4. [Check the applicable statement]  
 He or she **has completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;  
**OR**  
 He or she **has not completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.
5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

---

**Signature** **Title**

---

**Contractor [Organization's] Legal Name** **Date**

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

**I. Certification Regarding Nondiscrimination**

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

## **II. Certification Regarding Drug-Free Workplace Requirements**

1. **The Contractor certifies** that it will provide a drug-free workplace by:
  - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - b. Establishing a drug-free awareness program to inform employees about:
    - (1) The dangers of drug abuse in the workplace;
    - (2) The Contractor's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
    - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
  - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
    - (1) Abide by the terms of the statement; and
    - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
  - e. **Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;**

- f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
    - (1) taking appropriate personnel action against such an employee, up to and including termination; or
    - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
  - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):
- Street Address No.1:
- 
- City, State, Zip Code:
- 
- Street Address No.2:
- 
- City, State, Zip Code:
- 
3. Contractor will inform the Department of any additional sites for performance of work under this agreement.
4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

### **III. Certification Regarding Environmental Tobacco Smoke**

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



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

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

##### **Instructions**

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

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

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

### **Certification**

- a. **The prospective lower tier participant certifies**, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

### **V. Certification Regarding Lobbying**

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

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.

### **VI. Disclosure of Lobbying Activities**

#### **Instructions**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member

of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

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

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

<p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p><input type="checkbox"/> b. grant</p> <p><input type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan</p> <p><input type="checkbox"/> e. loan guarantee</p> <p><input type="checkbox"/> f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. Bid/offer/application</p> <p><input type="checkbox"/> b. Initial Award</p> <p><input type="checkbox"/> c. Post-Award</p>	<p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p><b>For Material Change Only:</b></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 _____</p> <p style="padding-left: 100px;">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>		

16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Date: \_\_\_\_\_

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Standard Form - LLL

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

**LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS**

**Letter from Board President/Chairperson Identifying  
Individuals as Authorized to Sign Contracts**

---

I, \_\_\_\_\_, Board President/Chairperson of  
\_\_\_\_\_ [Agency/Organization's legal name]

hereby identify the following individual(s) who is (are) authorized to sign **Contracts** for the  
organization named above:

Printed Name	Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Reference only — Not for signature

Signature	* Title	Date
	<i>* Indicate if you are the Board President or Chairperson</i>	

**LETTER TO IDENTIFY INDIVIDUALS TO SIGN EXPENDITURE REPORTS**

**Letter from Board President/Chairperson  
Identifying Individuals as Authorized to Sign  
Contract Expenditure Reports**

---

I, \_\_\_\_\_, Board President/Chairperson  
of \_\_\_\_\_ [Entity's legal  
name] hereby identify the following individuals who are authorized to sign **Contract**

**Expenditure Reports** for the entity named above:

Printed Name	Title

Reference only — Not for signature

_____ Signature	_____ * Title	_____ Date
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*\* Indicate if you are the Board President or Chairperson*



**CONFLICT OF INTEREST POLICY**

**Notarization of Conflict of Interest Policy**

---

State of North Carolina, County of \_\_\_\_\_  
I, \_\_\_\_\_, Notary Public for said County and State, certify that  
\_\_\_\_\_ personally appeared before me this day and  
acknowledged that he/she is \_\_\_\_\_  
[title]  
of \_\_\_\_\_  
[name of organization]  
and by that authority duly given and as the act of the Organization, affirmed that the foregoing  
Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing  
body in a meeting held on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Signature and Seal  
Notary's commission expires \_\_\_\_\_, 20 \_\_\_\_.

***Instruction for the Organization:***

Sign below and **attach the organization's Conflict of Interest Policy** which is referenced  
above.

Reference only – Not for signature

\_\_\_\_\_  
Signature of above named Organization Official

## **Conflict of Interest Policy 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 Debts<sup>1</sup>

---

To: State Agency Head and Chief Fiscal Officer

**Certification:**

We certify that the \_\_\_\_\_  
[Organization’s full legal name] does not have any overdue tax debts, as defined by **N.C.G.S. 105-243.1**, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of **N.C.G.S. 143C-6-23(c)** is guilty of a criminal offense punishable as provided by **N.C.G.S. 143C-101(b)**.

**Sworn Statement:**

\_\_\_\_\_ [Name of Board Chair] and  
\_\_\_\_\_ [Name of Second Authorizing Official] being  
duly sworn, say that we are the Board Chair and

\_\_\_\_\_ [Title of Second Authorizing Official],  
respectively, of \_\_\_\_\_

[Agency/Organization’s full legal name] of \_\_\_\_\_ [City] in the State of  
\_\_\_\_\_ [State]; and that the foregoing certification is true, accurate and  
complete to the best of our knowledge and was made and subscribed by us. We also  
acknowledge and understand that any misuse of State funds will be reported to the appropriate  
authorities for further action.

Reference only – Not for  
signature

**Board Chair**

Reference only – Not for  
signature

Title

Date

Signature

Title of Second Authorizing Official

Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Reference only – Not for signature

\_\_\_\_\_  
Notary Signature and Seal

Notary’s commission expires \_\_\_\_\_, 20\_\_.

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

## **CONTRACTOR CERTIFICATIONS**

### **State Certifications**

#### **Contractor Certifications Required by North Carolina Law**

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

- Article 2 of Chapter 64: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter\\_64/Article\\_2.pdf](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](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](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](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](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](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](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](http://www.uscis.gov)
- (3) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:
  - (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
  - (b) [check **one** of the following boxes]
    - Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
    - The Contractor or one of its affiliates **has** incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001
- (4) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (5) **Pursuant to G.S. 143B-139.6C**, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.
- (6) The undersigned hereby certifies further that:
  - (a) He or she is a duly authorized representative of the Contractor named below;
  - (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
  - (c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

Contractor's Name: \_\_\_\_\_

Contractor's  
Authorized Agent: Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Witness: Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

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

**FFATA Form**

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

**A. Exemptions from Reporting**

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

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

**The entire FFATA reporting requirement:**

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

**Only executive compensation data reporting:**

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

Reference only – Not for signature

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Entity \_\_\_\_\_ Date \_\_\_\_\_

**B. Reporting**

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

Entity’s Legal Name \_\_\_\_\_ Contract Number \_\_\_\_\_

Active SAM registration record is attached

An active registration with SAM is required

Entity’s DUNS Number \_\_\_\_\_

Entity’s Parent’s DUNS Nbr (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. _____	_____	_____

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