

**REQUEST FOR APPLICATIONS RFA # CONS-1617**

**TITLE:** Consumer Organized Wellness and Community Engagement Initiatives

**FUNDING AGENCY:** North Carolina Department of Health and Human Services

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services  
Consumer Empowerment Team – Office of the Director

**ISSUE DATE:** Monday, October 1, 2015

**DEADLINE DATE:** Monday, November 2, 2015 by 4pm EST

**INQUIRES and DELIVERY INFORMATION:**

Direct all inquiries concerning this RFA to:

North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities and Substance Abuse Services  
Consumer Empowerment Team – Office of the Director  
Suzanne B. Thompson, Team Leader  
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**Bidder's Question & Answer Period**

Written questions concerning the RFA specifications will be received until 5:00pm EST on Friday October 9, 2015. A summary of all questions and answers will be posted for all agencies and organizations to review on the Divisions website, <http://www.ncdhhs.gov/divisions/mhddsas>

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

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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**

Consumer and family voice and engagement are highly valued by North Carolina Department of Health and Human Services (NC DHHS) and the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (NC DMHDDSAS) and within the state of North Carolina. Nationally and in North Carolina, consumer run non-profit organizations contribute meaningful educational opportunities and training and support to individuals living with serious mental illness and in recovery. In North Carolina, programmatically, support groups, educational trainings, and community outreach efforts have been successful in some areas of the state, though not in all 100 counties or regions of the state. Effective statewide delivery of such consumer run supports is challenging. Self-sustaining non-profit consumer run organizations are vital to the successful implementation of a statewide recovery oriented system of care.

North Carolina is the 10<sup>th</sup> largest state by population and 18<sup>th</sup> in population density extending 560 miles from east coast to western mountains; NC is a mostly rural state (52 of the 100 counties) with nearly 10 million residents (US Census, 2012). Nationally, it is estimated that at any point in time 20 to 25% of the population is experiencing some degree of mental health, and/or substance use disorder, or co-occurring health related condition(s) that interfere with individual's daily activities. Based on this estimate, approximately 2.5 million individuals in North Carolina live with these challenges on any given day. Of these, as many as 12% live with most serious mental illness, of whom nearly 161,000 accessed public mental health community based treatment services and supports in SFY14. (DHHS/DMHDDSAS: NCMHBG, 2014).

The purpose of this Request for Application (RFA) is to enhance grassroots efforts that promote engagement in community based wellness and recovery activities, promote community engagement, and promote awareness of living with mental health disorders and related life challenges; and to provide mental health and recovery based trainings through a collaborative regional approach. In addition, this RFA aims to reduce the social stigma related to seeking mental health treatment. Self-care often contributes to isolation and a reluctance for some in choosing to self-report as an individual living with a mental illness; one who is in recovery; one who is a suicide attempt survivor; or a family member of someone living with a mental illness and/or a substance use disorder. The support of community based work through consumer run and/or consumer driven non-profit organizations and/or faith based communities in three regions of the state should increase the number of individuals who chose to seek alternatives to isolation.

Approximately \$150,000 in federal Community Mental Health Services Block Grant funds will be used to provide a maximum of three (3) grants-in-aid to promote Consumer Organized Wellness and Community Engagement Initiatives (COWCEI). The total number of awards and amounts funded will depend on the number and quality of the applications received that meet all requirements for consideration; the alignment of the applicants' proposed goals, objectives, strategies and activities with this RFA; and the capacity and fiscal responsibility for the success of the proposed project. The Division of MHDDSAS would like to work with three (3) lead non-profit regional organizations, one in the Eastern part of the state, one in the Central part of the state, and one in the Western part of the state. These non-profit organizations will be well established and connected to the recovery community for those living with serious mental illness and the three selected organizations will be required to work in collaboration with one another to achieve the goals outlined in this RFA in Section II. The maximum grant award for each of the three non-profits will be up to \$50,000 for the fiscal year.

Applicants must designate on the application which region of the state and the name and focus of the project proposed to be implemented. If an applicant is applying for more than one region of the state, the application must clearly state the name and focus of the project(s) to be provided in each designated region. A separate project description and budget must be submitted for each region. In addition, separate letters documenting evidence of collaboration within each region will need to be submitted for each designated region. It may be possible to award only part of a proposal.

The regions are defined as follows as stated in statute 10A NCAC 28F .0101

- (1) **Western Region:** Broughton Hospital, Julian F. Keith Alcohol and Drug Abuse Treatment Center (ADATC), and J. Iverson Riddle Developmental Center shall serve Alleghany, Alexander, Ashe, Avery, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Cherokee, Clay, Cleveland, Davidson, Gaston, Graham, Haywood, Henderson, Iredell, Jackson, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Polk, Rowan, Rutherford, Stanly, Surry, Swain, Transylvania, Union, Watauga, Wilkes, Yadkin, and Yancey County;
- (2) **Central Region:** Central Regional Hospital, Murdoch Developmental Center, R. J. Blackley ADATC, Whitaker School, and Wright School shall serve Alamance, Anson, Caswell, Chatham, Davie, Durham, Forsyth, Franklin, Granville, Guilford, Halifax, Harnett, Hoke, Lee, Montgomery, Moore, Orange, Person, Randolph, Richmond, Rockingham, Stokes, Vance, Wake, and Warren County; and
- (3) **Eastern Region:** Cherry Hospital, Caswell Developmental Center, and Walter B. Jones ADATC shall serve Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Hertford, Hyde, Johnston, Jones, Lenoir, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Robeson, Sampson, Scotland, Tyrrell, Washington, Wayne, and Wilson County.

Grantees awarded funds under this RFA shall receive a 12 month contract which represents the grant period for Year 1; July 1, 2016 to June 30, 2017. Funds for Year 2 are contingent upon funding availability and performance.

## **II. BACKGROUND**

NC DHHS DMH/DD/SAS has been investing in promoting consumer run organizations, in leading the creation and provision consumer directed and facilitated supports, as well as educational events with individuals living with serious mental illness and/or in recovery. Since the early 1990s, through the federal plan requirements and expenditure of federal Community Mental Health Services Block Grant (CMHBG) funds North Carolina, the individuals served and the system at large have benefited from the outcomes of this investment. This RFA has been developed in response to statewide strengths, needs and opportunities to engage consumer, youth, and family and advocate groups that have been forming in communities and regionally across the state. In addition, the CMHBG funding requirements have been extended to help states seize the opportunity to collaborate with other community based non-profit partners including faith based communities in building a strong recovery oriented system of care among diverse populations represented in the state. The number of consumer run and/or driven non-profit organizations have continued to grow in North Carolina. This RFA presents an opportunity for communities and regions of the state to strengthen and build more consumer created and led initiatives in three regions of the state covering all 100 counties. The Division of MHDDSAS also recognizes that promoting wellness and community engagement are pathways to self-care and recovery.

- a. **Need for consumer organized and run statewide approach to self-advocacy, wellness promotion, and engagement for individuals living with serious mental illness and/or co-occurring substance use disorder issues / a need to reach an increased number of individuals.**

This RFA helps the state meet federal requirements of the Community Mental Health Services Block Grant to increase capacity to reach and impact those individuals living with mental illness who represent diverse and often high need populations in North Carolina. This RFA engages a regional approach to outreach and engagement statewide. It is expected that non-profit organizations that are already well established work in collaboration with one another to achieve the mission of reducing stigma and promoting wellness and recovery statewide. The established organizations need to clearly identify and describe their current collaborative partners, their work together, and how they strategically plan to increase their scope of influence. Collaborations should include but are not limited to: LME/MCOs, provider network, faith communities, schools and colleges, civic groups, other

advocacy groups, hospitals and other health care professionals.

People living with mental illness and/or substance use disorders that go unaddressed experience more physical health challenges and encounter greater financial burden when care is sought and provided. Many individuals are isolated and fearful of taking an initial step for self-care and wellness. It is expected that through increased opportunities for consumer directed and peer run wellness initiatives, education, training, and community engagement, social connectedness will lead to more consumer involvement and interaction resulting in improved outcomes and engagement in meaningful effective treatment and supports as evidenced by self-reports of individual sense of wellness and well-being, symptom reduction and management, decreased crisis events or hospitalizations, ability to work or attend school.

Consumers, individuals with lived experience and/or in recovery, and their families are most often those with the keenest insight and influence in creating and strengthening recovery oriented system of care and the services and supports in which they are engaged. Working in partnership with consumers continues to be strength in North Carolina's implementation of the Community Mental Health Services Block Grant, Medicaid waiver programs, and state funded services and supports. The need for this project to be spearheaded by consumer run organizations is vital to the state's success in reducing stigma, normalizing help-seeking behaviors and self-care, and increasing public awareness regarding of the value of a recovery oriented community based system of care.

**b. Need for collaboration on two levels / between and across the regional organizations as well as within the local communities.**

Just as no two people encounter mental illness and/or substance use disorder in exactly the same way, the same is true for individual communities and the way in which supports and services are developed to match needs and build on strengths. As an organization, knowing one's own resources as well as gaps and needs is critical. Establishing collaborations and forging new partnerships is an ongoing process. Mental illness and substance use disorders are pervasive in communities and affect individuals across all socio economic levels. Employers, medical professionals, the faith community, educators, correction personnel, recreation specialists, housing specialists and family members are all stakeholders when it comes to the topic of mental illness and substance use disorders. People who are not well often hide or conceal their troubles so as to not inconvenience others or to keep themselves safe from harmful stigma. Providing a welcoming atmosphere and seeing repeated efforts to promote recovery and eliminate stigma allow for individuals who are reluctant to seek help to step forward and no longer feel isolated. Where this first step may take place could be at any point in the community and all stakeholders need to be prepared to foster avenues for social connectedness.

The three regional entities need to collaborate among themselves to identify and notice trends that are similar within the recovery community but also need to be aware of regional and cultural differences that demonstrate differences in the need for varied outreach approaches. Regular communications between the three selected entities will be an expectation.

The Division of MH/DD/SAS expects the selected non-profit entities will collaborate with other consumer run organizations funded in the designated regions as well as other consumer, family and advocate groups working in communities across the state. Collaboration with the LME/MCO's, the local and the State Consumer and Family Advisory Committees (CFACs), provider organizations and other stakeholders will be necessary to promote awareness and coordinate education and training across the state. Collaborative and cooperative relationships are key in reaching people that are regularly not being reached. Sharing educational resources through schools and colleges, entering faith communities and building capacity for local consumer run support groups is what needs to occur going forward. Hosting of events in which the number of attendees is large and that there are follow up resources and groups that people can become linked into is how social connectedness is promoted. The need for increased social media presence statewide with an inter connectedness between organizations will help increase the number of individuals that will have access to recovery oriented resource material.

**c. Need for lead non-profit consumer regional organizations to demonstrate a history of sound fiscal management practices.**

The lead non-profit consumer regional organizations must be able to demonstrate stable administrative, programmatic and financial stability and planning over time.

Financial stability of the regional lead organizations of this project must be clearly demonstrated. Applicants must demonstrate the following:

- Must be a non-profit organization, must provide current IRS Form 990, as well as, Letters documenting NC Non-Profit and IRS 501(c)(3) status; provide IRS EIN#; provide a DUNS #.
- Must demonstrate a three month fund balance, as documented by a bank balance that will cover three months operating expenses or a letter from a financial institution that shows access to a line of credit equaling at least three months operating expenses.

**Project Goals include to:**

- 1) Enhance grassroots efforts in support of wellness initiatives: Develop and sustain local support groups designed with and for individuals living with serious mental illness and/or in recovery. The applicant will assist in the consumer-directed formation of groups that promote wellness and recovery through various collective mutual interests such as physical activity, hobbies, gardening, yoga, cooking, smoking cessation, walking groups, or book clubs among others. The Wellness Wheel will be used as a basis to inform the focus of groups with an emphasis on collaborating with faith communities and expanding overall outreach and engagement of diverse cultures and ethnicities. Outcomes will include an increased sense of social connectedness and well-being and self-report of more days of health experienced among its participants.
- 2) Promote community engagement in wellness initiatives and awareness of wellness and recovery: Educating the public regarding overall wellness and demonstrating the connection between mental and physical health showing that integrative approaches are both accessible and beneficial. Efforts will be expected in the area of the development of consumer friendly materials at an understandable reading level. Furthermore, there will be a systematic plan for outreach and the dissemination of these materials taking into account that many individuals who have mental health issues and/or substance use disorders may not readily have access to a computer and/or internet service. In addition, a goal will be to for the selected organizations to secure high quality speakers to address large groups regarding various wellness topics.
- 3) Provide training that promotes mental health and recovery: In coordination and collaboration with other groups, it is expected that the applicant will provide WRAP [Wellness Recovery Action Plan] level 1, QPR (Question, Persuade, and Refer) and other suicide awareness and gatekeeper trainings. Other trainings may include and are not limited to – Mental Health First Aid for both, Recovery Messaging Training, as well as specialized trainings for special populations such as Veterans, LGBTQ, American Indians, and the dually diagnosed. It is the expectation that trainings be provided by certified instructors in the EBPs [Evidence Based Practices]; instructors need to demonstrate adherence to the guidelines of those practices and skilled in adult learning principles.

Guidance documents and additional resources for the aforementioned trainings are listed below:

- The Copeland Center for WRAP training [www.copelandcenter.com](http://www.copelandcenter.com)
- QPR / Question, Persuade, and Refer [www.qprinstitute.com](http://www.qprinstitute.com)
- Mental Health First Aid [www.mentalhealthfirstaid.org](http://www.mentalhealthfirstaid.org)
- Recovery Messaging Training [www.facesandvoicesofrecovery.org](http://www.facesandvoicesofrecovery.org)

Outcomes include:

- Reduce stigma and promote wellness and recovery in local communities.
- Increase community awareness.
- Increase engagement opportunities for individuals living with serious mental illness and/or substance use disorders who may be reluctant to seek help or assistance prior to or during a crisis event.
- Reduce the burden on the mental health and health care systems.
- Increase engagement in non-traditional consumer organized supports.
- Increase self-report of social connectedness, sense of health and well-being.
- Increase crisis prevention and early intervention planning using WRAP.
- Increase hospital diversion and reduction in crisis events, including reduction in suicide attempts and self-report of suicide ideation.

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

#### **Inputs:**

1. Funding for COWCEI (Consumer Organized Wellness and Community Engagement Initiatives) will be provided by the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services through the Community Mental Health Services Block Grant funds for SFY 16-17. Funding is contingent on availability of funds.
2. The three (3) focus areas to be addressed are: 1) Enhance grassroots efforts in support of wellness initiatives, 2) Promote community engagement in wellness initiatives and awareness of wellness and recovery, and 3) Provide training that promotes mental health and recovery.
3. Agencies eligible to apply include non-profit consumer run and/or driven community-based and faith-based organizations in North Carolina. Private non-profit organizations must be incorporated in the State of North Carolina and must have IRS Section 501(c)(3) Tax Exempt Status.
4. Only the eligible applicants listed above that can serve entire regions of the state are eligible to apply. The three regions of the state and the names of the corresponding counties are previously defined in 10 NCAC 28F .0101. There are 37 counties that comprise the Western Region. There are 25 counties that comprise the Central Region. And, there are 38 counties that comprise the Eastern Region.
5. Funding is limited to up to three (3) grantees, and no more than one (1) grant shall be awarded to applicants located in any one of the three regions as specified above. If applying as a collaborative or consortium, a lead fiscal and programmatic agent must be clearly named and designated for each application submitted. Only one agency will be considered the lead fiscal and programmatic agent for each application submitted. Sub recipients and collaborative partners must be clearly identified and appear on the organizational chart submitted.
6. Grantees awarded funds under this RFA shall receive a 12 month contract which represents the grant period for Year 1; July 1, 2016 to June 30, 2017. Funds for Year 2 are contingent upon funding availability and satisfactory performance. All funding is contingent on availability of funds.
7. The available funds for Year 1 are estimated to be \$150,000 for up to three (3) grantees. Awards will not exceed \$50,000 annually. Funding cannot carry forward into the next fiscal year. Any unused funds that have not been expended by the end of the contract period will revert back to the State agency at the end of the contract period. The total number of awards and their respective dollar amount will depend on the number of quality applications received, the alignment of the applicants' proposed goals, objectives, strategies and activities, and the likelihood of the success of the proposed project. No single grant can



exceed \$50,000 annually.

**a. Efforts in support of Wellness Initiatives:**

**Outputs:**

- Promote, develop, and monitor consumer run LEGS groups (local empowerment groups for support). Each group must be comprised of a minimum of 4 Mental Health consumers and meet at least 1 time per month. These groups are to be consumer driven and are to promote personal wellness through a mutual interest or activity. Creativity is expected. Groups can be focused upon exercise, walking, book club, gardening, sewing, smoking cessation, cooking, basically anything that promote personal responsibility, social connectedness, and overall wellness.
- Maintain an up to date consumer database of general members as well as a current list of members involved with LEGS groups within their catchment area. LEGS groups are to geo-mapped in order to demonstrate that all areas of the catchment area are being reached.
- Document outreach events that focus upon the reduction of stigma and the promotion of recovery and wellness initiatives that introduce the ability to start up a LEGS group in their area.
- Complete quarterly reports to the Division documenting: # of outreach events in the community, name and # of local entities with whom collaboration occurred, # of members in the organization, # of members involved with LEGS groups, # of LEGS groups forms.

**b. Community Engagement, Education and Awareness:**

**Outputs:**

- Conducting monthly community outreach and educational forums that target reducing stigma and promoting recovery and wellness. Securing high quality speakers to address large groups of consumers, family members, and members of the general public.
- Provide updated information related to stigma, recovery, wellness, treatment, and supports to people in the regional catchment area through the development of printed materials as well as email flash alerts.
- Complete quarterly reports to the Division documenting: # of community forums, # of people attending the events, samples of informational flyers and pamphlets, # of printed materials that have been distributed, name and locations as to whom collaboration occurred with including geo-mapping as to where information has been disseminated. In addition, an account of how the organization's website has been updated with relevant and current information.

**c. Provision of additional mental health trainings:**

**Outputs:**

- Organizations will provide a minimum of two (2) trainings per quarter with minimum attendances of at least 15 people at each. These trainings can be any of the following: WRAP level 1 (must adhere to Copeland standards), QPR [Question/Persuade/Refer], Mental Health First Aid for youth and adults, recovery messaging training, as well as other suicide awareness programs.
- It is expected that specialized trainings for special populations such as Veterans, LGTB, young adults, and the dually diagnosed be offered at least twice per year.
- Maintain a database to identify demographic data such as gender, race and/or ethnicity, and age that does not include individual identifying information.
- Quarterly reports to the Division will include: # of trainings conducted, # of individuals receiving trainings, # and location of training sites which will also be geo-mapped within the catchment area.

**d. Evidence of increased collaboration within the catchment area:**

**Outputs:**

- All participating non-profit organizations will be expected to provide an initial list of all collaborating partnerships.
- Throughout all efforts in (a, b, and c above) the expectation is that the non-profit agency demonstrate its activity in establishing a minimum of 3 new partnerships per quarter as evidenced in the quarterly report to the Division. An expectation will be that faith communities be approached as an avenue for LEGS [Local Empowerment Groups for Support] start-ups.
- For both community educational forums and trainings it is expected that new sites and locations be sought after which are either free of cost or requiring minimal charges. These sites should be readily accessible for consumers and family members and could include; faith communities, local community colleges and/or high schools, provider agencies, LME/MCOs, civic organizations, and other locations.
- Quarterly reports to the Division will include: # and name of new collaborating entities, a geo-mapping representation as to the location of these new partnerships, and an explanation of what is being offered by the new partnership i.e. (space for forums and/or trainings, hosting of a new LEGS group, assistance with the transportation of consumer to attend various events).

**Outcome measures:**

1. Through community engagement and social connectedness the belief is that consumers will report an improved sense of overall wellness from actively participating and belonging to a LEGS group. An initial one page wellness self-assessment is to be completed by 100% of participants when they first join a LEGS group. Quarterly, participants will be asked to complete the self-assessment. The expectation is that 90% of participants complete the quarterly self-assessments. The expectation is that a minimum of 50% of LEGS participants from each independent group will self-report an improvement in their general overall sense of wellness.
2. For all educational forums, outreach events, and mental health trainings, an 80% return rate will be the expectation for program satisfaction evaluations. It is an expectation that 90% of the submitted evaluations will receive scores of 8, 9, or 10.
3. The minimum number of newly reported collaborating partnerships shall be at least 3 per quarter for each participating non-profit organization. The expectation is that this will be achieved 100% of the time for each quarter of the fiscal year resulting in a minimum of 12 new collaborations per year.

**Reimbursement:**

The Contractor shall submit a monthly Financial Status Report (FSR) form of expenditures to the Division Contract Administrator by the 15<sup>th</sup> of the following month for services provided. The quarterly reports, due by the 15<sup>th</sup> of the month following the 3<sup>rd</sup> month of each quarter, will be delivered with the FSR for the previous month.

Efficiency Measure = the amount of the contract divided by the number of people to be reached.

Fund expenditures must be compliant with requirements under CFDA 93.958: Community Mental Health Services Block Grant and pursuant to the Federal Authorization: Public Health Service Act, Title XIX, Part B, Subpart I, as amended, P.L. 102-321; 42 USC 300X.

The activities of this grant are consistent with the State Plan and are specified in the contract (see program procedures section above). These activities include: evaluating the programs and services delivered under these contracts, and educational/training activities related to providing services under the MHBG State Plan.

**UNALLOWABLE ACTIVITIES:** The funds for this contract are not used to: (1) Provide inpatient hospital services. The Division ensures compliance with inpatient service prohibition by not reimbursing inpatient service with MHBG funds through NC Tracks; (2) Make cash payments to intended recipients of health services; (3) Purchase or improve land, purchase, construct or permanently improve any (other than minor remodeling) any building or other facility, or purchase major medical equipment-unless the State has obtained a waiver from the Secretary of HHS; (4) Satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; (5) Provide financial assistance to any entity other than a public or nonprofit entity.

Understand that no more than 25% of awarded funds may go towards employees' salaries.

Explain how these new initiatives and engagement practices will become self-sustaining.

#### **IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS**

1. Award or Rejection  
Only complete applications meeting all requirements will be considered. Qualified applications will be evaluated and award made to that agency or organization whose combination of budget and service capabilities is deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all applications if determined to be in its best interest. Successful applicants will be notified by January 4, 2016.
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 organizations 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. Or otherwise not available on request will not be accepted.
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 condition by any agency and 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.
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 grant that will include their application. Expenditures can begin immediately up receipt of a completely signed contract.

18. **Audit**  
Please be advised that successful applicants will be required to have an audit in accordance with G. S. 143-6.2 as applicable to the agency or organization's status. Also, the contract will include certifications and assurances the successful applicant would be required to execute when signing the contract. Agencies or organizations receiving Federal funds would be required to execute a Consolidated Federal Certification form (as applicable.)
19. **Federal Requirements**  
Need to add DUNS EIN and FFAFTA

## **V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW**

1. **Announcement of the Request for Applications (RFA)**  
The announcement of the RFA and instructions for receiving the RFA will be posted Monday, October 1, 2015 at the following DHHS website: <http://www.ncdhhs.gov/grantopportunities/currentopportunities.htm> and may be sent to prospective agencies and organizations via direct mail, email, and/or Program website.
2. **Distribution of the RFA**  
RFAs will be posted on the Division's website, <http://www.ncdhhs.gov/divisions/mhddsas> and may sent via email to interested agencies and organizations beginning Monday, October 1, 2015.
3. **Bidder's Question & Answer Period**  
Written questions concerning the RFA specifications will be received until 5:00 pm EST on Friday October 9, 2015. A summary of all questions and answers will be posted for all agencies and organizations to review on the Divisions website, <http://www.ncdhhs.gov/divisions/mhddsas>.
4. **Applications**  
Applicants shall submit an original and **5** additional copies of the application. All copies shall include the required attachments. Faxed applications will not be accepted. In addition, applicant must submit an electronic version of the application, line item budget and budget narrative (these should be Word and Excel files) on a rewriteable CD-RW disc with the "hard" copies, or as an e-mail attachment to [suzanne.thompson@dhhs.nc.gov](mailto:suzanne.thompson@dhhs.nc.gov). Electronic submission will not be accepted in lieu of an original. In addition to the budget agency must submitted and audited financial statement. If no audited financial statement is available then must provide unaudited financial statement.
5. **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.
6. **Copies of Application**  
Along with the original application, submit **5** photocopies of the application in its entirety. Copies of the application should be clearly marked "COPY" on the application face sheet. In addition, applicant must submit an electronic version of the application, line item budget and budget narrative on a rewriteable CD-RW disc with the "hard" copies, or as an e-mail attachment to [suzanne.thompson@dhhs.nc.gov](mailto:suzanne.thompson@dhhs.nc.gov).
7. **Format**  
The application must be typed, single-side on 8.5 x 11 inch paper with margins of 1 inch. Line spacing should be single-spaced. The font should be Times New Roman or Arial and no smaller than an 11-point font.

**8. Space Allowance**

Page limits are clearly marked in each section of the application. Refer to *VII. Application, Item 3. Applicant's Response (page 22 of this RFA)* for specifics.

**9. Application Deadline**

All applications must be received by the date and time on the cover sheet of this RFA. Faxed or emailed applications **will not** be accepted in lieu of the original and required number of hard copies. Original signatures are required. Note: If the U.S. Postal Service is used, allow sufficient time for delivery to the funding agency by **4:00 pm, EST**, on Monday, November 2, 2015.

**10. 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.

**11. Review of Applications**

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the subject matter. Staff or subcontractors from applicant agencies may not participate as reviewers. Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the agency or organization staff, cost, etc. 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.

**12. 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.

**13. 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 online at [www.NCGrants.gov](http://www.NCGrants.gov). 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.

**14. 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.

**15. 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, private non-profit agencies are to provide a completed, signed, and notarized page verifying continued existence of the agency's 501(c)(3) status. (An example of this page is provided in section VII. *Application, Item 7. Verification of 501(c)(3) Status.*)

**16. 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 E). Federal Certifications should NOT be signed or returned with application but **shall** be completed and submitted within **five State business days** of award notification.

**17. 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, (formerly known as Central Contractor Registration (CCR)), 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.

**18. Additional Documentation Prior to Contract Execution**

Contracts require more documentation prior to contract execution. The following documentation shall be completed and submitted within **five State business days** of award notification:

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

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 DMH/DD/SAS 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.

**19. 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. (See [www.secretary.state.nc.us/corporations](http://www.secretary.state.nc.us/corporations).)

**20. Federal Funding Accountability and Transparency Act (FFATA)**

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 G.

**21. Application Process Summary Dates**

Monday, October 1, 2015: Request for Applications released to eligible applicants. Friday, October 9, 2015: End of Question period. All questions due in writing by 5pm. Friday, October 16, 2015: Answers to Questions released to all applicants, as an addendum to the RFA. Monday November 2, 2015: Applications due by 4pm, EST. Monday, January 4, 2016: Successful applicants will be notified. Friday, July 1, 2016: Contract begins.

**22. Support Letters**

Agencies and organizations must submit supporting letters from partnering organizations that document actual partnerships and what has been accomplished by the current partnership.

**VI. EVALUATION CRITERIA**

**SCORING OF APPLICATIONS**

An independent panel with expertise in the delivery of services to consumer with mental health and/or substance use disorders shall conduct the review of applications for grants-in-aid. Applications shall be scored based on the responses to the six application content areas. Each content area shall be scored on a scale of 1 to 4 based on the scale below:

<b>1</b>	<b>POOR</b>	Applicant only marginally addressed the application area.
<b>2</b>	<b>AVERAGE</b>	Applicant adequately addressed the application area.
<b>3</b>	<b>GOOD</b>	Applicant did a thorough job of addressing the application area.
<b>4</b>	<b>EXCELLENT</b>	Applicant provided a superior response to the application area.

**Section 1. Needs Statement (Weight = 10, Total maximum points = 40)**

How well does the applicant demonstrate an understanding of the problem in the target regions of the state?

1. Is there specific language that relates to their understanding of the need for education, training and community support in the target regions of the state?
2. Is there adequate data provided to support the need for the project?
3. How well is the need/problem researched and documented (providing narrative and statistical detail)?
4. Are the community strengths and barriers well documented?



## **Section 2. Description of Organization/Agency (Weight = 5, Total maximum points = 20)**

Is the description of the appropriateness of the agency/organization for the program clear and precise?

1. Is the description of the agency/organization and its purpose clear?
2. Does the brief history of the applicant agency include the how, when, and why the agency was established?
3. Is the agency's mission statement clearly defined?
4. Does the organizational chart illustrate an organization structure that has the capacity to develop and implement this project?
5. Is there a resolution from the Board of Directors or another governing body of the agency or the county commissioners indicating strong support for the proposed project?
6. Is the applicant's capacity to implement the proposed project reasonable?
7. Are the agency's current and prior experiences with the focus area to be addressed by the proposed project clearly explained?

## **Section 3. Program Plan and Community Support (Weight = 15, Total maximum points = 60)**

Are Community Organized Wellness and Community Engagement Initiatives objectives outlined in the Scope of Services specific, measurable, attainable, relevant, and time bound to the overall intent of the Initiative, the stated goals, and need?

1. Scope of Services: Are the stated objectives measurable?
2. Are the objectives realistic and feasible?
3. Are the proposed activities appropriate to achieve the stated goals and objectives?
4. Are all the requirements under the Scope of Services addressed?
5. Timeline: Are the planned activities logical and sequential in relationship to the objectives and program evaluation?
6. Is the proposed timeline realistic to accomplish proposed activities?
7. Is the evidence-based, best practices, or promising practices strategy that will be implemented in the proposed project clearly stated?
8. Is the relationship between the evidence-based strategies, best practices and/or promising practices and the output/outcomes to be implemented in the proposed project described?
9. Did the applicant describe the project personnel including roles and responsibilities?
10. Are the proposed resources required reasonable as to type, amount, distribution, and clearly outlined?
11. Is the proposed project plan of management and accountability including the role of partner agencies, reporting, monitoring performance, quality improvement, recruitment and retention of program participants illustrated?
12. Did the applicant's plan incorporate strategies to partner with stakeholders in the community; i.e., who are the project stakeholders, why are they important to the project's success, and what will each stakeholder contribute?

## **Section 4. Monitoring and Tracking Number of Individuals Reached (Weight = 5, Total maximum points = 20)**

Is a brief description of how the applicant will monitor and track outcomes as specified in RFA and proposal for Community Organized Wellness and Community Engagement Initiatives included?

1. Did the applicant clearly identify how and when they will monitor and track outcomes?

2. Is the **timeline** of the entire program plan and monitor, which includes all activities required to accomplish the key objectives of the project, realistic?
3. Will the proposed quarterly report summaries allow applicant to measure whether proposed objectives are achieved?
4. Are the monitoring criteria and measures appropriate?
5. Is the plan for data collection, and reporting realistic?

**Section 5. Partnership and Collaboration (Weight = 10, Total maximum points = 40)**

1. Were current and past (within the last two (2) years) collaborative efforts between the applicant and other local, public or private organizations for the focus area described?
2. Did the applicant illustrate capacity to engage community members and organizations in providing Community Organized Wellness and Community Engagement Initiatives?
3. Was the applicant's experience administering local, State, federal and private grant funds clearly stated?

**Section 6. Budget (Weight = 5, Total maximum points = 20)**

1. Did the applicant provide the budget narrative for the program activities with a description of each cost listed in the line item budget?
2. Did the applicant provide a detailed description of the activities funded by each partner or potential subcontractor?
3. Did the applicant provide a detailed budget for each subcontractor?
4. Are the proposed costs reasonable and appropriate for the activities supported?
5. Did the applicant provide a breakdown of the overhead/administrative costs or an approved indirect cost letter?
6. Do the overhead costs exceed 10% of the total budget?

## **VII. APPLICATION**

### **Application Checklist**

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

- \_\_\_ **Cover Letter** (Item 1)
- \_\_\_ **Application Face Sheet** (Item 2)
- \_\_\_ **Applicant's Response Form** (Item 3), includes Attachments A and B
- \_\_\_ **Project Budget** (Item 4)  
Include a budget in the format provided for both the lead agency and any proposed subcontractors.
- \_\_\_ **Letters of Commitment or Statements of Support** (Item 5)
- \_\_\_ **IRS Documentation** (Item 6)
- \_\_\_ **IRS Letter Documenting Your Organization's Tax Identification Number** (public agencies)
- Or*
- \_\_\_ **IRS Determination Letter Regarding Your Organization's 501(c) (3) Tax-exempt Status**  
(private non-profits)
- And*
- \_\_\_ **Verification of 501(c)(3) Status Form** (private non-profits) (Item 7)
- \_\_\_ **Describe current organizational structure and staffing. Provide an organizational chart showing**

**the relationship of the Board and staff. Included in this must be any sub-contractor relationships. Also include the length of time individuals have been in the position**

\_\_\_ **Describe the current Board structure, provide a copy of the Board's by-laws, provide a current List of all board members and terms, provide a list of board meetings and related committee meetings held during the 12 months.**

\_\_\_ **Provide a copy of the organization's strategic plan and timeline.**

**Item 1: Cover Letter**

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

Include in the cover letter:

1. Legal name of the Applicant agency
2. RFA number
3. Applicant agency's federal tax identification number
4. Applicant agency's DUNS number
5. Closing date for applications.

**Item 2: Application Face Sheet**

This form provides basic information about the applicant and the proposed project with the Division of Mental Health Developmental Disabilities and Substance Abuse Services (DMHDDSAS), 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 # are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledge that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator:  Name:  Title:	Telephone Number:  Fax Number:  Email Address:
7. Agency Status (check all that apply): <input type="checkbox"/> Non-Profit <input type="checkbox"/> Private Non-Profit	
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 #12)      Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <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/DMHDDSAS 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

**Item 3: Applicant’s Response**

**Attachment A**

**Proposed Project Plan**

**Please complete all of the following areas below. (Applicants may choose more than one focus area.)**

**Lead Organization Name:** \_\_\_\_\_

**Focus Area(s) check all that apply:**

- \_\_\_\_\_ **Enhance Grassroots Efforts that Support of Wellness Initiatives**
- \_\_\_\_\_ **Promote Community Engagement in Wellness Initiatives and Awareness of Wellness and Recovery**
- \_\_\_\_\_ **Provide training that promotes mental health and recovery**

**Region of Service**

Western Region \_\_\_\_\_ Central Region \_\_\_\_\_ Eastern Region \_\_\_\_\_

**Partnerships** *(Please be sure to provide a letter of collaboration from each agency proposed as a partner. Include as part of Item 5 – Letters of collaboration.)*

<u>Name of Organization</u>	<u>Role of the Organization</u>	<u>Type of organization</u>

**Abstract:** Include a one-page abstract that *summarizes the following sections* of your application: Needs Statement, Description of Organization, Program Plan and Community Support, Monitoring and Evaluation, Agency Partnership and Collaboration and Budget.

**Section 1: Needs Statement**

*You may use no more than three pages for this section (not including appendices).*

- A. Identify the defined Region that the proposal will serve. Include information about the population(s), race/ethnicity, education, language, social data, poverty rates, and any other factors that may impact your Consumer Organized Wellness and Community Engagement Initiative activities (e.g., urban/rural, transportation, industry and economic conditions, recent events, etc.), how the population will be affected by the project, and any relevant data beyond county level data on the rate of disparities that relate to the different needs of sub-groups of the population.
- B. Describe the specific target population to be served by the project. Include specific information about, race/ethnicity, health status indicators, relevant risk behaviors, and health service system infrastructure located within the geographic service area. Description should include both narrative and relevant statistical data, such as rates, ratios, etc.
- C. Describe the strengths in your community that may be helpful to you as you develop your program (e.g., other services, strong collaborations, community leaders, current activities, successful project and/or health outcomes)
- D. Describe the barriers in your community that may have to be addressed as you develop and implement the proposed project. How do you plan to address these barriers?

**Section 2: Description of Organization/Agency**

*You may use no more than two pages for this section. The instructions and items below may be deleted to maximize space.*

- A. Provide a description of the appropriateness of the agency/organization for the program. Include the following **REQUIRED** items:
  - 1. A description of the agency/organization and its purpose;
  - 2. A brief history of the applicant agency (how, when, and why your agency was established, accomplishments, and challenges encountered);
  - 3. The mission statement;
  - 4. An organizational chart.
- B. Provide a description of the applicant's capacity to implement the program:
  - 1. Describe applicant capacity (i.e., what do you already have in place) to implement the proposed project.
  - 2. Describe the applicant's current and prior experience with the three focus areas to be addressed by the proposed project (Enhance Grassroots Efforts that Support Wellness Initiatives; Promote Community Engagement in Wellness Initiatives and Awareness of Wellness and Recovery; Provide training that promotes mental health and recovery.)
  - 3. Also describe, if any, current and prior experience with other prevention services, outreach, counseling and testing, and other capabilities that would be helpful in serving the target population(s).
  - 4. Describe the applicant's current and prior experience working with the proposed target population.

**Section 3: Program Plan and Community Support**

*You may use no more than five pages for this section. The instructions and bulleted items below may be deleted to maximize space.*

Provide a summary of the proposed Consumer Organized Wellness and Community Engagement Initiatives:

1. State how your organization will achieve the Project Goals and Objectives for Fiscal Years 2016 – 2017.
2. Make sure the Goals and Objectives are consistent with the activities in the *Output* and *Outcomes* sections of the RFA.
3. For each Goal, state one or more objectives and the timeline for accomplishing each objective. Make sure each objective is specific to the condition(s) selected and relevant for the needs of the target population.
4. Please indicate the behavioral and/or health outcome measures that will determine the extent to which the project is meeting the goals and objectives identified above. Identify a baseline measurement taken at a stated date/time/place initially to have a comparison for a final outcome.
5. Describe the evidence-based, best practices, or promising practices strategy or strategies that will be implemented in the proposed project.
6. Describe the project personnel including roles and responsibilities; identify specific staff training needs and how staff will be trained to meet the identified needs. Include job descriptions and resumes for staff already identified.
7. Describe proposed resources required (operational, informational, technical) reasonable as to type, amount, and distribution.
8. Describe the proposed project plan of management and accountability, including: the role of each partner agency, reporting, monitoring performance, quality improvement, recruitment and retention of program participants.

#### **Section 4: Monitoring and Evaluation**

*You may use no more than three pages for this section (not including appendices). The instructions and bulleted items below may be deleted to maximize space.*

1. Please provide a brief description of how the applicant will monitor and report performance activities and outcomes as set out in the proposed project plan.
2. For each activity include who, what, how, how many and when. Be sure to describe the type of monitoring and reporting tools that will be used to assist with the monitoring plan (e.g., needs assessments, pre/posttests, questionnaires, surveys, training evaluations, qualitative interviews, data tracking methods and other tools used for outcome measures and periodic evaluation reports to your governing board or the public).
3. Describe how and when the applicant will use proposed evaluation summaries to measure whether proposed objectives are achieved.
4. Prepare a realistic **timeline** of the entire program plan and monitoring which includes all activities required to accomplish the key objectives of the project. This will include target dates as well as staff and agencies responsible for the proposed activities, where appropriate. This timeline will serve as the basis for monitoring progress and adjusting activities as necessary. *The timeline should contain information on the proposed start and completion dates of the key objectives and activities. The timeline should cover: July 1, 2016 – June 30, 2017.*

#### **Section 5: Partnership and Collaboration**

*You may use no more than two pages for this section. The instructions and items below may be deleted to maximize space.*

1. Provide a list of collaborations and additional collaborators. Also include amount of funding and a detailed budget for each collaborator and their specific roles.
2. Describe a plan which includes strategies to collaborate and coordinate with stakeholders in the community; i.e., who are the project stakeholders, why are they important to the project's success, and what will each stakeholder contribute.
3. Describe any current and past (within the last two (2) years) collaborative Consumer Organized Wellness and Community Engagement Initiatives with other local, public or private organizations for the focus area.
4. Describe applicant's capacity to engage community members and organizations in providing Consumer Organized Wellness and Community Engagement Initiatives.
5. Describe applicant's experience administering local, State, federal and private grant funds. Specifically identify successes, barriers and challenges to the applicant which are part of the applicants grant administration experience.

#### **Section 6: Budget**

- A. Complete a proposed annual budget for the project period for the **grant period**: July 1, 2016 through June 30, 2017 using the form in **Item 4**. A detailed budget should be provided for the applicant and for each proposed subcontractor if applicable.

Complete the narrative section of the budget and clearly justify each item listed in the budget and clearly link it to planned activities of the program. The budget narrative must include calculations used to arrive at the requested line item amount.

1. You are **required** to use the Microsoft Excel Open Window spreadsheet format for the application budget. To download the required form, visit:  
<http://publichealth.nc.gov/employees/forms/contracts/openWindow/OpenWindowBudgetWorksheet-rev121814.xls>.
2. Instructions on completing the Budget Worksheet can be found here:  
<http://publichealth.nc.gov/employees/forms/contracts/openWindow/HowToFillOutTheOpenWindowBudgetForm121213.doc>



## Item 4: Project Budget

Applicants must complete program budgets and budget justification narratives that list all expenses for the proposed project for **grant period**: July 1, 2016 through June 30, 2017. Budgets vary greatly from agency to agency; thus, we ask that you use the sample budget below only as a **guide** to assist with creating your own budget. Please utilize the instructions found in *Item 3, Section 6: Budget, Part A.2* to complete the program budget and budget justification. In-kind or matching funds are not required for this program.

As stated in *Item 3, Section 6: Budget, Part A.1*, Applicants are required to use the Microsoft Excel Open Window spreadsheet format for the application budget. To download the required form, visit:

<http://publichealth.nc.gov/employees/forms/contracts/openWindow/OpenWindowBudgetWorksheet-rev121814.xls>

A Sample Budget including the salary worksheet and budget categories worksheet is found below:

### Sample Budget

#### Salary Worksheet:

Contractor:								
Complete this form such that amounts for state funds are shown when entering line item detail. Add rows as needed. Enter information in yellow shaded cells only. Do NOT enter anything in blue shaded cells. The blue cells contain formulas that are NOT to be overridden.								
<b>Use the Salary Section to fill out the Salary Detail Worksheet (located in the Contractor Budget in Open Window).</b>								
PERSONNEL - SALARY (Provide the total annual amounts for each person listed (all should be employees of organization). The formula will calculate the amount to come from the contract)	Hourly Rate (dollars per hour)	Annual Rate	OR	Annual Salary <i>if using hourly rate, do NOT enter a salary</i>	Months Worked on this Contract	Percent of Time Worked on this Contract %	Do not use this column	Budgeted Amount (Prorated)
Victim Services Associate		\$ -	or	\$ 42,500	12	40.00%		\$ 17,000
Office Assistant		\$ -	or	\$ 30,000	12	10.00%		\$ 3,000
Enter title in this cell		\$ -	or					\$ -
(For more staff, copy a row above, then insert the copied cell.)								
Salary Subtotal								\$ 20,000
Narrative - enter in pink area a brief description name and duties for each staff listed above.								
Victim Services Advocate, will provide case management, weekly individual and group counseling, court advocacy, and information referrals to clients. will oversee the volunteers and assure timely services to victims. will also prepare and submit quarterly progress reports to the DPH Program Manager. Office Assistant, will prepare monthly billing and coordinate weekly individual and counseling sessions, volunteer schedules and cell phones.								
<b>Use the Fringe Section to fill out the Contractor's Fringe Benefits (located under the Contractor - Manage Details Screen in Open Window).</b>								
PERSONNEL - FRINGE BENEFITS (Provide the total annual amounts for each person listed. The formula will calculate the amount to come from the contract)	FICA	Retirement/ 401K, etc.	Health/ Medical	Unemployment Insurance	Worker's Comp Insurance	Other (give detail here)	Annual Total	Budgeted Amount (Prorated)
Enter the percent of salary, or method of calculating each fringe benefit in cells to the right.	6.2% x salary (up to \$117,000) + 1.45% x salary (no limit)	4%	\$4,500/FTE	2%	3%			
Victim Services Associate	\$ 3,251.25	\$ 1,700.00	\$ 4,500.00	\$ 850.00	\$ 1,275.00		\$ 11,576.00	\$ 4,630
Office Assistant	\$ 2,295.00	\$ 1,200.00	\$ 4,500.00	\$ 600.00	\$ 900.00		\$ 9,495.00	\$ 950
(For more staff, copy a row above, then insert the copied cell.)								
Fringe Subtotal								\$ 5,580
Narrative - enter in pink area any narrative necessary for fringes.								
Victim Services Advocate: FICA 7.65% (\$1,300.50); Retirement 4% (\$680); Health Insurance \$4,500 x .40 = \$1,800; Unemployment Insurance 2% (\$340) Worker's Compensation 3% (\$510) = \$4,630.50.								
Office Assistant: FICA 7.65% (\$229.50); Retirement 4% (\$120); Health Insurance \$4,500 x .10 = \$450; Unemployment Insurance 2% (\$90) Worker's Compensation 3% (\$90) = \$949.50.								

*Budget Categories Worksheet:*

Contractor:							
Category	Line Item	Amount	Detail	Narrative			
<b>Human Resources</b>							
	Salary/Wages	\$ 20,000.00	detail	Victim Services Advocate, will provide case management, weekly individual and group counseling, court advocacy, and information referrals to clients. will oversee the volunteers and assure timely services to victims. will also prepare and submit quarterly progress reports to the DPH Program Manager. Office Assistant, will prepare monthly billing and coordinate weekly individual and counseling sessions, volunteer schedules and cell phones.			
	Fringe Benefits	\$ 5,580.00	detail	Victim Services Advocate: FICA 7.65% (\$1,300.50); Retirement 4% (\$680); Health Insurance \$4,500 x .40 = \$1,800; Unemployment Insurance 2% (\$340) Worker's Compensation 3% (\$510) = \$4,630.50.  Office Assistant: FICA 7.65% (\$229.50); Retirement 4% (\$120); Health Insurance \$4,500 x .10 = \$450; Unemployment Insurance 2% (\$60) Worker's Compensation 3% (\$90) = \$949.50.			
<b>Total Human Resources</b>		\$ 25,580.00					
<b>Operational Expenses/Capital Outlays</b>							
Supplies and Materials							
	Furniture						
	Other	\$ 687.00		Educational supplies DVD's 2 x \$50 = \$100.00; teen group workbooks 25 x \$20.00 = \$500; ink pen 5 boxes x \$7 = \$35.00; 1 box copy paper @ \$52 = \$52 = \$687.00			
<b>Utilities</b>							
	Electric	\$ 262.50		\$5,000 (annual cost of service) x 5.25% (project's percentage of total agency FTE) = \$262.50			
	Telephone	\$ 220.50		\$4,200 (annual cost of service) x 5.25% (project's percentage of total agency FTE) = \$220.50			
<b>Rent</b>							
	Office Space	\$ 3,750.00		\$25 (rent cost per square foot) x 300 sq. ft. used by program x .50 FTE = \$3,750.			
	Equipment	\$ 500.00		Maintenance agreement on the office copier and fax machine. Annual costs are \$1,000 x .50FTE = 500.00			
<b>Total Operational Expenses/Capital Outlays</b>		\$ 5,420.00					
<b>Total Budgeted Expenditures</b>		\$ 31,000.00					

### **Budget Narrative Requirements**

**Budget narratives shall show calculations for all budget line items and shall clearly justify/explain the need for these items. Budget costs shall be in accordance with State rates, reasonable and justifiable. Budget must support the scope of work activities and objectives.**

#### **Personnel**

Salary and fringe for program staff should be calculated in the budget section of the application. Provide a justification, personnel/staff names (if known), position title, description of any positions that will be funded with grant funds and annual salary, prorated salary and FTE. Include specifics such as \$\_\_\_\_\_x months =\_\_\_\_\_.

#### **Supplies**

You need provide only a reasonable dollar amount for general office supplies like pens, paper, etc. Provide justification for supply items other than general office supplies. Show cost calculation of cost.

#### **Travel**

Identify titles of staff whose travel is supported, briefly explain the purpose of the travel and how it relates to the action plan, and provide an estimate of mileage and per diem costs showing how those expenses were calculated. (Note: travel must be computed at rates up to the current State regulations.)

Mileage should be based on rates located on the North Carolina Office of State Budget and Management's (OSBM) web page under the "Memorandums" link. Mileage rates fluctuate with the price of fuel, thus the OSBM will release a memorandum entitled "IRS Mileage Rate Change" when there is a change in this rate.

For other travel related expenses, please refer to the OSBM's North Carolina Budget Manual, pages 130 – 140. This manual can be found at the following address:

[http://www.osbm.state.nc.us/files/pdf\\_files/BudgetManual.pdf](http://www.osbm.state.nc.us/files/pdf_files/BudgetManual.pdf).

Current rates for travel and lodging may be found in the chart below. However, it is recommended that the applicant visit the North Carolina Budget Manual to verify rates prior to submission of the application.

Current rates for travel and lodging:

<b><u>Meals</u></b>		<b><u>In-State</u></b>	<b><u>Out of State</u></b>
	Breakfast	\$8.30	\$8.30
	Lunch	\$10.90	\$10.90
	Dinner	\$18.70	\$21.30
		<b>\$37.90</b>	<b>\$40.50</b>
<b>Lodging</b>	(Maximum)	\$67.30	\$79.50
<b>Total</b>		105.20	120.00
<b>Mileage</b>	\$ up to .575 per mile		

**Item 5: Letters of Collaboration**

Letters of collaboration should be included from any agency or community organization integral to the success or implementation of the proposed activities. Examples of such agencies include those that will provide outreach services, financial support, meeting space, transportation beyond the scope of the applicant agency.

**Item 6: IRS Letter***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.

**Item 7: Verification of 501(c)(3) Status Form**

**Verification of 501 (C)(3) Status**

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We, the undersigned entity, hereby testify that the undersigned entity's 501 (c)(3) status, on file with the North Carolina Department of Health and Human Services, Division of Public Health, is still in effect.

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Signature of Chairman, Executive Director, or other authorized official

\_\_\_\_\_  
Title of above signed authorized official

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

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

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

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The Appendices are provided as a reference only.

Applicants are **not to complete** these documents at this time **nor return them** with the RFA response.

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

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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:

<u>Printed Name</u>	<u>Title</u>
1. _____	
2. _____	
3. _____	
4. _____	

Reference only — Not for signature

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

The fiscal year of the above named agency runs from months \_\_\_\_\_ to \_\_\_\_\_.



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

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I, \_\_\_\_\_, Board President/Chairperson of  
\_\_\_\_\_ [Organization's legal name] hereby identify the  
following individual(s) who is (are) authorized to sign **Contract Expenditure Reports** for the  
organization/agency named above:

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

Reference only — Not for signature

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

## **Notarization of Conflict of Interest Policy**

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State of North Carolina, County of \_\_\_\_\_

I, \_\_\_\_\_, Notary Public for said County and State, certify that  
\_\_\_\_\_  
[Name of Board Chair or Authorized Official] personally  
appeared before me this day and acknowledged that he/she is  
\_\_\_\_\_  
[Title] of  
\_\_\_\_\_  
[Organization's full legal name] 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\_\_.

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### ***Instruction for 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

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:

Reference only — Not for signature

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Legal Name of Organization

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Signature of Organization Official

---

Title of Organization Official

---

Date

APPENDIX D: **NO OVERDUE TAX DEBTS CERTIFICATION**

State Grant Certification – No Overdue Tax Debts<sup>1</sup>

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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."

APPENDIX E: **FEDERAL CERTIFICATIONS**

**The undersigned states that:**

- (a) He or she is the duly authorized representative of the Contractor named below;
- (b) 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;
- (c) He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
- (d) [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.
- (e) The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

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Signature

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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 sub awards that contain provisions for children's services and that all sub grantees 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 Non-procurement 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

sub awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all sub-recipients 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 sub-awardee 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 sub-awardee, e.g., the first sub-awardee of the prime is the 1st tier. Sub-awards include but are not limited to subcontracts, sub-grants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Sub-awardee", 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**

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance  <input type="checkbox"/> <input type="checkbox"/>	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. Bid/offer/application <input type="checkbox"/> b. Initial Award <input type="checkbox"/> c. Post-Award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change  <b>For Material Change Only:</b>  Year _____ Quarter _____  Date of Last Report: _____
<b>4. Name and Address of Reporting Entity:</b> Prime Sub awardee Tier _____, (if known)  Congressional District (if known)		<b>5. If Reporting Entity in No. 4 is Sub awardee, Enter Name and Address of Prime:</b>  Congressional District (if known)
<b>6. Federal Department/Agency:</b>		<b>7. Federal Program Name/Description:</b>  CFDA Number (if applicable) _____
<b>8. Federal Action Number (if known)</b>		<b>9. Award Amount (if known) :</b> \$ _____
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>  <i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i>		<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a.) (last name, first name, MI):</i>  <i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i>
<b>11. Amount of Payment (check all that apply):</b>  \$ _____ € actual € planned		<b>13. Type of Payment (check all that apply):</b> <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____
<b>12. Form of Payment (check all that apply):</b> <input type="checkbox"/> a. cash <input type="checkbox"/> b. In-kind; specify: Nature _____ Value _____		
<b>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):</b>  <div style="text-align: center;"> <input type="checkbox"/> <span style="margin-left: 200px;"><input type="checkbox"/></span> </div>		
<b>15. Continuation Sheet(s) SF-LLL-A attached:</b> <div style="text-align: right; margin-top: 10px;">         Yes <input type="checkbox"/> No <input type="checkbox"/> </div>		

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

## APPENDIX F: **CONTRACTOR CERTIFICATIONS**

### Contractor Certifications Required by North Carolina Law

#### Instructions

**The person who signs this document should read the text of the statutes listed below and consult with counsel and other knowledgeable persons before signing.**

- The text of Article 2 of Chapter 64 of the North Carolina General Statutes can be found online at: [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)
- The text of G.S. 105-164.8(b) can be found online at: [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)
- The text of G.S. 143-48.5 (S.L. 2013-418, s. 2.(d)) can be found online at: <http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H786v6.pdf>
- The text of G.S. 143-59.1 can be found online at: [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)
- The text of G.S. 143-59.2 can be found online at: [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)
- The text of G.S. 147-33.95(g) (S.L. 2013-418, s. 2.(e)) can be found online at: <http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H786v6.pdf>

#### Certifications

- (1) **Pursuant to G.S. 143-48.5 and G.S. 147-33.95(g)**, 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)
- (2) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:
  - (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
  - (b) [check **one** of the following boxes]
    - ☐ Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
    - ☐ The Contractor or one of its affiliates **has** incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.

- (3) **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.
- (4) The undersigned hereby certifies further that:
- (f) He or she is a duly authorized representative of the Contractor named below;
  - (g) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
  - (h) 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

---

Signature of Contractor's Authorized Agent

Date

---

Printed Name of Contractor's Authorized Agent

Title

---

Signature of Witness

Title

---

Printed Name of Witness

Date

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

## APPENDIX G: **FFATA FORM**

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

#### **A. Exemptions from Reporting**

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

**By signing below, I state that the entity listed below is exempt from: The entire FFATA reporting requirement:**

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

**Only executive compensation data reporting:**

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

Signature \_\_\_\_\_ Reference only — Not for signature Name \_\_\_\_\_ Title \_\_\_\_\_

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

#### **B. Reporting**

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

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

☐ Active 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 \_\_\_\_\_

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

Title	Name	Total Compensation
1. _____	_____	_____
2. _____	_____	_____



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