



Request for Applications

RFA # A387

Comprehensive Suicide Prevention (CSP)

FUNDING AGENCY: North Carolina Department of Health and Human Services
Division of Public Health
Chronic Disease and Injury Section / Injury and Violence Prevention
Branch

ISSUE DATE: August 2, 2021

DEADLINE DATE: September 8, 2021

INQUIRIES and DELIVERY INFORMATION:

Direct all inquiries concerning this RFA to: beinjuryfreenc@dhhs.nc.gov

Applications will be received until 5:00 p.m. on September 8, 2021.

Applications must be submitted by email only to beinjuryfreenc@dhhs.nc.gov as one consolidated PDF file including the Application Face Sheet, Applicant's Response, Indirect Cost Rate Approval Letter (if applicable), Letter(s) of Commitment, all needed IRS documentation. The Budget with Narrative must be submitted as a separate excel document using the provided template. Paper applications will not be accepted. Incomplete applications and applications not completed in accordance with the instructions will not be reviewed.

IMPORTANT NOTES:

1. Application file name should be as follows: ApplicantName_A387.
2. Indicate applicant name and RFA number on the header or footer of each page alongside the page number in the application narrative.
3. Include your applicant name and the RFA number in your email subject line when submitting questions or when submitting your application as an attachment.

RFA Table of Contents

I. INTRODUCTION-----4
 ELIGIBILITY -----4
 FUNDING -----4
II. BACKGROUND -----7
III. SCOPE OF SERVICES -----9
IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS----- 11
 1. Award or Rejection ----- 11
 2. Cost of Application Preparation----- 11
 3. Elaborate Applications ----- 11
 4. Oral Explanations ----- 11
 5. Reference to Other Data----- 11
 6. Titles ----- 11
 7. Form of Application ----- 11
 8. Exceptions ----- 11
 9. Advertising ----- 11
 10. Right to Submitted Material ----- 12
 11. Competitive Offer ----- 12
 12. Agency and Organization's Representative----- 12
 13. Subcontracting ----- 12
 14. Proprietary Information ----- 12
 15. Participation Encouraged----- 12
 16. Contract ----- 12
V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW ----- 13
 1. Announcement of the Request for Applications (RFA) ----- 13
 2. Distribution of the RFA ----- 13
 3. Bidder’s Conference / Question & Answer Period ----- 13
 4. Applications ----- 13
 5. Format----- 13
 6. Space Allowance ----- 13
 7. Application Deadline ----- 14
 8. Receipt of Applications----- 14
 9. Review of Applications----- 14
 10. Request for Additional Information ----- 14
 11. Audit ----- 14
 12. Assurances----- 15
 13. Additional Documentation to Include with Application----- 15
 14. Federal Certifications ----- 15
 15. System for Award Management Database (SAM) ----- 15
 16. Additional Documentation Prior to Contract Execution----- 15
 17. Registration with Secretary of State ----- 16
 18. Federal Funding Accountability and Transparency Act (FFATA)----- 16
 19. Iran Divestment Act----- 16
 20. Boycott Israel Divestment Policy ----- 16
 21. Application Process Summary Dates----- 16
VI. PROJECT BUDGET----- 18

VII. EVALUATION CRITERIA -----	20
VIII. APPLICATION-----	21
Application Checklist -----	21
1. Application Face Sheet -----	22
2. Applicant’s Response-----	23
3. Project Budget -----	26
4. Indirect Cost Rate Approval Letter (if applicable) -----	27
5. Letters of Commitment-----	28
6. IRS Letter-----	29
7. Verification of 501(c)(3) Status Form-----	30
Appendix A NC DHHS Risk Assessment (for Reference) -----	31
Appendix B How to Write SMARTIE Goals-----	36
Appendix C Sample Letter of Support-----	41
Appendix D Local Health Departments Funded to do Comprehensive Suicide Prevention Work	43
Appendix E “Messaging Best Practices” -----	46
Appendix F Helpful Language-----	49
Appendix G Forms for Reference -----	54
FEDERAL CERTIFICATIONS -----	55
LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS -----	63
LETTER TO IDENTIFY INDIVIDUALS TO SIGN EXPENDITURE REPORTS -----	64
CONFLICT OF INTEREST POLICY -----	65
NO OVERDUE TAX DEBTS CERTIFICATION -----	68
CONTRACTOR CERTIFICATIONS -----	69
FFATA Form -----	71

I. INTRODUCTION

The Injury and Violence Prevention Branch under the North Carolina Division of Public Health, Chronic Disease and Injury Section works to identify, implement, and support prevention strategies in injury and violence, including comprehensive suicide prevention.

The purpose of this Comprehensive Suicide Prevention (CSP) RFA is to fund organizations to deliver comprehensive suicide prevention programming to their communities. This RFA benefits people at risk of suicide and their family members as well as the larger community by providing practical, evidence-based training and skills to respond to suicide ideation and attempts. In addition, this RFA builds capacity and local infrastructure to prevent suicide in North Carolina.

The approved strategies in this RFA are:

1. Promote Safe Storage practices by providing Gun Safety Team (GST) development trainings,
2. Provide Counseling on Access to Lethal Means (CALM) trainings, and
3. Support participation in gatekeeper trainings.

In addition to implementing the approved comprehensive suicide prevention strategies, successful applicants will also help to build local capacity for suicide prevention by creating a GST in their communities, joining the state GST Coalition, and disseminating educational materials for preventing suicide. Finally, all projects will participate in statewide coordination through meetings with other funded agencies and with the Injury and Violence Prevention Branch.

Organizations must apply to work on all of the approved strategies and activities listed in **Section III: Scope of Services** on page 9 of this RFA.

ELIGIBILITY

This *Comprehensive Suicide Prevention (CSP)* RFA is open to all private, non-profit organizations, public or local governmental agencies located and licensed to conduct business in the state of North Carolina that can clearly demonstrate a commitment to comprehensive suicide prevention strategies. Applicants may be individual organizations or a partnership/collaboration of multiple organizations, one of which must serve as the fiscal agent or the organization that will take overall responsibility of the fiscal and grant-related requirements.

The NC DHHS encourages applications from organizations that promote the health and dignity of individuals and communities impacted by suicide and those that wish to incorporate this mission into their core activities. Applicants should be familiar with delivering program activities in a culturally appropriate manner. ALL organizations must be operating services in North Carolina.

FUNDING

The Comprehensive Suicide Prevention RFA has been funded 71% by the Centers for Disease Control and Prevention (CDC) Cooperative Agreement CDC-RFA-CE20-2001 and 29% by the American Rescue Plan non-competitive grant CDC-RFA-OT21-2103. CDC-RFA-CE20-2001 is for five years starting September 1, 2020, until August 31, 2025. Notice of Award for federal grant year-1 (September

1, 2020 – August 31, 2021) has been received. Funds for federal grant years 2-5 (September 1, 2021 – August 31, 2025) have not yet been awarded.

Award Information:	CFDA# 93.136, Injury Prevention and Control Research and State and Community Based Programs	CFDA# 93.391, Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises
Title of Project:	North Carolina Comprehensive Suicide Prevention	National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities
Agency Name:	Centers for Disease Control - NCIPC	Centers for Disease Control - OSTLTS

Estimated amount of subaward funded by CDC-RFA-CE20-2001 and CD-RFA-OT21-2103 for FFY 2022-24 is as follows:

<u>CDC/ARP</u> <u>Funding Year</u>	<u>CDC-RFA-CE20-2001 Funding</u> <u>Estimate</u>	<u>CDC-RFA-OT21-2103 Funding</u> <u>Estimate</u>
2	\$150,000	\$200,000
3	\$325,000	\$200,000
4	\$525,000	N/A

This funding is available for 30 months from March 1, 2022 to August 31, 2024.

Applicants may request up to \$200,000 for the entire project period. It is anticipated that up to seven applicants will be awarded through this application. Cost sharing or matching funds are not required.

Contract Year:	Dates:	Maximum Award:
2021-2022	March 1, 2022 – August 31, 2022	\$50,000
2022-2023	September 1, 2022 – August 31, 2023	\$75,000
2023-2024	September 1, 2023 – August 31, 2024	\$75,000

The actual funding amount will be determined by the Division of Public Health based on the proposed execution of the project and the utilization of funds as outlined in the applications submitted. **Funds are distributed on a reimbursement after expenditure basis. No advance/startup funds are provided to programs.**

Prior to issuing funding, DPH will conduct a risk assessment on all applicants with top scores. Risk categories are low, moderate, and high using the NC DHHS Risk Assessment Form (see Appendix A). Applicants who are assessed in the ‘High’ risk categories may not be funded.

Funding restrictions: Funds awarded through this RFA may only be used to support the strategies outlined in **Section III: Scope of Services** on page 9 of this RFA and will not be allowed for:

1. Any type of research;

2. Clinical care or any direct medical service, including mental health or crisis services;
3. Reimbursement of pre-award costs;
4. Lobbying (publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body); and/or
5. Capital expenses, new construction or renovation of facilities, or furniture/equipment.

For more information on allowable costs and funding restrictions, see **Section VI: Project Budget** on page 19 of this RFA.

II. BACKGROUND

The mission of the North Carolina Injury and Violence Prevention Branch (IVPB) is to define and address the major statewide issues of injury and violence prevention. The desired impact of the IVPB is to reduce morbidity and mortality caused by injury and violence, and the ultimate vision of the Branch is a North Carolina free from injuries and violence where people can live to their full potential.

Suicide is a serious public health problem and the 10th leading cause of death in the United States. From 1999 to 2019, suicide rates have increased 33% in the United States.¹ In 2019, there were 1,358 suicides in North Carolina (NC).² The burden of suicide is disproportional for males, veterans, and in rural counties. The highest rates of suicides are among American Indian/Alaskan Native and non-Hispanic White populations. Additionally, young people who are lesbian, gay or bisexual have a higher rate of suicidal ideation and behavior compared to their straight counterparts.³ Use of firearms is the leading method of suicide across these groups. Reducing suicide attempts and fatalities among these populations will substantially reduce the overall burden of suicide for North Carolinians. Comprehensive suicide prevention strategies implemented on multiple levels will reduce both mortality and morbidity.

In 2015, North Carolina released the *North Carolina Suicide Prevention Plan* as a result of a collaborative 16-month process among IVPB, the University of North Carolina Gillings School of Global Public Health's Department of Health Behavior, and the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. Utilizing the input of approximately 180 diverse suicide prevention stakeholders, the plan's primary purpose is to empower all North Carolinians with knowledge and to highlight examples of the actions they can take to reduce suicide.

There are a number of activities and actions communities can take to prevent suicide. The purpose of this Comprehensive Suicide Prevention (CSP) RFA is to fund key prevention activities identified in the *2015 North Carolina Suicide Prevention Plan*, *North Carolina Recommendations on Firearm Safety for Suicide Prevention* and the *Centers for Disease Control and Prevention (CDC) Technical Package for Preventing Suicide*. The Technical Package promotes seven focus areas for suicide prevention including strengthening economic supports, strengthening access and delivery of suicide care, creating protective environments, promoting connectedness, teaching coping and problem-solving skills, identifying and supporting people at risk, and lessening harms and preventing future risk. The CSP RFA will fund activities in two of those focus areas; creating protective environments and identifying and supporting people at risk.

One key evidence-based strategy for creating protective environments is to reduce access to lethal means among persons at risk of suicide. Research indicates that seventy-one percent of survivors of nearly lethal attempts stated that they deliberated for an hour or less and generally people will not attempt by a different method if their intended method is unavailable.⁴ This means that increasing the time between

1

https://www.cdc.gov/suicide/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Fsuicide%2Fin dex.html

² <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>

³ <https://www.cdc.gov/suicide/facts/index.html>

⁴ <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>

deciding to act and the suicide attempt can be lifesaving. This can be done through safe storage practices which may include education and counseling around storing firearms locked in a secure place, unloaded, and separate from the ammunition; and keeping medicines in a locked cabinet or other secure location away from people who may be at risk of suicide or who have made prior suicide attempts. One way to promote the use of safe storage practices and decrease the access to lethal means is to educate care providers in Counseling on Access to Lethal Means (CALM). A trained provider would ascertain whether the at-risk person had a suicide plan and work with them and their families to create a safe home environment free of lethal means. Communities can also promote safe storage practices through the creation of a Gun Safety Team (GST), which brings together various partners in the community to support safe storage education and practices and link to resources such as free or low-cost gun locks.

Another strategy for suicide prevention falls under the CDC-identified focus area of identifying and supporting people at risk. One evidence-based approach for this focus area is gatekeeper trainings. These trainings are designed to train teachers, coaches, clergy, emergency responders, primary and urgent care providers, and others in the community to identify people who may be at risk of suicide and to respond effectively, including facilitating treatment seeking and support services. Two trainings created by LivingWorks are identified for this RFA. The online training, Start, is an hour-long training applicable to all levels and can be taken at a time convenient to the gatekeeper. Applied Suicide Intervention Skills Training (ASIST) is an intensive in-person two-day training that assists various stakeholders in identifying and connecting with suicidal individuals, understand their reasoning for living and dying, and assist with safely connecting those in need to available resources.

The purpose of this CSP RFA is to fund organizations to deliver comprehensive suicide prevention programming to their communities. This RFA benefits people at risk of suicide and their family members as well as the larger community; ***note that this funding opportunity is particularly focused on four identified vulnerable populations in North Carolina: men, rural counties, veterans, and youth (including lesbian, gay, bisexual, transgender, and questioning (LGBTQ+) individuals)***. The RFA will fund practical, evidence-based training and skills to respond to suicide ideation and attempts. In addition, this RFA builds capacity and local infrastructure to prevent suicide in North Carolina.

The approved strategies in this RFA are:

1. Promote Safe Storage practices including the development of a local Gun Safety Team,
2. Provide Counseling of Access to Lethal Means (CALM) trainings, and
3. Support participation in gatekeeper trainings.

III. SCOPE OF SERVICES

This RFA is being released to recruit qualified agencies and organizations to carry out formative assessment and planning activities, implementation of comprehensive primary prevention programs, and evaluation as part of the NC Comprehensive Suicide Prevention Program. All private, non-profit organizations, public or local governmental agencies located and licensed to conduct business in the state of North Carolina that can clearly demonstrate a commitment to comprehensive suicide prevention strategies are encouraged to apply. Applicants may be individual organizations or a partnership/collaboration of multiple organizations, one of which must serve as the fiscal agent or the organization that will take overall responsibility of the fiscal and grant-related requirements.

The NC DHHS encourages applications from organizations that promote the health and dignity of individuals and communities impacted by suicide and those that wish to incorporate this mission into their core activities. Applicants should be familiar with delivering program activities in a culturally appropriate manner. ALL organizations must be operating services in North Carolina.

Successful applicants will be eligible for funding for up to 30 months from March 1, 2022, to August 31, 2024. Applicants may request up to \$200,000 for the entire project period. It is anticipated that up to seven applicants will be awarded through this application. Cost sharing or matching funds are not required.

Contract Year:	Dates:	Maximum Award:
2021-2022	March 1, 2022 – August 31, 2022	\$50,000
2022-2023	September 1, 2022 – August 31, 2023	\$75,000
2023-2024	September 1, 2023 – August 31, 2024	\$75,000

Deliverables to be completed by the End of Year 1 (by August 31, 2022):

1. Hire at least one (1) part-time staff person to manage the comprehensive suicide prevention activities.
2. Develop and sustain partnerships with community stakeholders to form a Gun Safety Team (GST) and discuss how this GST will enhance the role of various community stakeholders in the prevention of suicide. This GST should be comprised of the appropriate community organizations and individuals to assist with planning, implementation, and evaluation of the primary prevention programming around safe storage practices. For example, a GST may include child development specialists, teachers, school administrators, health educators, community development advocates and other prevention experts. It is appropriate for the CSP program staff to participate on a preexisting GST that works on multiple community issues.
3. Initiate the planning and implementation of the following comprehensive suicide prevention programs:
 - a. Promote Safe Storage practices which will include creating the above-mentioned Gun Safety Team (GST), purchasing, and distributing gun locks, and creating public awareness about the importance of safe storage practices.
 - b. Provide Counseling of Access to Lethal Means (CALM) trainings in the community to train at least thirty (30) community members.

- c. Support participation in gatekeeper trainings such as providing Applied Suicide Intervention Skills Trainings (ASIST) or Start trainings to at least fifty (50) community members.
4. Utilize tools and apply training and technical assistance provided by the Injury and Violence Prevention Branch (IVPB) to improve program practice.
5. Implement process and outcome evaluation of comprehensive suicide prevention activities.
6. Participate in cross-site evaluation with IVPB.
7. Participate in quarterly calls with IVPB to discuss successes, barriers, gaps, and lessons learned through program implementation.
8. Coordinate with IVPB and The University of North Carolina at Chapel Hill's Injury Prevention Research Center (UNC IPRC) for all suicide prevention communications.

All applicants are required to uphold the following performance standards if selected. Applicants should demonstrate how they already meet or propose to meet these standards throughout their Application Narrative.

1. Ensure that program design, implementation and evaluation efforts are promoting health equity such as specific outreach to underserved communities and engagement with historically marginalized populations.
2. Ensure that all activities are culturally sensitive, linguistically appropriate, and at an appropriate comprehension level to accommodate stakeholders of varying suicide prevention backgrounds.
3. Use data to identify priority populations within the catchment area for program strategies and activities.
4. Engage priority populations, such as those with lived experience, in planning, implementing and/or evaluating program strategies and activities.
5. Ensure that all trainings are conducted by appropriately trained individuals with experience in the specific subject matter.
6. Collect appropriate evaluation data from training and presentation participants to assess knowledge gains and effectiveness of training sessions or presentations.
7. Provide opportunities for staff and partners to learn about health equity and social determinants of health, and apply these concepts to program design, implementation, and evaluation.
8. Partner with organizations, agencies and/or community groups that deliver services that support the social determinants of health needs of participants.

The intended outcomes of this RFA are to:

1. Increase in the promotion of Safe Storage practices.
2. Increase in the number of Gun Safety Teams.
3. Increase the number of individuals receiving Counseling of Access to Lethal Means (CALM) trainings.
4. Increase the number of individuals receiving gatekeeper trainings.
5. Improve statewide coordination of suicide prevention efforts.

The quality-of-service delivery is defined as evidence-informed, comprehensive, coordinated, and collaborative across systems. Services must be informed by community engagement and data, culturally and linguistically sensitive, and strengths based. CSP funded projects must support the state-level NC CSP Program in demonstrating statewide reach.

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection

All qualified applications will be evaluated and awards will be made to the organizations whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by October 8, 2021.

2. Cost of Application Preparation

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

3. Elaborate Applications

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

4. Oral Explanations

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

5. Reference to Other Data

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

6. Titles

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

7. Form of Application

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

8. Exceptions

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

9. Advertising

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

10. Right to Submitted Material

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

11. Competitive Offer

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

12. Agency and Organization's Representative

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

13. Subcontracting

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

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

14. Proprietary Information

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

15. Participation Encouraged

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

16. Contract

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

V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

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

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

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on August 2, 2021:

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

2. **Distribution of the RFA**

RFAs will be posted on the Program's website <https://injuryfreenc.ncdhhs.gov> and may be sent via email to interested agencies and organizations beginning August 2, 2021.

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

All prospective applicants are encouraged to attend a Bidder's Conference on Thursday, August 12, 2021 at 3:00 p.m. EST by registering here: <https://unc.zoom.us/meeting/register/tJ0vc-utqj4iGNKGHihogB2sX8-ZbPr30ntt>.

AND

Written questions concerning the specifications in this Request for Applications will be received until 5:00 p.m. ET on Monday, August 16, 2021. As an addendum to this RFA, a summary of all questions and answers will be posted online at <https://injuryfreenc.ncdhhs.gov> on Friday, August 20, 2021 at 8:00 a.m. ET.

4. **Applications**

The original application must contain original documents, and all signatures in the original application must be original or a verified digital signature, such as DocuSign. Applicants shall submit their application as one consolidated PDF file with all required attachments and scanned signatures to beinjuryfreenc@dhhs.nc.gov. *Paper-mailed and faxed applications will not be accepted.*

5. **Format**

The application must be typed on 8.5" x 11" pages with 1" margins. Line spacing should be single-spaced. The font should be Arial and sized 11-point. Page limit is 8 pages excluding the budget with narrative and letters of commitment. All pages should be numbered. Use appropriate headings for each section. The application file name should be as follows:
ApplicantName_A387

6. **Space Allowance**

Page limit suggestions are provided in the application worksheet for each section of the application. Refer to Section VIII.2. Applicant's Response for specifics.

7. Application Deadline

All applications must be received by 5:00 p.m. ET on Wednesday, September 8, 2021. Only emailed applications will be accepted (scanned signatures are acceptable). Faxed or paper-mailed applications will not be accepted.

8. Receipt of Applications

Applications from each responding agency and organization will receive an email confirmation if it's application is received on time.

9. Review of Applications

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the subject matter. Staff from applicant agencies may not participate as reviewers.

Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The State reserves the right to conduct site visits as part of the application review and award process. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

10. Request for Additional Information

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

11. Audit

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

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

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

Level 1: Less than \$25,000

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

Level 3: \$500,000 or more

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

12. Assurances

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

13. Additional Documentation to Include with Application

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

Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the agency's 501(c)(3) tax-exempt status. (This letter normally includes the agency's tax identification number, so it would also satisfy that documentation requirement.)

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

14. 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 G). Federal Certifications should NOT be signed or returned with application.

15. System for Award Management Database (SAM)

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

16. Additional Documentation Prior to Contract Execution

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

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

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

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

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

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 G). Contractor Certifications should NOT be signed or returned with application.

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

17. Registration with Secretary of State

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

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

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

19. Iran Divestment Act

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

20. Boycott Israel Divestment Policy

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

21. Application Process Summary Dates

August 2, 2021: Request for Applications released to eligible applicants.

August 12, 2021: Bidder's Conference / Teleconference.

August 16, 2021: End of Q&A period. All questions due in writing by 5pm.

August 20, 2021: Answers to Questions released to all applicants, as an addendum to the RFA.

September 8, 2021: Applications due by 5pm.
October 8, 2021: Successful applicants will be notified.
March 1, 2022: Proposed Contract Start Date.

VI. PROJECT BUDGET

Budget and Justification

Applicants must submit a budget, which requires a line-item budget for the first year of funding and a narrative justification, with subsequent year budgets submitted during designated renewal period.

Narrative Justification for Expenses

A narrative justification must be included for every expense listed in the budget. Each justification should show how the amount on the line-item budget was calculated, and it should be clear how the expense relates to the project.

Travel Reimbursement Rates

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the “Change in IRS Mileage Rate” memorandum to be found on OSBM’s website when there is a change in this rate. The current state mileage reimbursement rate is 56 cents per mile.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. However, please be advised that reimbursement rates periodically change. The Division of Public Health will only reimburse for rates authorized in OSBM’s North Carolina Budget Manual or adopted by means of an OSBM Budget Memo. These documents are located here: <https://www.osbm.nc.gov/budget/budget-manual>.

Current Rates for Travel and Lodging

Meals	In State	Out of State
Breakfast	\$9.00	\$9.00
Lunch	\$11.80	\$11.80
Dinner	\$20.50	\$23.30
<i>Total Meals Per Diem Per Day</i>	<i>\$41.30</i>	<i>\$44.10</i>
Lodging (<i>Maximum rate per person, excludes taxes and fees</i>)	\$78.90	\$93.20
Total Travel Allowance Per Day	\$120.20	\$137.30
Mileage	\$0.56 per mile	

Funding restrictions: Funds awarded through this RFA may only be used to support the strategies outlined in **Section III: Scope of Services** and will not be allowed for:

- Any type of research;
- Clinical care or any direct medical service, including mental health or crisis services;
- Reimbursement of pre-award costs;
- Lobbying (publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body); and/or
- Capital expenses, new construction or renovation of facilities, or furniture/equipment.

Audits

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

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

Level 1: Less than \$25,000

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

Level 3: \$500,000 or more

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

Indirect Cost

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

This RFA is funded by Federal CDC Cooperative Agreement CDC-RFA-CE20-2001 on Injury Prevention and Control Research and State and Community Based Program and non-competitive grant CDC-RFA-OT21-2103 on Supporting State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, both with no Indirect Cost/Administrative Restrictions. Therefore, indirect cost is allowed on the portion of the sub-award funded by this RFA.

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the applicant agency may request up to the federally negotiated rate. The total modified direct cost identified in the applicant’s FNICR shall be applied. A copy of the FNICR must be included with the applicant’s budget.

If the applicant does not have an FNICR, a 10% indirect cost rate (known as the *de minimis* rate) may be used on the total, modified direct cost as defined in 2 CFR 200.68, *Modified Total Direct Cost (MTDC)*, with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. Applicants must indicate in the budget narrative that they wish to use the *de minimis* rate, or some part thereof. Applicants who do not wish to claim any indirect cost should enter “No indirect cost requested” in the indirect cost line item of the budget narrative.

Estimated amount of subaward funded by CDC-RFA-CE20-2001 and CD-RFA-OT21-2103 for FFY 2022-24 is as follows:

<u>CDC/ARP Funding Year</u>	<u>CDC-RFA-CE20-2001 Funding Estimate</u>	<u>CDC-RFA-OT21-2103 Funding Estimate</u>
2	\$150,000	\$200,000
3	\$325,000	\$200,000
4	\$525,000	N/A

VII. EVALUATION CRITERIA

SCORING OF APPLICATIONS

Applications shall be scored based on the responses to the four application content areas. Each content area shall be scored on a scale of 1 to 4 based on the scale below:

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

Each content area will be weighted and the score of 1 to 4 will be multiplied by the assigned weight of the content area. (If the content area has a weight = 10 and it is rated 4 (excellent) the total will be 40 points.) The highest total score is 100 points. *Incomplete content areas will be scored at zero.*

The scoring procedure is described below:

A. Proposal Summary (0 points) – Required, not scored

B. Project Narrative

1. Organizational Readiness

Weight = 5, Total maximum points = 20

Score distribution: 5 = poor; 10 = average; 15 = good; 20 = excellent.

2. Assessment of Need

Weight = 4, Total maximum points = 16

Score distribution: 4 = poor; 8 = average; 12 = good; 16 = excellent.

3. Project Description and Sustainability

Weight = 7, Total maximum points = 28

Score distribution is: 7 = poor; 14 = average; 21 = good; 28 = excellent.

4. Evidence of Collaborations/Partnerships, Letters of Commitment

Weight = 6, Total maximum points = 24

Score distribution: 6 = poor; 12 = average; 18 = good; 24 = excellent.

5. Evaluation Plan

Weight = 3, Total maximum points = 12

Score distribution is: 3 = poor; 6 = average; 9 = good; 12 = excellent.

C. Project Budget (0 points) - Required, not scored

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

VIII. APPLICATION

Application Checklist

The following items must be included in the application:

1. ___ **Application Face Sheet**
2. ___ **Applicant's Response**
3. ___ **Project Budget**
4. ___ **Indirect Cost Rate Approval Letter** (if applicable)
5. ___ **Letters of Commitment or Statements of Support**

IRS Documentation:

6. ___ **IRS Letter Documenting Your Organization's Tax Identification Number** (public agencies)

or

- ___ **IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax-exempt Status** (private non-profits)

and

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

NOTE: Please submit the **project budget as a separate excel document** using the provided Budget Worksheet.

1. Application Face Sheet

This form provides basic information about the applicant and the proposed project with **Injury and Violence Prevention Branch**, 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 # A387 are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator: Name: Title:	Telephone Number: Fax Number: Email Address
7. Agency Status (check all that apply): <input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	9. Agency DUNS Number:
10. Agency’s URL (website):	
11. Agency’s Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Amount of Funding Requested	
15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #14) Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Signature of Authorized Representative:	17. Date

2. Applicant's Response

The narrative application must be typed, single-spaced, on 8.5" x 11" pages with 1" margins, in sized 11-point Arial font, with all pages numbered and should include the section headers below.

If desired, use the optional **Project Narrative Worksheet** available with this RFA and posted online at: <https://injuryfreenc.ncdhhs.gov>.

Page limit of the project narrative section is 8 pages excluding the budget with narrative and letters of commitment.

Be as specific as possible since this will be the basis for evaluating applications and monitoring the selected organization's performance.

Proposal Summary (0 points) – Required, not scored

1. Provide a brief (no more than 250 words) overview of how you intend to achieve all 3 parts of this project. Must include a purpose statement describing how your application will address suicide prevention in your community in collaboration with entities that serve the **identified vulnerable populations for this grant: men, rural counties, veterans, and youth**. Applications without a proposal summary will be deducted 2 points.

Organizational Readiness (20 total points) - suggested page limit: 1 ½ pages

1. Explain your knowledge and experience with suicide as a public health problem and prevention strategies. The applicant must demonstrate an understanding of issues particularly affecting the people at risk of suicide. Additionally, explain your organization's history promoting comprehensive suicide prevention activities.
2. Explain staff skills and education concerning both grant management and suicide prevention programming.

Assessment of Need (16 total points) - suggested page limit: 1 ¼ pages

1. List the NC counties/geographic area to be served by the proposed project.
2. If available, provide local data on the suicide burden in those counties.
3. Provide demographics for the county(ies) that you serve, specifically information pertaining to **the four identified vulnerable populations: men, veterans, rural counties, and youth**. (<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/VDRS/2018-NCVDRS-AnnualReport.pdf>).
 - a. If data is not available, please elaborate on known risk factors for suicide specific to these populations within your county; for example, proximity to military bases, lack of employment opportunities, and/or geographic spread or isolation.
 - b. Additional places to access data include:
 - i. <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/ViolentDeathData.htm>
 - ii. <https://www.countyhealthrankings.org/explore-health-rankings>
 - iii. <https://schs.dph.ncdhhs.gov/data/hsa/>

NOTE: Provide citations/reference sources for any included community demographic or health status data.

Project Description and Sustainability (28 points) - suggested page limit: 2 ½ pages

1. Clearly outline each required comprehensive suicide prevention strategy (promoting Safe Storage practices including the development of a local Gun Safety Team, providing Counseling of Access to Lethal Means (CALM) trainings, and supporting participation in gatekeeper trainings) and how your proposed project will address these strategies.
2. Describe any proposed supplemental activities beyond the required strategies to advance the goals of comprehensive suicide prevention in your community.
3. Address how you may include suicide survivors and those with lived experience in the development and implementation of your comprehensive suicide prevention strategies.
4. Include SMARTIE (Appendix B) goals for each of the three strategies.
5. Explain how the project will contribute to the capacity of your organization and community to prevent suicide deaths over time. Applications must describe how these improvements will be sustained.
6. Describe obstacles that may affect your organization's ability to sustain this program and/or improvements after the funding period ends and potential solutions to these identified challenges.
7. Detail any funding from other sources that will be used towards this project.

Evidence of Collaborations/Partnerships (24 points) - suggested page limit: 2 pages

1. Describe how you will collaborate on this project with other relevant organizations in your community, especially those that would interact with the identified vulnerable populations: men, veterans, rural counties, and youth.
2. Provide at least two (2) Letters of Support from organizations integral to the comprehensive suicide prevention efforts in the applicant's geographic area (see Appendix C for a sample letter of support).
 - a. For organizations that are not Local Health Departments, a Letter of Support from your Local Health Department (LHD) is required if they have been funded through the Healthy Communities block grant for suicide prevention in the last five years (see Appendix D for a list of LHDs that have received funding from Health Communities block grant for suicide prevention).
3. Describe how you will verify that projects or services are not being duplicated in the community and with the population served.
4. Detail how you will fund, oversee and monitor subcontractors, if relevant.

Evaluation Plan (12 points) - suggested page limit: 1 page

1. Detail your evaluation plan. Include the short term and long-term outcomes you expect from program implementation.
2. Describe the questions you'd like to answer through conducting an evaluation, and what kinds of information you will collect to answer those questions.
3. Describe how you will gather that information, for example, through interviews, surveys, or tracking numbers.
4. Describe how you will know if your program is successful or not.
5. Aspects of the strategies that will be monitored include:
 - a. Number of gatekeeper trainings offered per year.
 - b. Number of unique individuals trained in gatekeeper trainings.
 - c. Number of total individuals trained in gatekeeper trainings.
 - d. Demographic information of the individuals attending gatekeeper trainings (age, gender, etc.)

- e. Number and demographics of unique individuals trained to provide CALM trainings.
 - f. Number of gun locks distributed by the program.
 - g. Number of education materials created about comprehensive suicide prevention strategies.
 - h. Number of Suicide Prevention Advisory Council meetings hosted or attended.
 - i. Challenges to completing project goals, strategies for overcoming these challenges, and lessons learned from engaging in the work.
 - j. Success stories you'd like to share that reflect individual or community change regarding suicide prevention.
6. List any additional metrics that you may choose to evaluate.
 7. List who will be responsible for collecting data and submission.
 8. If applicable, include any details about compensation for outside evaluation support or participant incentives.

3. Project Budget

The budget should be for all 30 months of the project; year 1 (March 1, 2022 – August 31, 2022), year 2 (September 1, 2022 – August 31, 2023), and year 3 (September 1, 2023 – August 31, 2024). *This should be a project specific budget, NOT the budget for your entire organization.*

Budgets for year 2 and 3 will be able to be adjusted during the contract development period for each respective year in accordance with program progress.

Use the Excel budget template provided with this RFA posted online at:
<https://injuryfreenc.ncdhhs.gov>.

Clearly state the total amount requested. The total maximum allowed is \$200,000 per application; \$50,000 for year 1, \$75,000 for year 2, and \$75,000 for year 3. Refer to **Section VI. Project Budget** for all eligible and ineligible expenses as well as state permitted travel costs and per diem.

1. **Salary and Fringe Detail** – All salary and fringe information for the proposed project should be entered into the "Salary and Fringe" tab. For each of the employees who will work on the proposed project, please provide the title/role and name (or TBD) in column A. Provide the hourly rate or annual salary and number of months and percentage of time they will be working on the project and the table will auto populate the total amount to be charged to this project budget. Enter the corresponding fringe amount for each employee receiving fringe benefits in the Fringe section. In the narrative (pink section) provide a description of the work they'll be doing on the project. When estimating the FTE% allocation for new positions, it is important to consider the typical time lag between the start date of the grant and the new person actually being in place. If the project requires volunteer stipends or other contracted individuals who will be paid in lump sums, enter this amount in the Salary and Fringe section of the "Budget" tab in the "other" row and provide a detailed narrative.
2. **Operational Expenses** – All operational expense information for the proposed project should be entered into the "Budget" tab starting under the row titled "Operational Expenses". For each of the line items in Operational Expenses, please provide the name of the expense in column A. Provide the number of units and the unit price and the table will auto populate the total amount to be charged to this project budget. In the narrative provide the breakdown of unit cost, number of units, and a description of the items. Please refer to Section VI. Project Budget for all state travel reimbursement rates. Any rate above the state allowable reimbursement rate will not be honored.
3. **Subcontracting Expenses** – A separate subcontractor budget is required for each subcontractor on the proposed project. Subcontractor budgets shall be completed using the same instructions as the above outlined contractor budget instructions. If the project has multiple subcontractors, please provide a separate budget for each subcontractor. Enter the total amounts requested by each subcontractor in the section titled "Subcontracting" in the "Budget" tab.

The Budget with Narrative must be submitted as a **separate excel document** using the provided template. The document should be named using the following naming convention, "ApplicantName_A387_ProjectBudget".

4. Indirect Cost Rate Approval Letter (if applicable)

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the applicant agency organization may request up to the federally negotiated rate. The total modified direct cost identified in the applicant's FNICR shall be applied. A copy of the FNICR must be included with the applicant's submission "Indirect Cost Rate Approval Letter".

If the applicant does not have an FNICR, a 10% indirect cost rate (known as the de minimis rate) may be used on the total, modified direct cost as defined in 2 CFR 200.68, Modified Total Direct Cost (MTDC), with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. Applicants must indicate in the budget narrative that they wish to use the de minimis rate, or some part thereof. Applicants who do not wish to claim any indirect cost should enter "No indirect cost requested" in the indirect cost line item of the budget narrative.

5. Letters of Commitment

Letters of commitment should be included from any agency or community organization integral to the success or implementation of the proposed activities. Additional letters that are relevant and descriptive will strengthen your application. Each key partner referenced in the application narrative and/or the budget should have an accompanying letter of commitment/support to demonstrate evidence of collaboration. The partnership highlighted in the letter of support should also be reflected in the application narrative. Review **Section VII: Evaluation Criteria** for scoring details.

At least two letters of support are required for all applications from organizations integral to the comprehensive suicide prevention efforts in the applicant's geographic area. In addition, for applicant's that are not a Local Health Department and whose Local Health Department is funded through the Healthy Community's block grant for suicide prevention (Appendix D), an additional letter of support is required from the local health department.

Letters of commitment/support should be included with each application as an appendix and will not count toward the narrative page limit of this RFA. Please do not have letters sent separately to the Injury and Violence Prevention Branch. Letters not included in your compiled, electronic application will not be read by reviewers.

6. IRS Letter

Public Agencies:

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

Private Non-profits:

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

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

7. Verification of 501(c)(3) Status Form

IRS Tax Exemption Verification Form (Annual)

I, _____, hereby state that I am _____ of
(Printed Name) (Title)
_____ (“Organization”), and by that authority duly given
(Legal Name of Organization)

and as the act and deed of the Organization, state that the Organization’s status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

I understand that the penalty for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the _____ day of _____, 20_____.

(Signature)

Appendix A NC DHHS Risk Assessment **(for Reference)**

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

RISK ASSESSMENT FORM

INSTRUCTIONS: Complete Agency Information Summary, then proceed to Risk Assessment Form Scoring. Rate the agency on these factors and enter the total in area for "TOTAL." After the initial results, complete the next section that allows for the inclusion of additional factors not represented elsewhere on the form. If the additional factors are applicable, rate those and add the result into the total. Finally, indicate a final risk level based upon the scores and any other factors. Provide a narrative justification for the determination. **Note: final risk level may be different from the level suggested by the scores if this is justified in the narrative.**

AGENCY INFORMATION SUMMARY

Subrecipient Name _____
 Federal ID# _____
 Street Address _____
 City, State, Zip _____
 Telephone Number _____
 Contact _____

RISK ASSESSMENT FORM SCORING

1. Agency leadership stability of agency as a whole:

- Local Health Director or Agency Director and finance officer with one or more years' experience 2
- At least half of staff trained in key positions and some experience. 4
- Staff in key positions have little or no training or experience. 6

SCORE

2. Program staff stability and qualifications for the program under review:

- No change in key positions 2
- Either new or no staff in 1 or more key positions 4
- Either new or no program staff positions 6

SCORE

3. Program:

- Agency has met program objectives outlined in contract/funding agreement 2
- First year of funding for program (no basis for evaluation) 4
- Corrective action plans took over 30 days to develop after findings documented 6

SCORE

4. Fiscal status of entire agency:

Audit

No significant or repeat findings or no audit	2
Significant or repeat findings	4
Unresolved Audit Findings	6

SCORE

5. Fiscal monitoring

No fiscal monitoring findings for past 2 years	2
Repeat fiscal monitoring findings	4
Significant fiscal monitoring findings w/in past 2yrs or findings not resolved.	6

SCORE

6. Cash flow for entire agency:

No significant cash flow issues for past 2 years (sufficient funds to wait for reimbursement)	2
Minor cash flow issues (program related purchase not made because of lack of cash availability)	4
Significant cash flow issues (not purchasing equipment, payroll, retirement accounts not funded, rent—can see if regular requests are made. Periodic checks of bank statements are helpful)	6

SCORE

7. Reporting status for program under review:

Program and fiscal reports (expenditures reports, program reports, measurement reports—these are required by state law—non-gov GS 143c.6-23; 09ncac n3m) are always submitted timely and accurately.	2
Routine reports are frequently late and contain errors.	4
Routine reports are not submitted or contain significant discrepancies.	6

SCORE

<hr/>	
8. Complexity of funding for entire agency: For example, multiple funding streams, complexity of deliverables, whether or not formulas/calculations are involved in drawing down funds, and whether or not providers are allowed to exercise their own judgement in drawing down funds and determining allowable expenditures, etc.	
Funding is relatively simple in terms of allowable expenditures	2
Funding is moderately complex in terms of allowable expenditures	4
Funding is very complex in terms of allowable expenditures	6
SCORE	
<hr/>	
9. Amount of funding to provider for program under review:	
Less than \$25,000	2
\$25,000 - \$499,999	4
\$500,000 or more	6
SCORE	
<hr/>	
10. Internal controls for entire agency: (see Appendix A for tools to assess internal controls. Either Internal Controls Questionnaire or Financial Checklist may be used)	
Internal Controls assessment shows few or no internal control weaknesses	2
Internal Controls assessment shows several internal control weaknesses	4
Internal Controls assessment shows major internal control weaknesses	6
SCORE	
<hr/>	
TOTAL	<hr/> 0

RESULT OF RISK ASSESSMENT

Evaluation Score Key:

Low Risk	≤ 30
Moderate Risk	31 - 40
High Risk	41 - 60

If the following categories apply, score accordingly and add to the total score. Enter the result below under Final Score below.

Additional Considerations

Are DPH funds more than 50% of the budget for this agency? _____

May include data breaches, adverse media, first year funding, lack of stable agency leadership, or other issues that increase risk. This applies to the agency being assessed, as well as their subcontractors. Considerations may apply to the entire agency or the program under review, DPH funds more than 50% of the budget for this agency, etc.

Low	2
Moderate	4
High	6

SCORE

Specify Concerns

Agency uses subcontractors

Agency has written agreements with all subcontractors, conducts site visits regularly, monitors payments and reimbursements with subcontractors	2
Missing one of the above requirements or execution is inconsistent in one or more categories	4
No written agreement in place, does not conduct site visits regularly, payments and reimbursements not monitored	6

SCORE

FINAL SCORE

0

Narrative Justification of Risk Level Determination—include concrete evidence and supportive documentation, especially if determination is different than calculations on form. Serious problems in just one area may justify a high risk designation.

OBJ

Appendix B How to Write SMARTIE **Goals**

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

How to Write SMARTIE Goals

Adapted from: [University of California – SMART Goals: A How to Guide and The Management Center: SMARTIE Goals Worksheet](#)

What are SMARTIE Goals?

1. Statements of the important results you are working to accomplish.
2. Designed in a way to foster clear and mutual understanding of what constitutes expected levels of performance.
3. By incorporating equity and inclusion into your SMART goals, you can make sure your organization’s commitment to equity and inclusion is anchored by tangible and actionable steps.

What is the SMARTIE criteria?

S	Specific	What will be accomplished? What actions will you take?
M	Measurable	What data will measure the goal? How much? How well?
A	Achievable	Is the goal doable? Do you have the necessary skills and resources?
R	Relevant	How does the goal align with broader goals? Why is the result important?
T	Time-Bound	What is the time frame for accomplishing the goal?
I	Inclusive	Does the goal bring in traditionally marginalized people—particularly those most impacted—to processes, activities, and decision/policymaking in a way that shares power?
E	Equitable	Does the goal seek to address systemic injustice, inequity, or oppression?

How to write your S-M-A-R-T goal

S – Specific

When setting a goal, be specific about what you want to accomplish. Think about this as the mission statement for your goal. This isn’t a detailed list of how you’re going to meet a goal, but it should include an answer to the popular ‘w’ questions:

1. Who – Consider who needs to be involved to achieve the goal (this is especially important when you are working on a group project).
2. What – Think about exactly what you are trying to accomplish and don’t be afraid to get very detailed.
3. When – You’ll get more specific about this question under the “time-bound” section of defining S.M.A.R.T. goals, but you should at least set a time frame.
4. Where – This question may not always apply, especially if you’re setting personal goals, but if there’s a location or relevant event, identify it here.
5. Which – Determine any related obstacles or requirements. This question can be beneficial in deciding if your goal is realistic. For example, if the goal is to open a baking business, but you’ve never baked anything before, that might be an issue. As a result, you may refine the specifics of the goal to be “Learn how to bake in order to open a baking business.”

6. Why – What is the reason for the goal? When it comes to using this method for employees, the answer will likely be along the lines of company advancement or career development.
7. “S” actions may include:

Oversee	Update	Write
Coordinate	Upgrade	Process
Supervise	Develop	Provide
Manage	Create	Maintain
Plan	Implement	Reconcile
Support	Evaluate	Direct
Transition	Produce	Administer

Note that this list does not include verbs like “improve,” “reduce,” or “increase” (e.g. “Improve customer service” or “reduce cost.” These imply the direction that you want a result to move in, but don’t do much to explain the role or specific action that you will take to accomplish this change.

M – Measurable

What metrics are you going to use to determine if you meet the goal? This makes a goal more tangible because it provides a way to measure progress. If it’s a project that’s going to take a few months to complete, then set some milestones by considering specific tasks to accomplish. Milestones are a series of steps along the way that when added up will result in the completion of your main goal.

1. As the “M” in SMART states, there should be a source of information to measure or determine whether a goal has been achieved.
2. The M is a direct (or possibly indirect) indicator of what success for a particular goal will look like.
3. Sometimes measurement is difficult and managers and employees will need to work together to identify the most relevant and feasible data sources and collection methods.
4. Data collection efforts needed to measure a goal can be included in that goal’s action plan.
5. Even if a perfect, direct measurement source is not immediately feasible for a given goal, the discussion about the desired end result (why this goal is important) and what the measurement options are (what success might look like) is an important and valuable part of performance planning.
6. Measurement methods can be both quantitative (productivity results, money saved or earned, etc.) and qualitative (client testimonials, surveys, etc.).

7. Some typical data types and data collection methods may include:

DATA TYPES	DATA COLLECTION METHODS
Quality/accuracy rates	Automated reports
Amounts produced	Audits, tests
Revenue generated	Surveys
Productivity rates	Work products, samples
Customer Satisfaction	Other documents

A – Achievable

This focuses on how important a goal is to you and what you can do to make it attainable and may require developing new skills and changing attitudes. The goal is meant to inspire motivation, not discouragement. Think about:

1. how to accomplish the goal,
2. if you have the tools/skills needed,
3. if not, consider what it would take to attain them.

R – Relevant

Relevance refers focusing on something that makes sense with the broader business goals. For example, if the goal is to launch a new program or service, it should be something that’s in alignment with the overall business/department objectives. Your team may be able to launch a new program, but if your division is not prioritizing launching that type of new programs, then the goal wouldn’t be relevant.

T – Time-Bound

Anyone can set goals, but if it lacks realistic timing, chances are you’re not going to succeed. Providing a target date for deliverables is imperative. Ask specific questions about the goal deadline and what can be accomplished within that time period. If the goal will take three months to complete, it’s useful to define what should be achieved half-way through the process. Providing time constraints also creates a sense of urgency.

I – Inclusive

When setting your goals, it is important to consider who is included in the decision-making processes. A big part of developing a SMARTIE goal is checking for unintentional disparate impact along lines of identity and power and finding ways to mitigate that impact. But sometimes, you just don’t have enough information (whether that’s precedent or perspective) to anticipate unintended consequences. If that’s the case, make sure you’re explicit about how and when you’ll check for it along the way. Below are two examples:

1. “Lower overhead costs by \$X by [date]” can be improved by adding “...with quarterly check-ins with staff to check for negative disparate impact of cost savings.”
2. “Increase representation of staff with marginalized identities in our hiring processes by [date]” can be improved with the addition of “...with checks to ensure staff with marginalized identities aren’t carrying an unequal share of the work.”

Ask yourself: What unintended disparate impact might result from this goal? Who have I consulted to check for unintended negative consequences? Any key stakeholders I'm missing from this list?

There's a fine line between inclusion and tokenism. What's the difference? Power. In most cases, it's not enough to tack on "...and x number of volunteers/new hires/spokespeople should be people of color" unless the people you're trying to include will be able to influence the work in a meaningful way. Here's an example:

1. "Build a volunteer team of 100 door-to-door canvassers by May, with at least 10% people of color" is a much different goal than "Build a volunteer team of 100 door-to-door canvassers by May, with at least 10 people of color recruited as volunteer leaders first, so that they can help shape the way we run the canvasses."

Ask yourself: If I added an outcome or activity goal related to a specific marginalized community, will achieving this goal help build power and/or shrink disparities for this community? If so, how?

E – Equitable

Some goals don't—at face value—specifically promote equity and inclusion, so you'll want to specify how you're mitigating disparate impact or advancing equity and inclusion in your *tactics, benchmarks, or metrics*. Below are two examples:

1. Your development team may have an outcome goal to "raise \$X by Y to cover this year's budget and 3 months' operating reserve." There are many ways to do this, and one of them might include this activity goal: "recruit, retain, and develop a total of 30,000 dues-paying members, at least X% of whom identify as [people of color / women / trans or gender non-conforming / poor / Spanish-speaking]."
2. Your policy team might have a goal to create and disseminate X policy briefs on immigration by the end of the year. In order to be more inclusive and equitable in the process, you might say explicitly: "We will consult with X coalition or Y community leaders to get feedback before finalizing."

Ask yourself: If the outcome specified in the goal isn't specifically promoting equity and inclusion, is the process of achieving this goal going to improve equity and inclusion on our team/organization?

Appendix C Sample Letter of Support

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

Note: everything in bold should be included in the LOS, everything in italics needs to be personalized by you (the actual date, your reasons, your name, etc.).

Date, 2021

**TO: Alan Dellapenna, RS, MPH
Branch Head, Injury and Violence Prevention Branch (IVPB)
Chronic Disease and injury Section
NC Division of Public Health
1915 Mail Service Center
Raleigh, NC 27699**

RE: RFA Comprehensive Suicide Prevention

Dear Mr. Dellapenna,

This paragraph should describe who you are and your relationship to the RFA applicant: number of months/years, programs/subjects that you have collaborated on, basically how and why you know each other.

This paragraph should describe how/why you support the applicant to apply for the RFA and to do comprehensive suicide prevention work, perhaps citing their passion, successes, ability to work with/reach populations that are difficult to reach (veterans, rural areas, men, LGBTQ+ youth, etc.), effective strategies, partnerships, etc.

Sincerely,

Your Signature

Your Name

Your Organization

Appendix D Local Health Departments **Funded to do Comprehensive Suicide** **Prevention Work**

Do **NOT** complete these documents at this time **nor return them** with the RFA response.
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Local Health Departments (LHD) funded to do Comprehensive Suicide Prevention Within the Last Five Years

LHD	20-21	19-20	18-19	17-18	16-17
Alamance County Health Department			X		
Albemarle Regional Health Services	X	X	X	X	X
Alexander County Health Department	X	X			X
Beaufort County Health Department	X				
Bladen County Department of Public Health	X	X	X		
Burke County Health Department			X	X	X
Cabarrus Health Alliance	X	X	X		
Caldwell County Health Department	X	X	X	X	X
Carteret County Health Department	X	X	X	X	X
Caswell County Health Department	X	X	X		
Chatham County Public Health Department			X	X	X
Cleveland County Health Department				X	X
Columbus County Health Department					X
Craven County Health Department	X	X			X
Dare County Department of Public Health	X	X			
Davidson County Health Department			X	X	
Davie County Health Department		X			X
Durham County Department of Public Health	X	X			
Edgecombe County Health Department				X	X
Franklin County Health Department					X
Gaston County Health Department			X	X	X
Haywood County Health Department	X				X
Iredell County Health Department	X				
Jackson County Department of Public Health					X
Jones County Health Department		X		X	X
Lenoir County Health Department			X	X	
Lincoln County Health Department		X			X
Martin-Tyrell-Washington District Health Department		X			
Nash County Health Department		X			
Onslow County Health Department				X	
Orange County Health Department	X	X			
Pamlico County Health Department					X
Pender County Health Department					X
Person County Health Department				X	X
Robeson County Department of Public Health	X				
Rowan County Health Department	X				
Rutherford-Polk-McDowell District Health Department		X			
Stanly County Health Department				X	X

Toe River District Health Department				x	
Transylvania County Department of Public Health	x	x			
Union County Consolidated Human Services Agency		x			x
Warren County Health Department	x	x	x		
Yadkin County Health Department	x			x	x

Appendix E “Messaging Best Practices”

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

Best Practices and Recommendations for Reporting on Suicide

Media Plays an Important Role in Preventing Suicide
















1. Over 100 studies worldwide have found that risk of contagion is real and responsible reporting can reduce the risk of additional suicides.
2. Research indicates duration, frequency, and prominence are the most influential factors that increase risk of suicide contagion.
3. Covering suicide carefully can change perceptions, dispel myths and inform the public on the complexities of the issue.
4. Media reports can result in help-seeking when they include helpful resources and messages of hope and recovery.

Partner Organizations

These recommendations were established using a consensus model developed by SAVE. The process was led by SAVE and included leading national and international suicide prevention, public health and communication's experts, news organizations, reporters, journalism schools and internet safety experts. Collaborating organizations include:

American Association of Suicidology • American Foundation for Suicide Prevention • American Psychoanalytic Association • Annenberg Public Policy Center • Associated Press Managing Editors • Canterbury Suicide Project – University of Otago, Christchurch, New Zealand • Centers for Disease Control and Prevention • Crisis Text Line • Columbia University Department of Psychiatry • ConnectSafely.org • International Association for Suicide Prevention Task Force on Media and Suicide • Medical University of Vienna • National Alliance on Mental Illness • National Institute of Mental Health • National Press Photographers Association • The Net Safety Collaborative • National Suicide Prevention Lifeline • New York State Psychiatric Institute • The Poynter Institute • Substance Abuse and Mental Health Services Administration • Suicide Awareness Voices of Education • Suicide Prevention Resource Center • Vibrant Emotional Health

Recommendations: Following these recommendations can assist in safe reporting on suicide.

AVOID...	INSTEAD...
 Describing or depicting the method and location of the suicide.	 Report the death as a suicide; keep information about the location general.
 Sharing the content of a suicide note.	 Report that a note was found and is under review.
 Describing personal details about the person who died.	 Keep information about the person general.
 Presenting suicide as a common or acceptable response to hardship.	 Report that coping skills, support, and treatment work for most people who have thoughts about suicide.
 Oversimplifying or speculating on the reason for the suicide.	 Describe suicide warning signs and risk factors (e.g. mental illness, relationship problems) that give suicide context.
 Sensationalizing details in the headline or story.	 Report on the death using facts and language that are sensitive to a grieving family.
 Glamorizing or romanticizing suicide.	 Provide context and facts to counter perceptions that the suicide was tied to heroism, honor, or loyalty to an individual or group.
 Overstating the problem of suicide by using descriptors like "epidemic" or "skyrocketing."	 Research the best available data and use words like "increase" or "rise."
 Prominent placement of stories related to a suicide death in print or in a newscast.	 Place a print article inside the paper or magazine and later in a newscast.

For more information and examples of best practices when reporting on suicide, visit ReportingonSuicide.org/Recommendations

Checklist for Responsible Reporting

- ❑ **Report suicide as a public health issue.** Including stories on hope, healing, and recovery may reduce the risk of contagion.
- ❑ **Include Resources.** Provide information on warning signs of suicide risk as well as hotline and treatment resources. At a minimum, include the National Suicide Prevention Lifeline and Crisis Text Line (listed below) or local crisis phone numbers.
- ❑ **Use Appropriate Language.** Certain phrases and words can further stigmatize suicide, spread myths, and undermine suicide prevention objectives such as "committed suicide" or referring to suicide as "successful," "unsuccessful" or a "failed attempt." Instead use, "died by suicide" or "completed" or "killed him/herself."
- ❑ **Emphasize Help and Hope.** Stories of recovery through help-seeking and positive coping skills are powerful, especially when they come from people who have experienced suicide risk.
- ❑ **Ask an Expert.** Interview suicide prevention or mental health experts to validate your facts on suicide risk and mental illness.

Reporting Under Unusual Circumstances

A *mass shooting* where a perpetrator takes his or her life is different from an isolated suicide. Recommendations for reporting on mass shootings can be found at reportingonmassshootings.org.

A *homicide-suicide* is also different from an isolated suicide. The circumstances are often complex in these incidents, as they are in suicide. To minimize fear in the community, avoid speculation on motive and cite facts and statements that indicate that such events are rare. Show sensitivity to survivors in your interviews and reporting. Highlight research that shows most perpetrators of homicide-suicide have mental health or substance use problems, but remind readers that most people who experience mental illness are nonviolent.

Crisis Resources to Include in Stories



The **National Suicide Prevention Lifeline** is a hotline for individuals in crisis or for those looking to help someone else. To speak with a certified listener, call 1-800-273-8255.

CRISIS TEXT LINE

TEXT HELLO to 741741
Text2Mentor.com

Crisis Text Line is a texting service for emotional crisis support. To speak with a trained listener, text **HELLO** to 741741. It is free, available 24/7, and confidential.

Helpful Side-Bar for Stories



Warning Signs Of Suicide

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings



What to Do

- Do not leave the person alone
- Remove any firearms, alcohol, drugs, or sharp objects that could be used in a suicide attempt
- Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255)
- Take the person to an emergency room, or seek help from a medical or mental health professional

For more information and examples of best practices when reporting on suicide, visit ReportingonSuicide.org/Recommendations

Appendix F Helpful Language

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Helpful Language for Comprehensive Suicide Prevention Programming Adapted from: The Suicide Prevention Research Center

This page offers definitions of terms commonly used in suicide prevention. Many of these terms are also used in other public health and behavioral health contexts, where they may be defined somewhat differently.

Assessment

A comprehensive evaluation, usually performed by a clinician, to confirm suspected suicide risk in a patient, estimate the immediate danger, and decide on a course of treatment. Also see [Screening](#). To learn more, read [SPRC's Suicide Screening and Assessment](#).

At-risk

Characterized by a high level of risk for suicide and/or a low level of protection against suicide risk factors. An individual displaying warning signs of suicide would also be considered at risk. Note that most members of any at-risk group will not display warning signs, attempt suicide, or die by suicide. Also see [Warning signs](#), [Risk factor](#), and [Protective factor](#).

Behavioral health

Emotional and mental health, and individual actions that affect wellness. Behavioral health problems include substance abuse and addiction, serious psychological distress and mental disorders, and suicidal behaviors. “The term is also used to describe the service systems encompassing the promotion of emotional health; the prevention of mental and substance use disorders, substance use, and related problems; treatments and services for mental and substance use disorders; and recovery support.” [SAMHSA (2011). *Leading change: A plan for SAMHSA’s roles and actions 2011–2014*. HHS Publication (SMA) 11-4629. Rockville, MD: Substance Abuse and Mental Health Services Administration.]

Cluster

“A group of suicides or suicide attempts, or both, that occurs closer together in time and space than would normally be expected in a given community.” [Centers for Disease Control and Prevention. (1988). Recommendations for a community plan for the prevention and containment of suicide clusters. *Morbidity and Mortality Weekly Report*, August 19, 1988, 37(S-6), 1-12]. Some researchers divide clusters into (1) “mass clusters,” in which “suicides occur closer in time than would be expected by chance following media coverage,” and (2) “point clusters,” which “involve suicides or episodes of suicidal behavior localized in both time and geographic space, often occurring within a small community or institutional setting.” [Niedzwiedz, C., Haw, C., Hawton, K., and Platt, S. (2014). The definition and epidemiology of clusters of suicidal behavior: A systematic review. *Suicide and Life-Threatening Behavior*, 44(5), 569-581.] Also see [Contagion](#).

Connectedness

“The degree to which a person or group is socially close, interrelated, or shares resources with other persons or groups. This definition encompasses the nature and quality of connections both within and between multiple levels of the social ecology, including connectedness between individuals, connectedness of individuals and their families to community organizations, and connectedness among community organizations and social institutions.” [Centers for Disease Control and Prevention. (n.d.). *Strategic direction for the prevention of suicidal behavior: Promoting individual, family, and community connectedness to prevent suicidal behavior*. Atlanta, GA: Centers for Disease Control and Prevention.

Contagion

Suicide risk associated with the knowledge of another person’s suicidal behavior, either first-hand or through the media. Suicides that may be at least partially caused by contagion are sometimes called “copycat suicides.” Contagion can contribute to a suicide cluster. Also see [Cluster](#).

Copycat suicide

See [Contagion](#).

Evidence-based practices

Suicide prevention activities that have been found effective by rigorous scientific evaluation. See [Evidence-Based Prevention page](#).

Gatekeeper training

Programs that teach individuals who routinely have personal contact with many others in their community (i.e., “gatekeepers”) to recognize and respond to people at potential risk of suicide. To learn more, take SPRC's online course, [Choosing and Implementing a Suicide Prevention Gatekeeper Training Program](#).

Help-seeking

Seeking care or assistance for emotional distress, a mental health condition, or suicidal thoughts.

Indicated intervention

An activity that targets individuals who exhibit symptoms or have been identified by screening or assessment as being at risk for suicidal behavior. For example, safety planning for people who have reported thinking about suicide is an indicated intervention. Also see [Selective intervention](#) and [Universal intervention](#).

Intervention

An activity or set of activities designed to decrease risk factors or increase protective factors. Also see [Universal intervention](#), [Selective intervention](#), and [Indicated intervention](#). To learn more, take SPRC's online course, [A Strategic Planning Approach to Suicide Prevention](#).

Lethal means

Methods of suicide with especially high fatality rates (e.g., firearms, jumping from bridges or tall buildings). Also see [Means](#).

Lethal means restriction

See [Means restriction](#).

Lived experience

"Knowledge gained from having lived through a suicide attempt or suicidal crisis." [National Action Alliance for Suicide Prevention Suicide Attempt Survivors Task Force. (2014). *The way forward: Pathways to hope, recovery, and wellness with insights from lived experience*. Washington, D.C.: National Action Alliance for Suicide Prevention.]

Means

Objects, instruments, and methods used by people in suicide attempts (e.g., firearms, poisons, suffocation, jumping from buildings or bridges).

Means restriction

“Techniques, policies, and procedures designed to reduce access or availability to means and methods of deliberate self-harm.” [U.S. Department of Health and Human Services and the National Action Alliance for Suicide Prevention. (2012). *2012 National strategy for suicide prevention: Goals and objectives for action*. Washington, D.C.: U.S. Department of Health and Human Services.]

Nonsuicidal self-injury (NSSI)

Injury inflicted by a person on himself or herself deliberately, but without intent to die.

Postvention

Activities following a suicide to help alleviate the suffering and emotional distress of the survivors, and prevent additional trauma and contagion. See also [Suicide loss survivor](#) and [Contagion](#).

Prevention

Activities implemented prior to the onset of an adverse health outcome (e.g., dying by suicide) and designed to reduce the potential that the adverse health outcome will take place.

Protective factor

An attribute, characteristic, or environmental exposure that decreases the likelihood of a person's developing a disease or injury (e.g., attempting or dying by suicide) given a specific level of risk. For example, depression elevates a person's risk of suicide, but a depressed person with good social connections and coping skills is less likely to attempt or die by suicide than a person with the same level of depression who lacks social connections and coping skills. Social connections and coping skills are protective factors, buffering the suicide risk associated with depression and thus helping to protect against suicide. Also see Risk factor (below).

Risk factor

A combination of situations could lead someone to consider suicide. Risk factors increase the possibility of suicide, but they might not be direct causes. Retrieved from:

<https://www.cdc.gov/suicide/factors/index.html>. Risk factors do not necessarily cause a disease or injury, but can contribute to negative health outcomes like suicide or suicide attempts in combination with other risk factors. For example, depression, access to firearms, and substance abuse disorders (individually and in combination) increase the likelihood of attempting or dying by suicide, although most people with these risk factors do not attempt suicide. Risk factors should not be confused with warning signs. Also see [Protective factor](#) and [Warning signs](#).

Safe messaging

Media or personal communications about suicide or related issues that do not increase the risk of suicidal behavior in vulnerable people, and that may increase help-seeking behavior and support for suicide prevention efforts. To learn more, go to the [National Action Alliance Framework for Successful Messaging](#) and [Recommendations for Reporting on Suicide](#).

Screening

A procedure in which a standardized tool, instrument, or protocol is used to identify individuals who may be at risk for suicide. Also see [Assessment](#). To learn more, read [SPRC's Suicide Screening and Assessment](#).

Selective intervention

Activities targeting a group whose members are generally at higher than average risk for an adverse health condition (e.g., suicidal behaviors) regardless of whether individual members of the group display symptoms or have been screened for the condition. For example, suicide prevention interventions targeted at victims of intimate partner violence is a selective intervention because intimate partner violence is associated with increased risk of suicidal behaviors. Also see Indicated intervention and Universal intervention.

Suicidal behaviors

Suicide, suicide attempts, suicidal ideation, and planning/preparation done with the intent of attempting or dying by suicide.

Suicidal crisis

A suicide attempt or an incident in which an emotionally distraught person seriously considers or plans to imminently attempt to take his or her own life.

Suicidal ideation

“Thoughts of engaging in suicide-related behavior.” [Crosby, A.E., Ortega, L., Melanson, C. (2011). *Self-directed violence surveillance: Uniform definitions and recommended data elements*. Version 1.0. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.]

Suicide

“Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.” [Crosby, A.E., Ortega, L., and Melanson, C. (2011). *Self-directed violence surveillance: Uniform definitions and recommended data elements*. Version 1.0. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.]

Suicide assessment

See [Assessment](#).

Suicide attempt

“A nonfatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.” [Crosby, A.E., Ortega, L., Melanson, C. (2011). *Self-directed violence surveillance: Uniform definitions and recommended data elements*. Version 1.0. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.]

Suicide attempt survivor

A person who has attempted suicide, but did not die. Also see Suicide loss survivor (below)

Suicide loss survivor

A person who has lost a family member, friend, classmate, or colleague to suicide. Sometimes called “suicide survivor,” although the term “suicide loss survivor” is often favored to avoid confusion with “suicide attempt survivor.”

Suicide plan

An individual’s thinking about a suicide attempt that includes elements such as a timeframe, method, and place.

Suicide screening

See [Screening](#).

Suicide survivor

See [Suicide loss survivor](#).

Universal intervention

An activity designed to prevent negative health outcomes (e.g., suicide attempts and suicides) in an entire population regardless of the risk status of members of that population. For example, a middle school life skills curriculum that includes coping and help-seeking skills is a universal intervention, since it would be directed at all the students in that middle school regardless of their level of risk for suicide. Also see [Indicated intervention](#) and [Selective intervention](#).

Warning signs

Behaviors and symptoms that may indicate that a person is at immediate or serious risk for suicide or a suicide attempt. To learn more, visit our [Warning Signs for Suicide page](#).

Appendix G Forms for Reference

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

FEDERAL CERTIFICATIONS

The undersigned states that:

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

Signature

Title

Contractor [Organization’s] Legal Name

Date

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

I. Certification Regarding Nondiscrimination

The Contractor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits

discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

II. Certification Regarding Drug-Free Workplace Requirements

1. **The Contractor certifies** that it will provide a drug-free workplace by:
 - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - b. Establishing a drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The Contractor's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
 - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
 - e. **Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;**
 - f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

Street Address No.1:

City, State, Zip Code:

Street Address No.2:

City, State, Zip Code:

- 3. Contractor will inform the Department of any additional sites for performance of work under this agreement.
- 4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

III. Certification Regarding Environmental Tobacco Smoke

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

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

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

Instructions

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

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

Certification

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

V. Certification Regarding Lobbying

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

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

VI. Disclosure of Lobbying Activities

Instructions

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

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

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

<p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p><input type="checkbox"/> b. grant</p> <p><input type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan</p> <p><input type="checkbox"/> e. loan guarantee</p> <p><input type="checkbox"/> f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. Bid/offer/application</p> <p><input type="checkbox"/> b. Initial Award</p> <p><input type="checkbox"/> c. Post-Award</p>	<p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p>For Material Change Only:</p> <p>Year _____ Quarter _____</p> <p>Date of Last Report: _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime</p> <p><input type="checkbox"/> Subawardee Tier _____, (if known)</p> <p>Congressional District (if known) _____</p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District (if known) _____</p>	
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> <p>CFDA Number (if applicable) _____</p>	
<p>8. Federal Action Number (if known)</p>	<p>9. Award Amount (if known) :</p> <p>\$ _____</p>	
<p>10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	<p>b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	
<p>11. Amount of Payment (check all that apply):</p> <p>\$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned</p>	<p>13. Type of Payment (check all that apply):</p> <p><input type="checkbox"/> a. retainer</p> <p><input type="checkbox"/> b. one-time fee</p> <p><input type="checkbox"/> c. commission</p> <p><input type="checkbox"/> d. contingent fee</p> <p><input type="checkbox"/> e. deferred</p> <p><input type="checkbox"/> f. other; specify: _____</p>	
<p>12. Form of Payment (check all that apply):</p> <p><input type="checkbox"/> a. cash</p> <p><input type="checkbox"/> b. In-kind; specify: Nature _____ Value _____</p>		
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 (attach Continuation Sheet(s) SF-LLL-A, if necessary):</p>		
<p>15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

<p>16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No: _____ Date: _____</p>
<p>Federal Use Only</p>	<p>Authorized for Local Reproduction Standard Form - LLL</p>

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

LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS

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

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

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

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

Reference only — Not for signature

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

LETTER TO IDENTIFY INDIVIDUALS TO SIGN EXPENDITURE REPORTS

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

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

Expenditure Reports for the entity named above:

Printed Name	Title

Reference only — Not for signature

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

CONFLICT OF INTEREST POLICY

CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY

State of _____

County _____

I, _____ hereby state that I am the _____

(Printed Name)

(Title)

of _____ (“Organization”), and by that authority

(Legal Name of Organization)

duly given and as the act and deed of the Organization, state that the following Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the _____ day of _____, _____. I understand that the penalty

(Day of Month)

(Month)

(Year)

for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the _____ day of _____, 20_____.

(Day of Month)

(Month)

(Year)

(Signature)

Instruction for Organization:

Sign and attach the following pages after adopted by the Board of Directors/Trustees or other governing body OR replace the following with the current adopted conflict of interest policy.

Name of Organization

Signature of Organization Official

Conflict of Interest Policy Example

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors, Trustees, or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. Duty to Disclosure -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. Board Action -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed

and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

F. Violations of the Conflicts of Interest Policy -- If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

G. Record of Conflict -- The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

Name of Organization

Signature of Organization Official

Date

NO OVERDUE TAX DEBTS CERTIFICATION

State Grant Certification – No Overdue Tax Debts¹

To: State Agency Head and Chief Fiscal Officer

Certification:

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

Sworn Statement:

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

_____ [Title of Second Authorizing Official],
respectively, of _____

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

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

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

Reference only — Not for signature

Notary Signature and Seal
Notary’s commission expires _____, 20__.

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

CONTRACTOR CERTIFICATIONS

State Certifications

Contractor Certifications Required by North Carolina Law

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

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

Certifications

- (1) **Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009)**, the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.
- (2) **Pursuant to G.S. 143-48.5 and G.S. 143-133.3**, the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov
- (3) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:
 - (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
 - (b) [check **one** of the following boxes]
 - Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
 - The Contractor or one of its affiliates **has** incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (4) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (5) **Pursuant to G.S. 143B-139.6C**, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.
- (6) The undersigned hereby certifies further that:
 - (a) He or she is a duly authorized representative of the Contractor named below;
 - (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
 - (c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

Contractor's Name: _____

Contractor's Authorized Agent: Signature _____ Date _____

Printed Name _____ Title _____

Witness: Signature _____ Date _____

Printed Name _____ Title _____

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

FFATA Form

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

A. Exemptions from Reporting

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

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

The entire FFATA reporting requirement:

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

Only executive compensation data reporting:

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

Reference only — Not for signature

Signature _____ Name _____ Title _____

Entity _____ Date _____

B. Reporting

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

Entity’s Legal Name _____ Contract Number _____

Active SAM registration record is attached

An active registration with SAM is required

Entity’s DUNS Number _____

Entity’s Parent’s DUNS Nbr (if applicable) _____

Entity’s Location

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

Primary Place of Performance for specified contract

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

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

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

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

Page left intentionally blank.