



## Request for Applications



RFA # A381

### *Expanding the Grassroots Response (EGR): Building Capacity for Community-Driven Harm Reduction and Overdose Prevention*

**FUNDING AGENCY:** North Carolina Department of Health and Human Services (NC DHHS)  
Division of Public Health (DPH)  
Chronic Disease and Injury Section/Injury and Violence Prevention  
Branch (IVPB)

**ISSUE DATE:** February 1, 2021

**DEADLINE DATE:** April 2, 2021

**INQUIRIES and DELIVERY INFORMATION:**

Direct all inquiries concerning this RFA to: [beinjuryfreenc@dhhs.nc.gov](mailto:beinjuryfreenc@dhhs.nc.gov)

**Applications will be received until 5:00 p.m. on April 2, 2021.**

Electronic copies of the application are available by request.

Applications for Part A or Part B must be submitted by **email only** to [beinjuryfreenc@dhhs.nc.gov](mailto:beinjuryfreenc@dhhs.nc.gov) as one consolidated PDF file including the Summary Page, Application Face Sheet, Applicant's Response, Indirect Cost Rate Approval Letter (if applicable), Letter(s) of Commitment (if applicable), IRS Tax Exempt Status Letter, and 501(c)(3) Status Form. **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. Separate applications are required for Part A and Part B. For applicants submitting proposals to both Part A and Part B, please send a separate email with the respective application as a consolidated PDF file.
2. Application file name should be as follows: ApplicantName\_A381\_Part [A or B].
3. Indicate applicant name, RFA number, and either Part A or B on the header or footer of each page alongside the page number in the application narrative.
4. Include your applicant name and the RFA number with Part A or B in your email subject line when submitting questions or when submitting your application as an attachment.

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## 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 drug poisoning and overdose.

The purpose of this *Expanding the Grassroots Response (EGR): Building Capacity for Community-Driven Harm Reduction and Overdose Prevention* RFA is to fund community-based organizations to deliver overdose prevention and other harm reduction services for people who use drugs. This RFA benefits people who use drugs by increasing access and linkages to care. In addition, this RFA builds capacity and local infrastructure to respond to the overdose crisis in North Carolina.

This RFA consists of two parts:

- Part A of this RFA is to fund community-based organizations to implement specific strategies including developing or expanding syringe services programs, connecting justice-involved persons to care, establishing or strengthening post-overdose response teams, advancing access to education and employment opportunities, expanding or establishing housing first or rapid re-housing services, and incorporating overdose prevention and harm reduction into existing services.
- Part B is to fund well-established organizations to serve as mentors to smaller, less developed programs or organizations in the field of overdose prevention and harm reduction by providing them with technical assistance and administrative support to either bolster existing services or implement new programs.

The [North Carolina's Opioid Action Plan](#) was launched in June 2017 and an updated Opioid Action Plan 2.0 was launched in June 2019 following input from partners and stakeholders across the state. For Part A of this RFA, the Division of Public Health has identified multiple implementation strategies for communities that are in line with the following two of the priority areas from the Opioid Action Plan:

- “Reduce Harm” by expanding syringe services programs and naloxone access and addressing social determinants of health, and
- “Connect to Care” by expanding access to treatment and recovery supports and by addressing the high-risk needs of justice-involved populations.

The implementation strategies are:

1. Develop or expand syringe services programs (SSPs)
2. Connect justice-involved persons (JIP) to care
3. Establish or strengthen post-overdose response teams (PORT)
4. Advance access to education and employment opportunities
5. Expand or establish housing first or rapid re-housing and retention services
6. Incorporate overdose prevention and harm reduction into existing services

For Part B of the RFA, the Division of Public Health is seeking multi-agency applications in which a well-established organization, such as an organization that already receives state or federal funds directly, is paired with a smaller, less developed organization, such as an organization that does not have an official nonprofit status or has not received state or federal funds and may not be prepared to receive

direct state funding. Therefore, applications to Part B are meant to be for mentor/mentee collaborations in which the mentor organization assists in developing capacity for the mentee organization. The well-established organization serving as mentor organization must apply as the primary recipient of the funding and list the mentee organization as subcontractor in the budget. Applications to Part B may include a variety of activities in the project narrative as listed below, but not limited to:

1. Preparing mentee organizations to receive state funding in the future, including but not limited to establishing 501(c)3 status, improving organizational capacity for administrative functions such as invoicing, budgeting, and grant reporting, and assisting in obtaining DUNS number or SAM.gov registration.
2. Establishing programmatic design and implementation plans for the mentee organization to perform any of the primary strategies listed in Part A (develop or expand SSPs, JIPs, PORTs, education and employment, housing and retention, integration into existing other services) or any additional high-impact harm reduction or overdose prevention strategies.
3. Purchasing supplies, funding staff, and/or providing technical assistance support to develop a harm reduction or overdose prevention program.

Organizations are eligible to apply for funding for projects that advance one or more strategies listed in **Section III: Scope of Services**.

## **ELIGIBILITY**

This *Expanding the Grassroots Response (EGR): Building Capacity for Community-Driven Harm Reduction and Overdose Prevention* RFA is open to all 501(c) (3) nonprofit organizations located and licensed to conduct business in the state of North Carolina. 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 drug use 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.

Priority will be given to the following:

- Organizations that work with Historically Marginalized Populations
- Organizations that are based in counties that have higher overdose burden according to the county-level DHHS poisoning data (<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>)
- Organizations that have limited or lower existing resources
- Organizations with commitment to serve populations highly impacted by drug overdose, including people who use drugs and people with substance use disorder that are:
  - Experiencing homelessness and housing instability
  - Black, Indigenous and People of Color (BIPOC)
  - From NC recognized tribal communities
  - Transitioning from correctional settings to the community
  - From jurisdictions that are highly impacted by the COVID-19 pandemic

## FUNDING

Expanding the Grassroots Response (EGR): Building Capacity for Community-Driven Harm Reduction and Overdose Prevention has been funded 100% by the Centers for Disease Control and Prevention (CDC) Cooperative Agreement CDC-RFA-CE19-1904 for one year starting September 1, 2021 until August 31, 2022. Estimated amount of funds available for the RFA are \$1,000,000.

**Award Information:** CFDA# 93.136, Injury Prevention and Control Research and State and Community Based Programs

**Estimated Funds Available:** \$1,000,000

**Title of Project:** North Carolina Overdose Data to Action

**Agency Name:** Centers for Disease Control and Prevention

There are two Parts in this RFA:

- Part A: Implementation Strategies
- Part B: Organizational Mentorship

Applicants may apply to either one or both Parts A and B. If an organization is listed as a mentee organization in Part B, then that applicant is ineligible to apply for the same implementation strategy or program in Part A. **Note that a separate application is required for each Part and each application will be reviewed independently.**

*This funding is available for one year from September 1, 2021 to August 31, 2022.*

### **Part A: Implementation Strategies**

Applicants may request up to \$100,000 for the entire project period. Cost sharing or matching funds are not required.

Maximum total award for Part A is \$100,000 per applicant and minimum total award is \$25,000 per applicant for September 1, 2021 - August 31, 2022.

### **Part B: Organizational Mentorship**

Applicants may request up to \$100,000 for the project period. Cost sharing or matching funds are not required.

Maximum total award for Part B is \$100,000 per applicant minimum total award is \$25,000 per applicant for September 1, 2021 - August 31, 2022.

A minimum of 30% of the total funds allocated to this RFA will go to Part B: Organizational Mentorship applicants with the remaining funding allocated going to Part A: Implementation Strategies.

### **Total Part A & B:**

If applicants opt to apply for both Part A and Part B, they may be awarded up to \$200,000 for the project period (up to \$100,000 for each part). Applications from a single applicant for Parts A and B do not have to be connected to the same project or strategy; each application will be reviewed independently. At least ten (10) awards are anticipated through the combined Part A and Part B of this initiative.

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 Letters of Award, 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** and will not be allowed for:

- Syringes, hypodermic needles, cookers, fentanyl test strips, or medications including naloxone;
- Clinical care or any direct medical service, including substance use treatment and STD/STI testing or treatment;
- Prescription drug take-back programs including medication drop-boxes, take-back events, or disposal of medications;
- Purchasing vehicles or paying down existing mortgages and/or other loans;
- Capital expenses, new construction or renovation of facilities, or furniture/equipment;
- Any type of research;
- Reimbursement of any pre-award costs;
- Match funding on other federal awards or duplicate expenses covered by other federal sources; and/or
- 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).

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

## II. BACKGROUND

Since 1999, the number of medication and drug poisoning deaths in NC has increased by more than 470%, from 363 to 1,718 in 2018. Additionally, in 2018, there were over 12,000 hospitalizations and over 38,500 Emergency Department (ED) visits related to medication and drug poisoning. Historically, prescription opioids have been a major driver of this epidemic. However, illicit drugs are now contributing to this crisis in increasing numbers. Heroin or other synthetic narcotics (like fentanyl) were involved in nearly 80% of unintentional opioid deaths in 2018. The percent of unintentional medication and drug overdose deaths involving multiple substances is on the rise, and we continue to see increases not only in opiate-involved overdose deaths, but also stimulant-involved overdose deaths. Fentanyl is now infiltrating both opiate and stimulant products, which may be adding to the potency of these products, and in turn, leading to increased risk of unintentional overdose deaths.

In 2017, Governor Roy Cooper launched the NC Opioid Action Plan, which was updated and released as the NC Opioid Action Plan 2.0 in June 2019. The NC Opioid Action Plan advances various strategies for overdose prevention and response, including prevention, connections to care, and harm reduction.

One key evidence-based overdose prevention and response strategy is creating and/or expanding syringe service programs,<sup>1</sup> which are represented in NC by the NC Safer Syringe Initiative. These programs “distribute sterile syringes and other injection supplies and encourage the secure disposal of used syringes to reduce sharing, reuse and public safety risks. Using a sterile syringe and new injection supplies for each injection can prevent infections, abscesses and reduce transmission of hepatitis C and human immunodeficiency virus (HIV). Programs also provide overdose prevention and response education, including how to administer naloxone. These programs can help participants access other medical and social services, including treatment for substance use disorder and mental health conditions.”<sup>2</sup> The NC Safer Syringe Initiative operates according to the practices and philosophies of harm reduction, which recognizes a spectrum of drug use behaviors and promotes ways for people to manage their use more safely.

Among populations of people who use drugs, those who are also involved with the justice system are a particularly vulnerable population. Since 1980, the number of people held in state and federal prisons for drug-law violations has increased from 25,000 to nearly 300,000. Research shows that despite these large increases in incarceration, the rates of drug use and overdose deaths have not decreased.<sup>3</sup> In addition, there are gaping disparities among populations that are arrested for drug-related offenses. Nearly 80% of people in federal prison and almost 60% of people in state prison for drug offenses are black or Latino.<sup>4</sup> Additionally, drug overdose is the leading cause of death among formerly incarcerated people worldwide. In a study done by the University of North Carolina at Chapel Hill, formerly incarcerated people were found to be 40 times more likely to die from an opioid overdose two weeks after being released as compared with all NC residents.<sup>5</sup> The CDC identifies naloxone distribution and medication-assisted treatment (MAT) in criminal justice centers and upon release as evidence-based

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<sup>1</sup> <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

<sup>2</sup> <https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/syringe-and-naloxone-access>

<sup>3</sup> <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems>

<sup>4</sup> <https://www.drugpolicy.org/issues/race-and-drug-war>

<sup>5</sup> <https://ajph.aphapublications.org/doi/10.2105/AJPH.2018.304514>



strategies for prevention of opioid overdose.<sup>6</sup> The NC Opioid Action Plan encourages the use of pre-arrest diversion, jail-based overdose prevention education and medication assisted treatment access and comprehensive post-release support for justice-involved individuals.

In addition, to connect people who have survived an opioid overdose to care, some communities in NC have implemented post-overdose response teams, which are also called Quick Response, Rapid Response, or Community Response Teams. A post-overdose response team (PORT) is an overdose follow-up program that allows agencies to visit a person who has recently overdosed (e.g. within 24-72 hours). The North Carolina Harm Reduction Coalition (NCHRC) explains that “a follow-up visit conducted within days of a naloxone reversal provides multiple opportunities such as directing people to harm reduction services for active drug users and treatment services for drug users looking to reduce or stop their substance use; providing naloxone, overdose prevention training and overdose prevention materials; and for stakeholders in the opioid response to work together to reduce overdose mortality.”<sup>7</sup> PORT programs are also a great opportunity to build relationships with people who use drugs in your community and create connections to offer a variety of wraparound health and social services, even if that connection occurs at a later time. These programs can be a lifesaving touchpoint for people who are often marginalized by society.

Finally, the Opioid Action Plan 2.0 focuses on addressing the non-medical drivers of health for people with substance use disorders and eliminating stigma. Socioeconomic status (SES), often defined as the combination of employment status, education, and income level for an individual, has been shown to be a predictive factor of health outcomes for people who use drugs. Lower SES often results in greater morbidity and mortality for people who use drugs.<sup>8</sup> Adequate access to employment and housing are key components in decreasing the harms that come from substance use. Fair Chance Hiring is one policy that local jurisdictions can implement to increase employment opportunities for people with a criminal record.

As previously mentioned, people who use drugs who are also involved in the criminal justice system are a particularly vulnerable population. By delaying the questions about criminal history until the interview, the applicant has had a chance to show their qualifications and explain their criminal history to the employer before being automatically disqualified. In August 2020, Governor Cooper signed Executive Order 158 to implement Fair Chance Hiring practices at all state agencies in NC.<sup>9</sup> To increase access to adequate housing, some communities have utilized the Housing First model. This strategy operates on the principle that people experiencing homelessness should have low-barrier access to housing regardless of their “readiness.” According to the Department of Housing and Urban Development, “Everyone is “housing ready.” Sobriety, compliance in treatment, or even criminal histories are not necessary to succeed in housing. Rather, homelessness programs and housing providers must be “consumer ready.”<sup>10</sup>

The purpose of this *Expanding the Grassroots Response (EGR): Building Capacity for Community-*

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<sup>6</sup> <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

<sup>7</sup> <http://www.nchrc.org/law-enforcement/post-overdose-response-programs/>

<sup>8</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1913691/pdf/pubhealthrep00207-0140.pdf>

<sup>9</sup> <https://files.nc.gov/governor/documents/files/EO158-Furthering-Fair-Chance-Policies-in-State-Government-Employment.pdf>

<sup>10</sup> <https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

*Driven Harm Reduction and Overdose Prevention* RFA is to fund community-based organizations to deliver overdose prevention and other harm reduction services for people who use drugs. This RFA benefits people who use drugs by increasing access and linkages to care. In addition, this RFA builds capacity and local infrastructure to respond to the overdose crisis in North Carolina.

For Part A, eligible organizations may apply for funding for projects as listed in **Section III: Scope of Services**. The approved implementation strategies for this RFA are:

1. Develop or expand syringe services programs
2. Connect justice-involved persons to care
3. Establish or strengthen post-overdose response teams
4. Advance access to employment opportunities
5. Expand or establish housing first or rapid re-housing and retention services
6. Incorporate overdose prevention and harm reduction efforts into existing services

For Part B, eligible entities may apply for funding to develop capacity for organizations that may not be prepared to receive direct state funding by establishing a mentoring program. Well-established organizations are encouraged to apply as mentors to assist in the development of overdose prevention programs at smaller organizations. The mentee organizations should be working toward implementing strategies similar to those outlined in Part A.

Applicants may apply to either one or both Parts A and B. If an organization is listed as a mentee organization in Part B, then that applicant is ineligible to apply for the same implementation strategy or program in Part A. **Note that a separate application is required for each Part and each application will be reviewed independently.**

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

The purpose of this *Expanding the Grassroots Response (EGR): Building Capacity for Community-Driven Harm Reduction and Overdose Prevention* RFA is to fund community-based organizations to deliver overdose prevention and other harm reduction services for people who use drugs. This RFA benefits people who use drugs by increasing access and linkages to care. In addition, this RFA builds capacity and local infrastructure to respond to the overdose crisis in North Carolina.

To achieve this purpose, applicants may apply to Part A: Implementation Strategies, Part B: Organizational Mentorship, or to both Parts A and B. **Note that a separate application is required for each Part.** Each Part's application will have the same page limits and submission instructions as detailed in Section V: Application Procurement Process and Application Review. Applications from a single applicant for Parts A and B do not have to be connected to the same project or strategy; each application will be reviewed independently.

#### **Part A: Implementation Strategies:**

Applicants may propose one or a combination of the following strategies. Selecting more than one of the following strategies does not increase the likelihood that the application will score higher than those who select only one strategy. Projects proposed should be focused, realistic, well-planned, detailed, and sustainable beyond the project period.

We encourage all proposals to include specific plans to promote linkages to care through addressing social determinants of health (transportation, housing, employment, etc.), regardless of which strategy or strategies are chosen. Proposals should also clearly describe specific plans to incorporate equity throughout the program, such as defining a role and compensation strategy for people with lived experience for each selected strategy. In addition, applications should provide a plan to incorporate feedback from program participants to inform program delivery of the selected strategies. All applications will be scored on the demonstration of cultural humility and incorporation of impacted and/or marginalized populations in the planning, implementation, and evaluation process of the proposed programs.

1. **Develop and Expand Syringe Services Programs (SSPs)** through a host organization with experience working with people directly impacted by drug use, including active SSPs. All new (operating for less than two years as of February 1, 2021) SSPs must collaborate on program development and/or implementation with an [active, registered SSP](#), which should be demonstrated through a letter of commitment with your application. **The following list represents the type of eligible activities that can be included in your application; related activities may also be proposed in your application:**

- a. Develop internal capacity to deliver SSP services:
  - i. Hire SSP staff, peers/outreach workers, administrative personnel, case managers, and other roles to support program services and operations.
  - ii. Train SSP staff and participants in first aid, CPR, wound care, safer use practices, naloxone administration, rapid testing for communicable/blood-borne diseases, and related harm reduction and disease prevention practices.

- iii. Purchase eligible SSP and wound care supplies, such as biohazard disposal containers, safer use supplies, alcohol swabs, gauze, bandages, hygiene products, barrier methods for sexual health, bags, and food (but not medications, syringes, hypodermic needles, cookers, or fentanyl test strips). Other forms of drug checking supplies or tools for the purpose of harm reduction and overdose prevention, such as mass spectrometers, are allowed.
  - iv. Develop comprehensive support programs within the SSP, such as harm reduction-based support groups, peer navigation to identify participant needs and enroll in local services accordingly, and other methods to ensure connection to appropriate care services.
- b. Provide additional support or linkage to care for program participants and other people who use drugs:
- i. Develop processes and infrastructure to provide all required and recommended SSP services under North Carolina law (G.S. 90-113.27), including naloxone access and hepatitis/HIV testing services.
  - ii. Develop processes and infrastructure to provide additional referral services, such as connections to communicable disease treatment providers, MAT providers, housing, transportation, employment, wound care, food, legal services, recovery, and related care services.
  - iii. Build linkage to care or care management systems to include assistance with scheduling appointments or transportation to and from appointments.
  - iv. Provide comprehensive whole-person support including support or advocacy groups.

**Reminder:** *Funding cannot support the cost of syringes, hypodermic needles, fentanyl test strips, medications including naloxone, nor clinical services, including SUD treatment and sexually transmitted infection (STI) testing or treatment services. For more details on eligible expenses and funding restrictions see Section VI. Project Budget.*

2. **Connect Justice-Involved Persons to Care**, including harm reduction, social/health services, treatment, and recovery services. We recommend applicants demonstrate prior experience working with the justice-involved population or partner with an organization with experience working with justice-involved people and to provide an accompanying letter of commitment with your application. **A letter of commitment from the partnering jail/detention center or Sheriff's Office is required for this strategy.** The following list represents the type of eligible activities that can be included in your application; related activities may also be proposed in your application:
- a. Educate incarcerated people and their loved ones on harm reduction strategies before release, including but not limited to training on overdose prevention planning and on overdose recognition and response with naloxone.
  - b. Develop a program for take-home naloxone distribution for people upon release.
  - c. Establish reentry programs to link or refer people to care services once released from incarceration and provide care service referrals, focusing on individuals with substance use disorder.

- i. Sample activity: Hire a linkage-to-care navigator that has lived experience with incarceration helps the recently released person receive identification, connect to social and health services (housing, transportation, employment), navigate the court system, and related supports that reduce the likelihood of a drug overdose.
- d. Develop a comprehensive medication-assisted treatment (MAT) or medications for opioid use disorder (MOUD) program in the jail/detention center setting.

**Reminder:** *Funding cannot support the cost of syringes, hypodermic needles, fentanyl test strips, medications including naloxone, nor clinical services, including SUD treatment and sexually transmitted infection (STI) testing or treatment services. For more details on eligible expenses and funding restrictions see Section VI. Project Budget.*

3. **Establish or Strengthen Post-Overdose Response Teams** led by community-based organizations with experience working with people directly impacted by drug use to prevent repeat overdose and connect those who have had a non-fatal overdose to harm reduction, social/health services, including housing, employment, and food access and treatment and recovery supports. Although the response to the overdose event is expected to be relatively prompt, these proposals should indicate how these initial interactions with people who have overdosed will be the beginning of a supportive and ongoing relationship (e.g., light-touch case management). The parameters of these relationships (how people prefer to connect, how often, what referrals/services/treatments they want to utilize, etc.) should be dictated by the participant/person who has overdosed. **Letters of support/commitment should be included for each partner involved in the post-overdose response team process, such as the local EMS agency, emergency department, treatment provider, harm reduction organization, and anyone else that is part of this strategy for your application.** The application should outline a specific protocol or plan used for post-overdose response and outreach. Include a description of the following components:
  - a. Meaningful involvement of people with lived experience, those in recovery, and other harm reduction specialists, such as being a key member of the response team and/or informing protocol development.
  - b. Follow-up processes with patients who have experienced an overdose within 72 hours of the non-fatal overdose event, including the following details:
    - i. What happens following an overdose reversal? Provide a timeline of events from how the initial referrals are made to the team (e.g., first responders, emergency departments) leading up to and including making the first initial contact. Explain who is responsible for what action and from what agency.
    - ii. How will the referral process work? Please describe how referrals to harm reduction services (refer to NC Safer Syringe Initiative for partners in your area), Substance Use Disorder or Mental Health (SUD/MH) providers (including MOUD/MAT options), and other services will be made. Be sure to include names and contact information of these services/providers.
    - iii. How will your team ensure that treatment options and referrals are being presented to people who have overdosed in an unbiased, non-coercive, and non-judgmental way?

- iv. What factors determine how often follow-up visits are conducted? What will be the default suggestion?
  - v. Who will conduct the follow-up visits and what protocol will they follow on these visits?
  - vi. What parameters will dictate discontinuing services and/or disengaging with program participants?
4. **Advance Access to Education and Employment Opportunities** for people who use drugs and who may also have prior justice-involvement or other structural barriers to accessing gainful employment:
- a. Provide training and skills building opportunities for people who were recently incarcerated focusing on topics such as resume writing, practicing interview skills, or how to address incarceration during the interview process.
  - b. Support people who were recently incarcerated to pursue education and job opportunities. Some examples of this include providing case management support, helping place job seekers with apprenticeship and internship opportunities, and hosting education and employment fairs. Consider opportunities for peer-based mentoring and case management.
  - c. Assess current laws, ordinances, and policies and attitudes among employers (including county government) related to the hiring of people with felony records.
  - d. Collect and disseminate case examples of people directly impacted by a lack of employment opportunities because of their criminal records.
  - e. Develop policies that delay employment application questions regarding a person's criminal record until after the applicant has had a chance to demonstrate skills, qualifications, and rehabilitation.
  - f. Communicate with, provide outreach to, and educate policy makers, county government officials, and employers on Fair Chance Hiring policies and practices.
  - g. Promote and support implementation of Fair Chance Hiring policies and practices.
5. **Expand or Establish Housing First** or Rapid Re-housing and retention services for people who use drugs, are in recovery, or are transitioning from residential treatment or incarceration.
- a. Provide move-in (deposit), rental, or utility assistance for those who use drugs, are in recovery, or are transitioning from residential treatment or incarceration.
  - b. Provide community training sessions on tenancy rights and responsibilities.
  - c. Establish relationships with landlords to encourage no preconditions for housing and to reduce potential incidences of evictions due to drug use.
  - d. Provide other housing related supports such as tents, sleeping bags, or other supplies for outdoor living.
  - e. Utilize NCCARE360 to connect participants to community housing resources and allow for a feedback loop on the outcome of that connection.

**Reminder:** *Funding cannot support the cost of syringes, hypodermic needles, fentanyl test strips, medications including naloxone, nor clinical services, including SUD treatment and sexually transmitted infection (STI) testing or treatment services. For more details on eligible expenses and funding restrictions see Section VI. Project Budget.*

6. **Incorporate overdose prevention and harm reduction** into existing community-based organizations, particularly those providing other services to populations that intersect with the drug user population. Often these organizations have been working with people who use drugs and already have established relationships therefore bringing additional risk reduction services into these organizations is a natural way to bridge gaps in the service continuum and meet people where they are. Existing community-based organizations include, but are not limited to, those working on:
  - a. Racial justice,
  - b. Health equity,
  - c. Reproductive justice,
  - d. Sex worker rights,
  - e. Lesbian Gay Bi-sexual Transgender Queer and Intersex (LGBTQI) rights,
  - f. HIV and Acquired immunodeficiency syndrome (AIDS) service organizations, and/or
  - g. Homeless services.

### **Part B: Organizational Mentorship:**

The purpose of Part B: Organizational Mentorship is to promote the development of overdose prevention, harm reduction, and response strategies in a rapidly evolving crisis by mentoring less-developed organizations that may not be prepared to receive direct state funding or may not have enough programmatic experience to individually implement effective programs. This is an opportunity for organizations to build capacity for harm reduction programming across the state. This could look like an organization operating as an “incubator” and employing the newer program staff part-time while they get up and running; helping order supplies; or helping to design various documents and forms for program implementation. The proposed project should respond to community-identified gaps in service delivery and access for people who use drugs. Prior record of effective community engagement and harm reduction and/or overdose prevention program implementation must be demonstrated by the mentoring organization in the application.

Part B requires a multi-organization, collaborative application in which a well-established organization, such as an organization that already receives state or federal funding, serves as mentor to a smaller or less developed organization in capacity building. A mentor organization must be identified in the application as this mentor organization will receive the total awarded amount. All mentee organizations must be listed as subcontractors in the budget proposal or the funding relationship should be clearly outlined in the application. **In addition, each mentee organization must submit a letter of commitment to outline their role in the multi-organization proposal.**

The following list represents the type of eligible activities that can be included in your application; related activities may also be proposed in your application:

- Prepare mentee organization to receive state funding in the future, including but not limited to establishing 501(c)3 status, improving organizational capacity for administrative functions such as invoicing, budgeting, and grant reporting, and preparing state documentation such as a DUNS number.
- Establishing programmatic design and implementation plans for the mentee organization to perform any of the primary strategies listed in Part A or any additional high-impact harm reduction or overdose prevention strategies.

- Purchasing supplies, funding staff, and/or providing technical assistance support to develop a harm reduction or overdose prevention programs.

Applicants may apply to either one or both Parts A and B. If an organization is listed as a mentee organization in Part B, then that applicant is ineligible to apply for the same implementation strategy or program in Part A. Note that a separate application is required for each Part and each application will be reviewed independently.

**Reminder:** *Funding cannot support the cost of syringes, hypodermic needles, fentanyl test strips, medications including naloxone, nor clinical services, including SUD treatment and sexually transmitted infection (STI) testing or treatment services. For more details on eligible expenses and funding restrictions see Section VI. Project Budget.*

**Performance Standards:**

For both Part A and Part B, the 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.

- 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.
- Ensure that all activities are culturally sensitive, linguistically appropriate, and at an appropriate comprehension level to accommodate stakeholders of varying harm reduction and overdose prevention backgrounds.
- Use data to identify priority populations within the catchment area for program strategies and activities.
- Engage priority populations, such as those with lived experience, those directly impacted by drug use, and people who currently use drugs, in planning, implementing and/or evaluating program strategies and activities.
- Ensure that all trainings are conducted by appropriately trained individuals with experience in harm reduction principles, community outreach, and naloxone administration.
- Collect appropriate evaluation data from training and presentation participants to assess knowledge gains and effectiveness of training sessions or presentations.
- 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.
- Partner with organizations, agencies and/or community groups that deliver services that support the social determinants of health needs of participants.



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

**1. Award or Rejection**

All qualified applications will be evaluated and award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by 04/19/2021.

**2. Cost of Application Preparation**

Any cost incurred by an 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 02/01/2021:

<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/library/rfa/A381.htm> and may be sent via email to interested organizations beginning 02/01/2021.

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

All prospective applicants are encouraged to attend a Bidder's Webinar on Wednesday, February 11 at 1:00 p.m. ET by [registering](#) here.

AND

Written questions concerning the specifications in this Request for Applications will be received until 11:59 p.m. ET on Friday, February 26, 2021. As an addendum to this RFA, a summary of all questions and answers will be posted online at

<https://injuryfreenc.ncdhhs.gov/library/rfa/A381.htm> on Wednesday, March 5 at 8:00 a.m. ET

### 4. **Applications**

Separate applications are required for Part A and Part B. 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 respective Part A or Part B application as one consolidated PDF file with all required attachments and scanned signatures to [beinjuryfreenc@dhhs.nc.gov](mailto: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 10 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\_A381\_Part [A or B].

### 6. **Space Allowance**

Page limit suggestions are provided in the application worksheet for each section of the application. Refer to **VIII.3 Applicant's Response** for specifics.

**7. Application Deadline**

All applications must be received by **5:00 pm ET on Friday, April 2, 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 organization will receive an email confirmation if its 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.8 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 A). 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](http://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. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign contracts. (A reference version appears in Appendix A.)
- b. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign expenditure reports. (A reference version appears in Appendix A.)
- c. Documentation of the agency's DUNS number. Documentation consists of a copy of communication (such as a letter or email correspondence) from Dun & Bradstreet (D&B) which indicates the agency or organization's legal name, address, and DUNS number. In lieu of a document from D&B, a copy of the agency or organization's SAM record is acceptable.

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

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

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

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

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

**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](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 A.

**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**

- 02/01/2021: Request for Applications released to eligible applicants
- 02/11/2021: Bidder's Conference
- 02/26/2021: End of Q&A period. All questions due in writing by 11:59 p.m.
- 03/05/2021: Answers to Questions released as an addendum to the RFA
- 04/02/2021: Applications due by 5:00 p.m.
- 04/19/2021: Successful applicants will be notified
- 09/01/2021: Proposed Contract begins

## **VI. PROJECT BUDGET**

### **Budget and Justification**

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

### **Narrative Justification for Expenses**

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

### **Allowable Costs:**

1. Full-time salaries, stipends, and other wages for program staff and other supporting positions, such as peers, outreach workers, linkage-to-care navigators, case managers, administrators, contractors, and volunteers.
2. Costs associated with program implementation, linkage to care, and participant engagement, such as offering phone cards, cell phones, start-up expenses, application fees, and related expenses.
3. Renting equipment, such as leasing vehicles, for mobile outreach and delivery of services and mileage reimbursement.
4. Transportation-related needs through items such as bus vouchers, rideshare services, cab gift cards, or other partnerships to support linkages to care.
5. Housing-related needs, such as short-term move-in deposit, rental, hotel stays, utility assistance or supplies for outdoor living for those who use drugs, are in recovery, or are transitioning from residential treatment or incarceration.
6. Syringe services program care supplies, such as alcohol swabs, gauze, band aids, hygiene products, bags, and food. Other forms of drug checking supplies or tools, such as mass spectrometers, for the purpose of harm reduction and overdose prevention are allowed.
7. Training and technical assistance for harm reduction skills and expertise.
8. Attending trainings and conferences related to implementing your program.
9. Subcontracts, developing memoranda of understanding, or utilizing another form of demonstrated commitment with partners for technical assistance, trainings, or direct support.
10. Indirect cost is allowed on the portion of the sub-award funded by this grant. Please see page 25 and 26 for additional information on indirect costs

### **Funding Restrictions:**

The following purchases are not allowed:

1. Syringes, hypodermic needles, cookers, fentanyl test strips, or medications including naloxone.
2. Clinical care or any direct medical services, including substance use treatment and STI testing and treatment.
3. Prescription drug take-back programs including medication drop-boxes, take-back events, or disposal of medications.
4. Purchasing vehicles or paying down existing mortgages and/or other loans.
5. Capital expenses, new construction or renovation of facilities, or equipment/furniture.
6. Any type of research.
7. Match funding on other federal awards or duplicate expenses covered by other federal sources.



8. 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)
9. Reimbursement of any pre-award costs.

**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/library>

**Current Rates for Travel and Lodging**

<b>Meals</b>	<b>In State</b>	<b>Out of State</b>
Breakfast	\$8.60	\$8.60
Lunch	\$11.30	\$11.30
Dinner	\$19.50	\$22.20
<i>Total Meals Per Diem Per Day</i>	<i>\$39.40</i>	<i>\$42.10</i>
<b>Lodging</b> ( <i>Maximum rate per person, excludes taxes and fees</i> )	\$75.10	\$88.70
<b>Total Travel Allowance Per Day</b>	<b>\$114.50</b>	<b>\$130.80</b>
Mileage	\$0.56 per mile	

**Audits**

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

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

Level 1: Less than \$25,000

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

Level 3: \$500,000 or more

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

**Indirect Cost**

Indirect cost is the cost incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities,

depreciation, and administrative salaries. Regulations restricting the allocation of indirect cost vary based on the funding source.

This RFA is funded by Federal CDC Cooperative Agreement CDC-RFA-CE19-1904 on Injury Prevention and Control Research and State and Community Based Program with no Indirect Cost/Administrative Restrictions. Therefore, indirect cost is allowed on the portion of the sub-award funded by this RFA. Estimated portion of subaward funded by this Cooperative Agreement available for this RFA is \$1,000,000 for one year starting September 1, 2021 until August 31, 2022.

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the applicant 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.

## **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:

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

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. Please assemble the application as one *single PDF* in the following order:

1. \_\_\_ **Summary Page**
2. \_\_\_ **Application Face Sheet**
3. \_\_\_ **Applicant's Response**
4. \_\_\_ **Project Budget**
5. \_\_\_ **Indirect Cost Rate Approval Letter** (if applicable)
6. \_\_\_ **Letters of Commitment or Statements of Support** (if applicable)
7. \_\_\_ **IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax Exempt Status**
8. \_\_\_ **Verification of 501(c)(3) Status Form**

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

## 1. Summary Page

This form provides summary information about the applicant and the proposed project with the Injury and Violence Prevention Branch. This form is one of the application's cover pages. Please follow the instructions below.

### Applicant Information –

1. **LEGAL NAME OF APPLICANT:**

2. **AGENCY DETAILS: (select all that apply)**

**\*Evidence of this work must be outlined in the project proposal.**

- My organization works with Historically Marginalized Populations
- My organization has limited existing resources
- My organization works with people experiencing homelessness and/or housing instability
- My organization works with Black, Indigenous, and People of Color (BIPOC)
- My organization works with either Federal or NC recognized tribal communities
- My organization works with those transitioning from correctional settings to the community
- My organization serves jurisdictions that are highly impacted by the COVID-19 pandemic

### Proposal Information –

1. **PART A OR B:**     A     B

2. **FOR PART A, WHICH ARE THE FOLLOWING STRATEGIES YOUR PROPOSAL WILL BE ADDRESSING? (select all that apply)**

- Develop or expand syringe services programs
- Connect justice-involved persons to care
- Establish or strengthen post-overdose response teams
- Advance access to employment opportunities
- Expand or establish housing first or rapid re-housing and retention services
- Incorporate overdose prevention and harm reduction efforts into existing services

3. **NC COUNTIES TO BE SERVED BY THE PROPOSED PROJECT:**

## 2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with the **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 # A381 Part \_\_\_** 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

### 3. 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.

Use the **Project Narrative Worksheet** available with this RFA and posted online at: <https://injuryfreenc.ncdhhs.gov/library/rfa/A381.htm>."

Page limit of the project narrative section is 10 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**

- Provide a brief (no more than 250 words) overview of the planned project. Must include a purpose statement describing how your application will address the needs of people who use drugs in your community with particular considerations for historically marginalized populations. Applications without a proposal summary will be deducted 2 points.

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

- Provide specific examples of the organization's capacity to deliver information in a culturally humble, sensitive and appropriate manner. The applicant must demonstrate an understanding of issues particularly affecting the people who use drugs (PWUD) population and/or other intersecting historically marginalized populations. A successful applicant will have staff and/or volunteers with diverse backgrounds and who are sensitive to drug user health issues.
- Describe:
  - your organization's history promoting the health and dignity of individuals and communities impacted by drug use or your plans to incorporate this mission into your core activities
  - how your organization will be delivering program activities in a culturally appropriate manner
- If applicable, highlight if your organization falls into the following prioritized areas:
  - Organizations that work with Historically Marginalized Populations;
  - Organizations that have limited or lower existing resources;
  - Organizations that work with the following populations:
    - Those experiencing homelessness and housing instability,
    - Black, Indigenous and People of Color (BIPOC),
    - Federal or NC recognized tribal communities,
    - Those transitioning from correctional settings to the community, and/or
    - From jurisdictions that are highly impacted by the COVID-19 pandemic

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

- List the NC counties/geographic area to be served by the proposed project and the overdose burden and COVID-19 pandemic impact in those counties according to:
  - DHHS poisoning data (<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>) and

- DHHS COVID-19 data (<https://covid19.ncdhhs.gov/dashboard>).
- Provide any pertinent information as it relates to the need for this work in your community.
- Describe the needs of the priority population that this proposal will serve and how those needs were determined.

**NOTE: Provide citations/reference sources for any included community demographic or health status data.** Relevant data is available: <https://injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>. Scoring criteria will build in evaluation of need based on NC DPH IVPB surveillance data.

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

- Clearly identify which implementation strategies from the list of eligible strategies are included in the project, including the number of each activity (e.g. “strategy 1: Develop and Expand Syringe Services Programs (SSPs)”).
- Describe in detail your proposed project including its influence on furthering overdose prevention and other harm reduction services for people who use drugs, increasing access and linkages to care for the most vulnerable populations, and building local infrastructure to respond to the overdose crisis in North Carolina.
- Describe how your project will advance the goals of harm reduction in your community, and how you have incorporated harm reduction principles and best practices in the design of your project (including any barriers or challenges).
- Explain how you will engage or have already engaged the priority population in developing this proposed project
- Detail how this project will address your organization’s needs
- Include timelines for project implementation with specific program objectives as they relate to performance measures and budget (e.g. hiring staff or subcontractors, purchasing supplies, establishing policies and protocols, enrolling participants, etc.).
- Explain how the project will contribute to or promote the capacity of your organization or your community over time to prevent overdose deaths. Applications must describe how the enhancements, improvements, or increases achieved during the project year may be sustained past the funding secured during the project period.
- Describe obstacles that may affect your organization’s ability to sustain this program after the project cycle and potential solutions to these identified challenges.
- Detail any funding from other sources that will be used towards this project.

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

- Describe how you will collaborate on this project or initiative with other relevant organizations in your community, and how this project will improve the collaboration between local stakeholders or engage new ones.
- Describe how you will verify that projects or services are not being duplicated in the community and with the population served.
- Detail how you will fund, oversee and monitor subcontractors, if relevant.

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

- Detail how you will evaluate your project.
- Describe how you will engage the priority population in the design and implementation of the evaluation of this project.



- Explain how you will monitor the project and capture metrics for each of the supported strategies included in your project.
  - Suggested metrics to monitor include:
    - Number of unique individuals served by the program
    - Number of total contacts the program had with all participants
    - Number of individual supplies (SSP or other supplies) dispensed by the program
    - Number of syringes returned to the program
    - Number of naloxone kits distributed through the program
    - Number of referrals made to obtain naloxone from another source
    - Number of overdoses reversed with naloxone that have been reported to the program
    - Number of people the program referred to treatment for substance use disorders and/or mental health services
    - Number of people connected to care or social determinants of health resources
    - Challenges to completing project goals, strategies for overcoming these challenges, and lessons learned from engaging in the work.
- List any additional metrics that you will evaluate.
- If applicable, include any details about compensation for outside evaluation support or participant incentives.

#### 4. Project Budget

The budget should be for the 12-month period September 1, 2021 through August 31, 2022. *This should be a project specific budget, NOT the budget for your entire organization.*

Use the Excel budget template provided with this RFA posted online at:

<https://injuryfreenc.ncdhhs.gov/library/rfa/A381.htm>

Clearly state the total amount requested. The maximum allowed is \$100,000 per application. Refer to **Section VI. Project Budget** for all eligible and ineligible expenses as well as state permitted travel costs and per diem.

- **Salary and Fringe Detail** – All salary and fringe information for the proposed project should be entered into the "SalaryandFringe\_Detail" 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 "ContractorBudget" tab in the "other" row and provide a detailed narrative.
- **Operational Expenses** – All operational expense information for the proposed project should be entered into the "OperationalExpenses\_Detail" tab. 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.
- **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. You can duplicate the subcontractor budget tabs by right clicking on them and selecting duplicate. If additional subcontractor budget tabs are added, please contact MegAnn Smith at [beinjuryfreenc@dhhs.nc.gov](mailto:beinjuryfreenc@dhhs.nc.gov) to walk through changing the "ContractorBudget" tab formula to calculate subcontractor expenses.

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\_A381\_Part [A or B]\_ProjectBudget".

## **5. 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.

## 6. Letters of Commitment (if applicable)

Letters of commitment should be included from any agency or community organization integral to the success or implementation of the proposed activities. In addition, there are other specific letters required or recommended for your selected strategy or strategies as described above. 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.

The following are required letters of support/commitment:

- A letter of support from an [active, registered SSP](#) is required for new (operating for less than two years as of February 1, 2021) applying to Strategy 1: Develop and Expand Syringe Services Programs (SSPs).
- A letter of commitment from the partnering jail/detention center or Sheriff's Office is required for all organizations applying to Strategy 2: Connect Justice-Involved Persons to Care.
- A letter of commitment from the mentee agency if applying to Part B: Organizational Mentorship.

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 for each Part. 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.

## 7. IRS Letter

### *Private Non-profits:*

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

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

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

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

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

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

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

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

\_\_\_\_\_  
(Signature)

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

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Do **NOT** complete this document **nor return it** with the RFA response.  
This is for reference only.

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**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			
<b>1. Agency leadership stability of agency as a whole:</b>			
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			
<b>2. Program staff stability and qualifications for the program under review:</b>			
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			
<b>3. Program:</b>			
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			



<b>4. Fiscal status of entire agency:</b>	
<b>Audit</b>	
No significant or repeat findings or no audit	2
Significant or repeat findings	4
Unresolved Audit Findings	6
SCORE	
<b>5. Fiscal monitoring</b>	
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	
<b>6. Cash flow for entire agency:</b>	
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	
<b>7. Reporting status for program under review:</b>	
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	

8. <b>Complexity of funding for entire agency:</b> 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		
9. <b>Amount of funding to provider for program under review:</b>		
Less than \$25,000		2
\$25,000 - \$499,999		4
\$500,000 or more		6
SCORE		
10. <b>Internal controls for entire agency: (see Appendix A for tools to assess internal controls. Either Internal Controls Questionnaire or Financial Checklist may be used)</b>		
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		
TOTAL		0
<b>RESULT OF RISK ASSESSMENT</b>		
	<b>Evaluation Score Key:</b>	
	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.**

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<u>RISK ASSESSMENT (May be different from calculated risk level. Risk can be determined at the discretion of the monitor with justification)</u>	<b>High</b>	_____
	<b>Moderate</b>	_____
	<b>Low</b>	_____

Risk Assessment Performed by: \_\_\_\_\_

Date: \_\_\_\_\_

# Appendix B Forms for Reference

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

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**FEDERAL CERTIFICATIONS**

**The undersigned states that:**

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

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**Signature** **Title**

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

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

## I. Certification Regarding Nondiscrimination

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

## II. Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

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

##### **Instructions**

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

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



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

### **Certification**

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

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

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

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

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

#### **Instructions**

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

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

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

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

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

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

<p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p><input type="checkbox"/> b. grant</p> <p><input type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan</p> <p><input type="checkbox"/> e. loan guarantee</p> <p><input type="checkbox"/> f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. Bid/offer/application</p> <p><input type="checkbox"/> b. Initial Award</p> <p><input type="checkbox"/> c. Post-Award</p>	<p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p><b>For Material Change Only:</b></p> <p>Year _____ Quarter _____</p> <p>Date of Last Report: _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime</p> <p><input type="checkbox"/> Subawardee Tier _____, (if known)</p> <p>Congressional District (if known) _____</p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District (if known) _____</p>	
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> <p>CFDA Number (if applicable) _____</p>	
<p>8. Federal Action Number (if known)</p>	<p>9. Award Amount (if known) :</p> <p>\$ _____</p>	
<p>10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	<p>b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	
<p>11. Amount of Payment (check all that apply):</p> <p>\$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned</p>	<p>13. Type of Payment (check all that apply):</p> <p><input type="checkbox"/> a. retainer</p> <p><input type="checkbox"/> b. one-time fee</p> <p><input type="checkbox"/> c. commission</p> <p><input type="checkbox"/> d. contingent fee</p> <p><input type="checkbox"/> e. deferred</p> <p><input type="checkbox"/> f. other; specify: _____</p>	
<p>12. Form of Payment (check all that apply):</p> <p><input type="checkbox"/> a. cash</p> <p><input type="checkbox"/> b. In-kind; specify: Nature _____</p> <p style="padding-left: 100px;">Value _____</p>		
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 (attach Continuation Sheet(s) SF-LLL-A, if necessary):</p>		
<p>15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

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

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

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

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

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

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Standard Form - LLL

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

**LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS**

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

---

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

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

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

Reference only — Not for signature

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

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

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

---

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

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

Printed Name	Title

Reference only — Not for signature

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

**CONFLICT OF INTEREST POLICY**

**Notarization of Conflict of Interest Policy**

---

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

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

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

Reference only — Not for signature  
\_\_\_\_\_  
Signature of above named Organization Official



## **Conflict of Interest Policy Example**

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

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

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

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

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

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

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

the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

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

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

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

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

Approved by:

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Signature of Organization Official

\_\_\_\_\_  
Date

**NO OVERDUE TAX DEBTS CERTIFICATION**

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

---

To: State Agency Head and Chief Fiscal Officer

**Certification:**

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

**Sworn Statement:**

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

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

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

Reference only — Not for  
signature

**Board Chair**

Reference only — Not for  
signature

Title

Date

Signature

Title of Second Authorizing Official

Date

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

Reference only — Not for signature

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

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

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

# **CONTRACTOR CERTIFICATIONS**

## **State Certifications**

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

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

- Article 2 of Chapter 64: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter\\_64/Article\\_2.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf)
- G.S. 133-32: <http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=133-32>
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): <http://www.ethicscommission.nc.gov/library/pdfs/Laws/EO24.pdf>
- G.S. 105-164.8(b): [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_105/GS\\_105-164.8.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf)
- G.S. 143-48.5: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_143/GS\\_143-48.5.html](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html)
- G.S. 143-59.1: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143/GS\\_143-59.1.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf)
- G.S. 143-59.2: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143/GS\\_143-59.2.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf)
- G.S. 143-133.3: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_143/GS\\_143-133.3.html](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html)
- G.S. 143B-139.6C: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143B/GS\\_143B-139.6C.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf)

## **Certifications**

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