



# Request for Applications



RFA # A367

## *Family Planning Services*

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

**ISSUE DATE:** September 9, 2019

**DEADLINE DATE:** October 23, 2019

**INQUIRIES and DELIVERY INFORMATION:**

All inquiries concerning this RFA may be addressed to:  
Kristen Carroll, 919-707-5685, [kristen.carroll@dhhs.nc.gov](mailto:kristen.carroll@dhhs.nc.gov) or  
Elizabeth Draper, 919-707-5719, [elizabeth.draper@dhhs.nc.gov](mailto:elizabeth.draper@dhhs.nc.gov)

**Applications will be received until 5:00 p.m. on October 23, 2019**

Electronic copies of the application are available at <http://whb.ncpublichealth.com/>.

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

**Mailing Address:**

Division of Public Health  
Women's Health Branch  
Attn: Kristen Carroll  
1929 Mail Service Center  
Raleigh, NC 27699-1929

**Street/ Hand Delivery Address:**

Division of Public Health  
Women's Health Branch  
Attn: Kristen Carroll  
5601 Six Forks Rd., 2<sup>nd</sup> floor  
Raleigh, NC 27609

**IMPORTANT NOTE:** Indicate agency/organization name and RFA number on the front of each application envelope or package, along with the RFA deadline date.

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## **I. INTRODUCTION**

The NC Family Planning Program provides clinical and educational services to improve pregnancy intendedness for women and men throughout North Carolina. Priority is given to low income individuals. The Family Planning Program is administered by the Family Planning and Reproductive Health Unit (FPRHU) of the North Carolina Department of Health and Human Services, Division of Public Health, Women's and Children's Health Section, Women's Health Branch.

Successful applicants will receive funding to implement family planning services in communities throughout the state of North Carolina.

### **Eligibility**

Public or private non-profit agencies interested in assisting women and men in planning or preventing pregnancy that have the clinical capability are eligible to apply to this RFA.

- Agencies that already receive Title X funding directly from the federal government are not eligible to apply.
- For-profit agencies are not eligible to apply.
- Agencies must be able to receive North Carolina State funding.

### **Funding**

Awards will be made on an annual basis for a project period of three (3) years, contingent upon contract compliance, project performance, and availability of funding.

The first project period will begin June 1, 2020 and will end May 30, 2021.

A total of \$6,957,471 is available to be awarded each year. Successful applicants will be awarded amounts based upon the documented need in their community, clinic capacity, population served, etc. as defined in Table 1 found on the following page and also in Appendix B, Annual Funding Amount by County.

The project funding periods will be distributed as follows:

June 1, 2020 – May 31, 2021: award amount based on county availability listed on Table 1

June 1, 2021 – May 31, 2022: award amount based on county availability listed on Table 1

June 1, 2022 – May 31, 2023: award amount based on county availability listed on Table 1

Only one organization will be funded in each county.

This RFA for family planning service provision to women and men at the community level in North Carolina is funded by two sources, Title X, 100% federal funding; and Women's Health Service Funds, 100% state funding.

**Table 1: Annual Funding Amount by County**

County	Total Funding Available	County	Total Funding Available	County	Total Funding Available
Alamance	\$112,466	Franklin	\$51,650	Pamlico	\$32,018
Alexander	\$43,185	Gaston	\$144,403	Pasquotank	\$95,905
Alleghany	\$9,451	Gates	\$22,807	Pender	\$49,756
Anson	\$42,572	Graham	\$30,480	Perquimans	\$21,929
Ashe	\$23,625	Granville	\$46,664	Person	\$45,184
Avery	\$36,679	Greene	\$39,366	Pitt	\$132,498
Beaufort	\$49,275	Guilford	\$270,127	Polk	\$17,105
Bertie	\$38,596	Halifax	\$65,699	Randolph	\$86,615
Bladen	\$45,487	Harnett	\$74,394	Richmond	\$46,089
Brunswick	\$63,811	Haywood	\$52,662	Robeson	\$106,620
Buncombe	\$127,621	Henderson	\$62,022	Rockingham	\$59,937
Burke	\$63,504	Hertford	\$41,058	Rowan	\$88,609
Cabarrus	\$91,092	Hoke	\$52,009	Rutherford	\$71,840
Caldwell	\$65,971	Hyde	\$29,861	Sampson	\$59,463
Camden	\$15,789	Iredell	\$81,836	Scotland	\$45,931
Carteret	\$154,023	Jackson	\$52,723	Stanly	\$48,424
Caswell	\$37,769	Johnston	\$86,990	Stokes	\$46,087
Catawba	\$94,059	Jones	\$31,016	Surry	\$53,461
Chatham	\$50,990	Lee	\$49,416	Swain	\$35,689
Cherokee	\$36,659	Lenoir	\$56,760	Transylvania	\$37,501
Chowan	\$25,731	Lincoln	\$51,056	Tyrrell	\$9,368
Clay	\$30,426	Macon	\$38,372	Union	\$90,168
Cleveland	\$81,955	Madison	\$36,463	Vance	\$48,525
Columbus	\$51,472	Martin	\$62,163	Wake	\$287,785
Craven	\$90,467	McDowell	\$44,832	Warren	\$37,749
Cumberland	\$193,620	Mecklenburg	\$376,145	Washington	\$38,746
Currituck	\$38,011	Mitchell	\$31,244	Watauga	\$103,319
Dare	\$37,828	Montgomery	\$40,102	Wayne	\$93,481
Davidson	\$82,763	Moore	\$58,677	Wilkes	\$49,417
Davie	\$40,888	Nash	\$78,405	Wilson	\$71,575
Duplin	\$63,032	New Hanover	\$105,474	Yadkin	\$39,872
Durham	\$154,110	Northampton	\$38,748	Yancey	\$34,640
Edgecombe	\$63,256	Onslow	\$123,320		
Forsyth	\$185,613	Orange	\$103,423		

## **II. BACKGROUND**

The primary mission of the Family Planning and Reproductive Health Unit in the Division of Public Health (DPH) is to reduce unintended pregnancies and improve health outcomes.

Data from the 2016 Pregnancy Risk Assessment Monitoring System (PRAMS), based on a random sample of 926 women who had recently given birth, shows that 32.2% of North Carolina mothers responded that they wanted to be pregnant later or not at all while another 10.9% were ambivalent about the pregnancy. Women who were young, of minority race and/or of lower socioeconomic status were more likely to report an unintended pregnancy. Women who have unintended pregnancies are at a greater risk for poor birth outcomes (2016 North Carolina Pregnancy Risk Assessment Monitoring System Survey Results: <https://schs.dph.ncdhhs.gov/data/prams/2016/intent3.html>.)

There are approximately 667,910 North Carolina women in need of publicly supported contraceptive services because they have incomes below 250% of the federal poverty level (518,890) or are sexually active teenagers (149,030). This estimate represents a 7% increase in the number of women-in-need of subsidized family planning services compared to the 2010 estimates. Family planning clinics in North Carolina serve 20% of all women in need of publicly supported contraceptive services and 14% of female teenagers in need (Guttmacher Institute Contraceptive Needs and Services, 2014: <https://www.guttmacher.org/fact-sheet/state-facts-publicly-funded-family-planning-services-north-carolina>.)

### **Title X:**

The Title X Family Planning program was enacted in 1970 as Title X of the Public Health Service Act. The program is designed to provide comprehensive family planning services to all who want and need them, with priority given to persons from low-income families.

Title X services include the delivery of related preventive health services, including patient education and counseling; physical examinations; laboratory testing; basic infertility services; cervical and breast cancer screening; sexually transmitted disease (STD) and human immunodeficiency virus (HIV) prevention education, testing, treatment and referral; and pregnancy diagnosis. The patient can also explore a reproductive life plan, learn about a wide range of contraceptive methods, choose the method that is best for her or him, and receive emergency contraception, if appropriate. Title X funding comprises 85% of the total funding available.

### **Women's Health Service Funds:**

Women's Health Service Funds are state appropriated funding to provide contraceptive methods for women of childbearing age who are not covered by Medicaid, private insurance, or who are under-insured. Women's Health Service Funds comprise 15% of the total funding available.

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

Applicants must demonstrate an understanding of and capacity to implement family planning services as prescribed by Title X and the Family Planning and Reproductive Health Unit (FPRHU). The program is designed to provide comprehensive family planning services to all who want and need them, with priority given to persons from low income families.

Title X services include the delivery of related preventive health services, including patient education and counseling; physical examinations; laboratory testing; basic infertility services; cervical and breast cancer screening; sexually transmitted disease (STD) and human immunodeficiency virus (HIV) prevention education, testing, treatment and referral; and pregnancy diagnosis. The patient can also explore a reproductive life plan, learn about a wide range of contraceptive methods, choose the method that is best for her or him, and receive emergency contraception, if appropriate.

Applicants must demonstrate their ability to serve 15-20 percent of the women in need of family planning within their service area. The number of patients is based upon the Guttmacher Institute estimated numbers of Women in Need of Contraceptive Services. A table showing these numbers by county in North Carolina is attached (Appendix A).

Successful applicants must also show capacity for providing family planning services according to the *Program Requirements for Title X Funded Family Planning Projects* <http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf> and *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs* <http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf> (and the 2017 update: <https://www.cdc.gov/mmwr/volumes/66/wr/mm6650a4.htm>)

#### **Title X Funding Requirements**

The following requirements must be met by applicants:

1. Family planning services are to be provided solely on a voluntary basis.
2. Agency must have written policies that clearly indicate that none of the funds will be used in programs where abortion is a method of family planning.
3. If an agency wishes to subcontract any of its responsibilities or services, a written agreement that is consistent with Title X Program Requirements and approved by the FPRHU must be maintained by the agency.
4. Each agency must maintain a financial management system that meets Federal standards, as applicable, as well as any other requirements imposed by the Federal funder, and which complies with Federal standards that will support effective control and accountability of funds.
5. The following fee policies/requirements must be met:
  - a. Clients must not be denied family planning services or be subjected to any variation in quality of services because of inability to pay.
  - b. Agencies should not have a general policy of no fee or flat fees for the provision of services to minors, or a schedule of fees for minors that is different from other populations receiving family planning services.
  - c. Clients whose documented income is at or below 100% of the Federal Poverty Level (FPL) must not be charged, although sub-recipients must bill all third parties authorized or legally obligated to pay for services.
  - d. A schedule of discounts, based on ability to pay, is required for individuals with family incomes between 101% and 250% of the Federal Poverty Level.

- e. Fees must be waived for individuals with family incomes above 100% of the FPL who, as determined by the service site director, are unable, for good cause, to pay for family planning services.
  - f. For persons from families whose income exceeds 250% of the FPL, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services.
  - g. Eligibility for discounts for unemancipated minors who receive confidential services must be based on the income of the minor.
  - h. Where there is legal obligation or authorization for third party reimbursement, including public or private sources, all reasonable efforts must be made to obtain third party payment without the application of any discounts.
  - i. Family income should be assessed before determining whether copayments or additional fees are charged. With regard to insured clients, clients whose family income is at or below 250% FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied.
  - j. Reasonable efforts to collect charges without jeopardizing client confidentiality must be made.
  - k. Voluntary donations from clients are permissible; however, clients must not be pressured to make donations, and donations must not be a prerequisite to the provision of services or supplies.
6. Agencies must assure that family planning medical services will be performed under the direction of a physician with special training or experience in family planning.
  7. Priority for family planning services is to persons from low-income families.
  8. Services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status.
  9. Agencies must provide for social services related to family planning including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinic attendance.
  10. Agencies must provide for coordination and use of referral arrangements with other providers of health care services, local health and social services departments, hospitals, voluntary agencies, and health services projects supported by other federal programs.
  11. Agencies must provide for medical services related to family planning and the effective usage of contraceptive devices and practices (including physician's consultation, examination, prescription, and continuing supervision, laboratory examination, contraceptive supplies) as well as necessary referrals to other medical facilities when medically indicated.
  12. Agencies must provide a broad range of acceptable and effective medically approved family planning methods (including fertility awareness-based methods) and services (including infertility services and services for adolescents).
  13. Services must be provided without the imposition of any durational residency requirement or requirement that the client be referred by a physician.
  14. Agencies must provide pregnancy diagnosis and may provide counseling (when requested) to all clients in need of this service.
  15. Agencies may offer pregnant women the opportunity to be provided information and counseling regarding the following options: prenatal care and delivery; infant care, foster care, or adoption.
  16. Every agency must have safeguards to ensure client confidentiality. Information obtained by the staff about an individual receiving service may not be disclosed without the individual's



documented consent, except as required by law or as may be necessary to provide services to the individual, with appropriate safeguards for confidentiality.

17. Agencies must provide an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served; and by persons in the community knowledgeable about the community's needs for family planning services.
18. Agencies must establish and implement planned activities to facilitate community awareness of and access to family planning services. Each family planning project must provide for community education programs.
19. Agencies are required to have a review and approval process, by an Advisory Committee, of all informational and educational materials developed or made available under the project prior to their distribution. The Advisory Committee must include individuals broadly representative (in terms of demographic factors such as race, color, national origin, handicapped condition, sex, and age) of the population or community for which the materials are intended. The Advisory Committee must consist of five to nine members. This Advisory Committee must review and approve all informational and educational (I&E) materials developed or made available under the project prior to their distribution to assure that the materials are suitable for the population and community for which they are intended and to assure their consistency with the purposes of Title X.
20. Title X service sites should be geographically accessible for the population being served. Agencies should consider clients' access to transportation, clinic locations, hours of operation, and other factors that influence clients' abilities to access services.
21. Title X clinics must have written policies that are consistent with the HHS Office for Civil Rights policy document, *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*.
22. Agencies may not discriminate on the basis of disability and, when viewed in their entirety, facilities must be readily accessible to people with disabilities.
23. Agencies and Title X clinics are required to have a written plan for the management of emergencies and clinic facilities must meet applicable standards established by Federal, State, and local governments (e.g., local fire, building, and licensing codes).
24. Research conducted within Title X projects may be subject to Department of Health and Human Services regulations regarding the protection of human subjects. The agency should advise the FPRHU in writing of any research projects that involve Title X clients.
25. Agencies must have program data reporting systems which accurately collect and organize data for program reporting and which support management decision making and act in accordance with other reporting requirements as required by Title X.
26. If the agency has either an agreement with an off-site pharmacist to come into the clinic on a regular basis to manage contraceptives for patients or sends patients to a local pharmacy to obtain contraceptives, it must have a contract or other formal agreement (e.g., memorandum of understanding) in place with those providers.
27. The agency must maintain a tracking system of current inventory to ensure that there are enough drugs and supplies to meet the needs of the population served. This system must include the tracking of lot numbers, expiration dates, NDC numbers, dates received and current amount available for each birth control method offered by the sub-recipient. The tracking system must

also include a means of verifying what drugs/supplies were administered or dispensed to individual patients.

28. The agency is eligible for 340B pricing (significantly reduced cost) for medications for family planning clients once Title X funding is received.
29. Available funding amounts for each county in North Carolina are shown in Table 1: Annual Funding Amount by County.

### **Women's Health Service Funding (WHSF) Requirements:**

WHSF shall be used for women of childbearing age who are not covered by Medicaid, private insurance, or who are under-insured.

The following requirements must be met by applicants:

1. WHSF may be used for the purchase of any FDA-approved, reversible contraceptive method.
  - a. These methods include: copper intrauterine devices, hormonal intrauterine devices, contraceptive implants, contraceptive injections, contraceptive pills, contraceptive patches, vaginal contraceptive rings, diaphragms, sponges, cervical caps, male condoms, female condoms, spermicide, levonorgestrel Emergency Contraception, and ulipristal acetate Emergency Contraception.
  - b. WHSF may also be used to cover the cost of intrauterine device and implant insertion and removal, injection fees for injectable contraception and diaphragm fitting fees.
2. WHSF requires participating local agencies to counsel patients without a high school diploma about the benefits of completing high school or the General Educational Development tests (GED).

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

### **1. Award or Rejection**

All qualified applications will be evaluated and awards 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 **November 27, 2019**.

### **2. Cost of Application Preparation**

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

### **3. Elaborate Applications**

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

### **4. Oral Explanations**

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

**5. Reference to Other Data**

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

**6. Titles**

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

**7. Form of Application**

Each application must be submitted on the forms provided by the funding agency. Both the *Application Form* and *Budget and Justification Form* will be sent to interested agencies along with this RFA, and they can be downloaded on September 9, 2019 from the Program's website at <http://whb.ncpublichealth.com/>.

**8. Disbursement of Funds**

Funds to grantees will be dispersed on a cost reimbursement basis only. The grant recipient will be required to submit monthly invoices of expenses and supporting documentation within 10 days from the end of the month for which it is being submitted

**9. Exceptions**

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

**10. Advertising**

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

**11. Right to Submitted Material**

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

**12. Competitive Offer**

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

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

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

#### **14. Subcontracting**

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

#### **15. Proprietary Information**

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

#### **16. Participation Encouraged**

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

#### **17. Contract**

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

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

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

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

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on **September 9, 2019**: <https://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**

RFA will be posted on the Program's website <http://whb.ncpublichealth.com/> and may be sent via email to interested agencies and organizations beginning **September 9, 2019**.

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

All prospective applicants are encouraged to attend a Bidder's Conference Webinar on **Monday, September 16, 2019** from 11:00 a.m. to 12:30 p.m. at <http://whb.adobeconnect.com/fpbidder/>.

Written questions concerning the specifications in this Request for Applications will be received until 5:00 p.m. on **October 2, 2019**. As an addendum to this RFA, a summary of all questions and answers will be placed on <http://whb.ncpublichealth.com/> website by 5:00 p.m. on **October 9, 2019**. Any questions must be addressed to Kristen Carroll at [kristen.carroll@dhhs.nc.gov](mailto:kristen.carroll@dhhs.nc.gov) or 919-707-5685 or Elizabeth Draper at

[elizabeth.draper@dhhs.nc.gov](mailto:elizabeth.draper@dhhs.nc.gov) or 919-707-5719. Questions directed to any other Division of Public Health staff will not be addressed.

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

Any agency that plans to submit an application is strongly encouraged to register its intent by 5:00 p.m. on **September 20, 2019** utilizing the following survey link:

<https://www.surveymonkey.com/r/CK8H2XK>. Information requested on the registration form shall include the following:

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

#### **5. Applications**

Applicants shall submit an original and three copies of the application and email a pdf version of the full application to Kristen Carroll at [Kristen.carroll@dhhs.nc.gov](mailto:Kristen.carroll@dhhs.nc.gov). All copies shall include the required attachments. Electronic submission will not be accepted in lieu of an original. Faxed applications will not be accepted.

#### **6. Original Application**

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

#### **7. Copies of Application**

Along with the original application, submit three photocopies of the application in its entirety. Copies of the application should be clearly marked “copy” on the application face sheet. Please also email a pdf format document of your completed application to [Kristen.carroll@dhhs.nc.gov](mailto:Kristen.carroll@dhhs.nc.gov).

#### **8. Format**

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

#### **9. Space Allowance**

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

#### **10. Application Deadline**

All applications must be received by the date and time on the cover sheet of this RFA. Faxed or emailed applications ***will not*** be accepted in lieu of the original and required number of hard copies. Original signatures are required. Note: If the US Postal Service is used, allow sufficient time for delivery to the funding agency by 5:00 PM, close of business, on **October 23, 2019**.

**11. Receipt of Applications**

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

**12. Review of Applications**

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the 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 award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

**13. Request for Additional Information**

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

**14. Audit**

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

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

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

- Level 1: Less than \$25,000
- Level 2: At least \$25,000 but less than \$500,000
- Level 3: \$500,000 or more

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

**15. Assurances**

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

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

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

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

In addition, those private non-profit agencies are to provide a completed, signed, and notarized page verifying continued existence of the agency's 501(c)(3) status. (An example of this page is provided in section *VII.8 Verification of 501(c)(3) Status*.)

**17. Federal Certifications**

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

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

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

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

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

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

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

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

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

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

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

## **20. Registration with Secretary of State**

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

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

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

## **22. Iran Divestment Act**

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

## **23. Boycott Israel Divestment Policy**

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



**24. Application Process Summary Dates**

- September 9, 2019: Request for Applications released to eligible applicants.
- September 16, 2019: Bidder’s Webinar.
- September 20, 2019: Notice of Intent due.
- October 2, 2019: End of Q&A period. All questions due by 5pm.
- October 9, 2019: Answers to Questions released as an addendum to the RFA.
- October 23, 2019: Applications due by 5pm.
- November 27, 2019: Successful applicants will be notified.
- June 1, 2020: Proposed contract begins.

**VI. PROJECT BUDGET**

**Budget and Justification Form**

Applicants must complete the *Budget and Justification Form*, which requires a line item budget for the first year of funding and a narrative justification. The form will be sent to interested agencies along with this RFA, and it can be downloaded on September 9th from the Women’s Health Branch website at <http://whb.ncpublichealth.com/>.

**Narrative Justification for Year One Expenses**

A narrative justification must be included for *every* expense listed in the year one 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. Reference *How to Fill out the Open Window Budget Form* which can be found on the Women’s Health Branch website at <http://whb.ncpublichealth.com/>.

**Travel Reimbursement Rates**

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the “Change in IRS Mileage Rate” memorandum to be found on [OSBM’s website](#) when there is a change in this rate. The current state mileage reimbursement rate is \$0.58 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.

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	\$0.58 per mile	

### **Staff Development Costs**

Applicants should include costs for registration to attend or to host trainings to support staff development in carrying out the services outlined in this RFA. Travel costs associated with attending or hosting trainings should be included under Contract Staff Travel and not exceed the travel reimbursement rates.

### **Supplies**

Disposable or one-time-use medical supplies are considered supplies. Examples of medical supplies are as follows: intrauterine devices, contraceptive implants, contraceptive pills, and condoms.

Justification Example: 50 Nexplanon's @ \$399.00 each = \$19,950.

### **Equipment**

The maximum that can be expended on an equipment item, without prior approval from the WHB, is \$2,000. An equipment item that exceeds \$2,000 shall be approved by the WHB before the purchase can be made. If an equipment item shall be used by multiple clinics, you must prorate the cost of that equipment item and the narrative must include a detailed calculation which demonstrates how the agency prorates the equipment.

Justification Example: 1 shredder @ \$1,500 each for nursing office staff to shred confidential patient information. Cost divided between 3 clinics:  $\$1,500/3 = \$500$ .

### **Administrative Personnel Fringe Costs**

Provide position titles, staff FTE amounts, brief description of the positions, and method of calculating each fringe benefit that shall be funded. A description can be used for multiple staff if the duties being performed are similar. *Do not prorate the salary and fringe amounts. The spreadsheet will prorate these amounts based on the number of months and percent of time worked.*

Justification Example: P. Johnson, Family Planning Coordinator, 1.0 FTE, Performs the following duties for patients who request Family Planning services: 1) Intake of patient history/reason for appointment; 2) Collect labs for Family Planning Program per nurse standing orders; 3) Provide Family Planning education required components; and 4) Assist medical providers with any further needs within nursing scope of practice.

Budget Narrative Justification Example: FICA at 7.65% of budgeted salary; Retirement at 10% of budgeted salary; Unemployment at 2% of budgeted salary; and Other at 3% (includes life insurance, AD&D and liability insurance) of budgeted salary. Health insurance is \$6,000 per individual.

### **Incentives**

Incentives may be provided to program participants in order to ensure the level of commitment that is needed to achieve the expected outcomes of the program. While there is no maximum amount of funding that may be used to provide incentives for program participants, the level of incentives must be appropriate for the level of participation needed to achieve the expected outcomes of the program. Examples of incentives are as follows: gift cards, gas cards/bus passes, and water bottles.

Justification Example: Gift cards for 10 participants @ \$20/card = \$200.

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

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 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.

## **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. Family Planning sub-awards are funded through two sources: Federal Title X Funds and State-Appropriated Women's Health Service Funds. At the time of application and award, neither the applicant nor the State shall have any knowledge of which funding source will be allocated should the award be made. Applicants are advised to approach indirect cost judiciously.

### Title X (Federal)

The Title X grant does not limit indirect cost.

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the indirect cost rate requested may not exceed the applicant's recognized rate. Applicants must indicate in the budget narrative that they wish to use their recognized rate, or some part thereof.

Applicants who do not wish to claim any indirect cost should enter "No indirect cost requested" in the budget narrative.

Where the applicant has no FNICR, a 10% indirect cost rate (known as the *de minimus* 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 minimus* rate, or some part thereof.

Applicants who do not wish to claim any indirect cost should enter "No indirect cost requested" in the budget narrative.

### Women's Health Service Fund (State)

North Carolina Division of Public Health limits indirect cost to 10% for entities who have an established indirect cost rate.

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the total modified direct cost identified in the applicant’s FNICR shall be applied up to 10 percent. A copy of the FNICR must be included with the applicant’s budget. Applicants must indicate in the budget narrative that they wish to use this rate, or some part thereof. Applicants who do not wish to claim any indirect cost should enter “No indirect cost requested” in the budget narrative.

Where the applicant has an indirect cost rate established by an independent Certified Public Accountant (CPA) using criteria and cost principles outlined in the applicable codes of federal regulations (CFRs):

State, Local and Indian Tribal Governments	2 CFR Part 225 & ASMB C-10
Educational Institutions	2 CFR Part 220
Hospitals	2 CFR Part 215
Private Non-Profit Organizations	2 CFR Part 230
For Profit Organizations (other than hospitals)	48 CFR Part 31

Under these conditions, a person or firm, preferably one knowledgeable of this subject should establish the rate. This person or firm should not be associated with the audit firm that conducts an audit of the entity's records. Once a rate has been established, this person or firm should certify in writing to the entity that the rate has been established in accordance with the applicable federal circular and that the documentation should be maintained and made available to any auditor requesting such information. Per NC Division of Public Health policy, the total modified direct cost identified in the applicant’s indirect cost rate letter shall be applied up to 10 percent. A copy of the indirect cost letter must be included with the applicant’s budget.

Applicants must indicate in the budget narrative that they wish to use this rate, or some part thereof. Applicants who do not wish to claim any indirect cost should enter “No indirect cost requested” in the budget narrative.

Where the applicant has no FNICR and no indirect cost rate established by a CPA, person or firm, then the applicant may not claim indirect cost in the budget.

## **VII. EVALUATION CRITERIA**

### **SCORING OF APPLICATIONS**

Applications shall be scored based on the responses to the five 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.  |

### **Content Areas**

**1. Determination of Need and Local/County/Regional Services:**

Total maximum points = 25

**2. Capacity Statement/Sustainability:**

Total maximum points = 27

**3. Program Plan:**

Total maximum points = 42

**4. Budget:**

Total maximum points = 5

**5. Service Site Checklist:**

Total maximum points = 1

**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 use a binder clip at the top left corner on each copy of the application and assemble the application in the following order:

1. \_\_\_ **Cover Letter**
2. \_\_\_ **Application Face Sheet**
3. \_\_\_ **Applicant's Response/Form**
4. \_\_\_ **Project Budget**  
Include a budget in the format provided.  
Indirect costs are allowed.
5. \_\_\_ **Federally Negotiated Indirect Cost Rate Letter**
6. \_\_\_ **Attachment A: MOU/Letters of Commitment/Service Site Checklist**
7. \_\_\_ *IRS Documentation:*  
**IRS Letter Documenting Your Organization's Tax Identification Number** (public agencies)  
or  
\_\_\_ **IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax-exempt Status** (private non-profits)  
and
8. \_\_\_ **Verification of 501(c)(3) Status Form** (private non-profits)

**Cover Letter**

The application must include a cover letter, on agency letterhead, signed and dated by an individual authorized to legally bind the Applicant. Please cover the following in the letter: agency mission, background & current services provided, how family planning fits in your organization, commitment to family planning, and other funding sources (if any) used for family planning services.

Include in the cover letter:

- the legal name of the Applicant agency
- the RFA number
- the Applicant agency's federal tax identification number
- the Applicant agency's DUNS number.

## Application Face Sheet

This form provides basic information about the applicant and the proposed project with the *Family Planning Program*, including the signature of the individual authorized to sign “official documents” for the agency. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA # *A367* 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 #12)      Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Signature of Authorized Representative:	17. Date



# **Section 1: Determination of Need and Local/County/Regional Services**

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

**Total Point Value:**

25

**Page Limit:**

4 single-spaced (excluding citation page)

**Section 1**

- 1-1. Define the specific county or counties that will be served. (3 points)**
- 1-2. For each community (or county) serving, provide recent data to demonstrate the need for family planning services in your service area. Include statistics for the following, providing trend data for the past two years as available. Provide data at the state and county levels. (10 points)**
  - a. Population information for males and females, stratified by age, race/ethnicity;
  - b. Poverty information for your proposed population to serve (stratified by gender, age, race/ethnicity);
  - c. Rates of teen pregnancy (per 1,000 for females ages 15-19), stratified by race/ethnicity;
  - d. Percent of repeat teen pregnancy for females ages 15-19;
  - e. Rates of sexually transmitted infections (STIs), such as HIV, gonorrhea and chlamydia, stratified by gender;
- 1-3. Include the number of women in Need of Publicly Supported Contraceptives (see Appendix A) and the number you propose to serve under this funding. (1 point)**

	<u>State</u>	<u>County</u>
Number of Women:		
Number proposed to serve:		

Possible resources for the data questions above include:  
 NC State Center for Health Statistics: <https://schs.dph.ncdhhs.gov/data/vital/pregnancies/2017/>  
 NC HIV/STD Surveillance Report: <https://epi.dph.ncdhhs.gov/cd/stds/annualrpts>  
 Guttmacher Institute: <https://data.guttmacher.org/counties>

- 1-4. How will your Family Planning program meet the needs of the community you will serve? (10 points)**  
 Be sure to highlight:
  - a. Existing family planning services outside of your agency;
  - b. Availability of teen friendly health care services in the community;
  - c. Availability of services to men;
  - d. Culturally diverse services; and
  - e. Describe how this funding opportunity will create or expand any existing services.
- 1-5. Citations should be noted throughout the determination of need using endnotes. A list of citation sources should be attached to the needs assessment as a separate page, which will not count against the page limit for this section. (1 point)**

# Section 2: Capacity Statement/Sustainability

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

**Total Point Value:**

27

**Page Limit:**

4 single-spaced

## Section 2

Applicants should respond to either question 2-1 (if you currently offer family planning services) or question 2-2 (if you do not currently offer family planning services) 12 points.

**2-1. If you currently provide family planning services, describe your agency’s current structure and the family planning service provision to low-income women and men. Include responses to the following questions:**

- a. Do you currently provide family planning services to low-income individuals?
  - 1. If yes, approximately how many unduplicated patients were served in Fiscal Years (FY) 2018 (June 1, 2017 – May 31, 2018) and 2019 (June 1, 2018 – May 31, 2019)? Please complete the tables below: (3 points)

Number of males/females by age:

Age Group	FY 2018		FY 2019	
	Females	Males	Females	Males
under 15				
15 to 17				
18 to 19				
20 to 24				
25 to 29				
30 to 34				
35 to 39				
40 to 44				
over 44				

Income Level:

	FY 2018	FY 2019
Income Level	Indicate Number	Indicate Number
100% and below		
101% to 200%		
201% to 250%		
Over 250%		
Unknown		

Percentage covered by Medicaid (traditional and Be Smart)/private insurance:

	% covered FY 18	% covered FY 19
Public health insurance covering primary medical care		
Private health insurance covering primary medical care		
Uninsured (no public or private health insurance)		
Unknown		

2. How are these services currently funded? (1 point)
3. Describe evidence of the following:
  - a. Your agency’s qualifications to deliver family planning services (successful applicants will highlight staff experience and training; agency successes, challenges, and lessons learned). (4 points)
  - b. Your capacity to undertake the comprehensive clinical family planning and related preventive health services required, including offering a broad range of acceptable and effective family planning methods and services as described in the QFP. (2 points)
4. How is your clinic engaging teens and men to access services? (2 points)

**2-2. If you do not currently provide family planning services, explain the following:**

- a. Have you ever provided family planning services to this community or any other community, if so, when and how many people were served per year? (2 point)
- b. What funding did you utilize to provide clinical services? (1 point)
- c. Share why you are interested in providing these services now? (1 point)
- d. Describe evidence of the following:
  1. Your agency’s qualifications to deliver family planning services (successful applicants will highlight staff experience and training; agency successes, challenges, and lessons learned). (4 points)
  2. Your capacity to undertake the comprehensive clinical family planning and related preventive health services required, including offering a broad range of acceptable and effective family planning methods and services as described in the QFP. (2 points)
- e. How will your clinic engage teens and men to access services? (2 points)

**2-3. Please indicate that the agency will operate in a manner that will sustain access to family planning and reproductive health services including: (2 points)**

	<b>Indicate if currently in place:</b>
Use of certified electronic health record (EHR) systems that are interoperable; Name of EHR vendor: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Data collection system that maintains patient demographics, service records (CPT codes) and contraceptive method information;	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contracts/agreements with insurance carriers and ability to bill third party commercial insurance carriers and Medicaid; and	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ability to provide primary care services onsite for family planning patients or refer patients to a qualified provider nearby.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered No, to any of the above, explain the expected timeframe for completion. Be as specific as possible including dates. (1 point)

**2-4. Describe the proposed staffing structure for providing family planning services to the priority population utilizing the chart below. (5 points)**

Include name, degree, credentials, and years of service for the Family Planning Coordinator who will ensure services are delivered to the patients (if not currently providing these services, please give details and structure in narrative form of the new position that would be created and/or staffed through this funding) and full time equivalency. Also include details regarding supervisory oversight, Medical Director, billing/coding staff, and budget staff. The %FTE devoted to family planning staff funded under this RFA should be included for all positions. Any other relevant details may be included in narrative form below the chart.

Position	Employee Name	Degree/ Credentials	# years in position	Number of staff supervised	Full Time Equivalency (FTE)
Family Planning Coordinator					
Supervisor position					
Medical Director					
Billing/Coding staff					
Budget position					

**2-5. Describe your plan to ensure the continuation of programming in the event of turnover or lapse in staff coverage occurs? (3 points)**

**2-6. Describe your process for measuring staff performance. How will staff be held accountable for achieving program requirements? (2 points)**

**2-7. How often are policies/procedures reviewed and updated and by whom? (2 points)**

# Section 3: Program Plan

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

**Total Point Value:**

42

**Page Limit:**

5 single-spaced

### Section 3

Please describe your plan to provide family planning services. Include the following in your narrative:

- 3-1. Number of unduplicated family planning patients you will serve each of the three years of the funding period. (1 point)**
- 3-2. How you propose to provide:**
  - a. Evidence-based clinical and educational services to patients, including providing education and counseling regarding the level of effectiveness of different contraceptives (most or highly effective to least effective); (5 points)
  - b. Assistance to individual patients in determining their best contraceptive options; (3 points)
- 3-3. Description of how your agency will address health disparities in provision of family planning services. (3 points)**
- 3-4. Description of how your agency will maintain compliance with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest. (3 points)**
- 3-5. Description of your agency's policy on providing patients with a schedule of discounts which meets the criteria set out in the Title X regulations at 42 CFR §59.5(a)(7)-(9), and in the Program Requirements. Attach your schedule of discounts if you have already developed one. (4 points)**
- 3-6. Description of your plan for providing community engagement and education programs:**
  - a. To promote understanding of the objectives of the program and inform the community about the availability of services. (3 points)
  - b. How will your agency maintain records of information and education activities provided as part of the program; (2 points)
- 3-7. Description of your plan for an Information and Education Advisory Committee that is consistent with the Title X statute and regulations at 42 CFR §59.6:**
  - a. Who will serve on the committee and how will that be determined? (2 points)
  - b. How will the committee ensure that all information and education materials used as part of the project are current, factual, medically accurate, and suitable for the population? (3 points)
- 3-8. Description of your ability to accurately collect and report required data to the Family Planning and Reproductive Health Unit, including gender, age, service records (CPT codes), contraceptive method information. (3 points)**
- 3-9. Description of how you will make your family planning clinics accessible and welcoming for teen clients. (3 points)**



### 3.10 Memoranda of Understanding/Letters of Commitment and Support

(Total points = 5)

Using the chart provided, list where you will refer participants that have needs or require services beyond the scope of your project. Attach MOUs or Letters of Commitment (LOC) from all agencies who will accept referrals in Attachment A. If you will provide the service directly, please include that information and an MOU/LOC is not needed.

Referral Plan		
Description of Service		MOU/LOC Attached?
1. Primary Care	a. Name Agency to Provide Service. b. Describe the referral process. c. Are there any gaps that exist in this referral source? d. Describe your process to track and follow-up on referral to ensure needs were met.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Mental Health Care	a. Name Agency to Provide Service. b. Describe the referral process. c. Are there any gaps that exist in this referral source? d. Describe your process to track and follow-up on referral to ensure needs were met.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Sexual/ Dating/Domestic Violence	a. Name Agency to Provide Service. b. Describe the referral process. c. Are there any gaps that exist in this referral source? d. Describe your process to track and follow-up on referral to ensure needs were met.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Substance Use Services	a. Name Agency to Provide Service. b. Describe the referral process. c. Are there any gaps that exist in this referral source? d. Describe your process to track and follow-up on referral to ensure needs were met.	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Colposcopy/Abnormal pap smears	a. Name Agency to Provide Service. b. Describe the referral process. c. Are there any gaps that exist in this referral source? d. Describe your process to track and follow-up on referral to ensure needs were met.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Other	a. Name Agency to Provide Service. b. Describe the referral process. c. Are there any gaps that exist in this referral source? d. Describe your process to track and follow-up on referral to ensure needs were met.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Other	a. Name Agency to Provide Service. b. Describe the referral process. c. Are there any gaps that exist in this referral source? d. Describe your process to track and follow-up on referral to ensure needs were met.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**3.11 What tools, resources, and/or criteria will you use to evaluate these referral sources to determine if they are youth-friendly? (2 points)**

# Section 4: Budget

**Total Point Value:**

5

## **Budget and Justification Form**

Applicants must complete the *Budget and Justification Form*, which requires a line item budget for the first year of funding and a narrative justification. The form will be sent to interested agencies along with this RFA, and it can be downloaded on September 9th from the Women's Health Branch website at <http://whb.ncpublichealth.com/>.

# Section 5: Service Site Checklist

Please complete the following service site checklist on what Family Planning services you are planning to offer or refer under this funding and include in Attachment A (1 point).

Service Site Checklist (Attachment A - Section 5)

## Service Site Checklist (Attachment A - Section 5)

Birth Control Services	Provided On-Site	Provided as Referral	N/A
Birth Control Shot (Depo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth Control Pill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth Control Patch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth Control Ring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condoms - Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condoms - Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive Sponge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hormonal Implants (Nexplanon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaphragm with Spermicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fertility Awareness - Based Methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrauterine Device - Copper (IUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mirena - Intrauterine Device (IUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kyleena – Intrauterine Device (IUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liletta - Intrauterine Device (IUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Skyla - Intrauterine Device (IUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding / Lactational Amenorrhea Method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spermicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterilization - Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterilization - Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pregnancy Services	Provided On-Site	Provided as Referral	N/A
Pregnancy Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nondirective Pregnancy Options Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achieving Pregnancy Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Infertility Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cancer Screening Services	Provided On-Site	Provided as Referral	N/A
Cervical Cancer Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast Cancer Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV Vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colposcopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Attachment A

1. This attachment must include letters of specific commitment and MOUs where you will refer participants that have needs or require services beyond the scope of your project as listed in Section 3.10.
2. This attachment must also include the Service Site Checklist listed above.

## IRS Letter

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

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

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

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

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

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

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

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

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

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

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

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

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

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



# **Appendix A: Table of Women in Need of Contraceptive Services by County**

**APPENDIX A: Women in Need of Contraceptive Services by County (2014)**

U.S. County	Total women aged 13-44 in need of publicly funded contraceptive services and supplies: 2014	U.S. County	Total women aged 13-44 in need of publicly funded contraceptive services and supplies: 2014	U.S. County	Total women aged 13-44 in need of publicly funded contraceptive services and supplies: 2014
NC Total	653,660	Franklin	3,570	Pamlico	530
Alamance	11,230	Gaston	13,810	Pasquotank	3,280
Alexander	2,230	Gates	780	Pender	3,230
Alleghany	600	Graham	530	Perquimans	750
Anson	1,670	Granville	3,260	Person	2,220
Ashe	1,500	Greene	1,340	Pitt	18,820
Avery	1,080	Guilford	39,830	Polk	950
Beaufort	2,740	Halifax	3,850	Randolph	9,220
Bertie	1,320	Harnett	8,200	Richmond	2,990
Bladen	2,390	Haywood	3,410	Robeson	12,590
Brunswick	5,390	Henderson	5,660	Rockingham	5,210
Buncombe	16,090	Hertford	1,910	Rowan	9,060
Burke	5,860	Hoke	4,160	Rutherford	3,990
Cabarrus	10,220	Hyde	280	Sampson	4,570
Caldwell	5,340	Iredell	8,690	Scotland	2,510
Camden	540	Jackson	3,780	Stanly	3,490
Carteret	3,360	Johnston	10,360	Stokes	2,560
Caswell	1,200	Jones	590	Surry	4,280
Catawba	10,120	Lee	3,680	Swain	1,020
Chatham	3,570	Lenoir	4,100	Transylvania	1,580
Cherokee	1,430	Lincoln	4,420	Tyrrell	220
Chowan	880	Macon	1,760	Union	9,960
Clay	500	Madison	1,200	Vance	3,390
Cleveland	6,870	Martin	1,460	Wake	55,760
Columbus	3,650	McDowell	2,490	Warren	1,220
Craven	6,950	Mecklenburg	62,200	Washington	910
Cumberland	28,510	Mitchell	920	Watauga	6,560
Currituck	1,300	Montgomery	1,750	Wayne	8,820
Dare	1,610	Moore	4,530	Wilkes	3,800
Davidson	8,810	Nash	6,610	Wilson	6,230
Davie	2,120	New Hanover	14,850	Yadkin	2,190
Duplin	4,350	Northampton	1,390	Yancey	1,020
Durham	23,540	Onslow	15,070		
Edgecombe	4,270	Orange	13,220		
Forsyth	25,790				

# **Appendix B: Annual Funding Amount by County**

## Appendix B: Annual Funding Amount by County

County	Total Funding Available
Alamance	\$112,466
Alexander	\$43,185
Alleghany	\$9,451
Anson	\$42,572
Ashe	\$23,625
Avery	\$36,679
Beaufort	\$49,275
Bertie	\$38,596
Bladen	\$45,487
Brunswick	\$63,811
Buncombe	\$127,621
Burke	\$63,504
Cabarrus	\$91,092
Caldwell	\$65,971
Camden	\$15,789
Carteret	\$154,023
Caswell	\$37,769
Catawba	\$94,059
Chatham	\$50,990
Cherokee	\$36,659
Chowan	\$25,731
Clay	\$30,426
Cleveland	\$81,955
Columbus	\$51,472
Craven	\$90,467
Cumberland	\$193,620
Currituck	\$38,011
Dare	\$37,828
Davidson	\$82,763
Davie	\$40,888
Duplin	\$63,032
Durham	\$154,110
Edgecombe	\$63,256
Forsyth	\$185,613

County	Total Funding Available
Franklin	\$51,650
Gaston	\$144,403
Gates	\$22,807
Graham	\$30,480
Granville	\$46,664
Greene	\$39,366
Guilford	\$270,127
Halifax	\$65,699
Harnett	\$74,394
Haywood	\$52,662
Henderson	\$62,022
Hertford	\$41,058
Hoke	\$52,009
Hyde	\$29,861
Iredell	\$81,836
Jackson	\$52,723
Johnston	\$86,990
Jones	\$31,016
Lee	\$49,416
Lenoir	\$56,760
Lincoln	\$51,056
Macon	\$38,372
Madison	\$36,463
Martin	\$62,163
McDowell	\$44,832
Mecklenburg	\$376,145
Mitchell	\$31,244
Montgomery	\$40,102
Moore	\$58,677
Nash	\$78,405
New Hanover	\$105,474
Northampton	\$38,748
Onslow	\$123,320
Orange	\$103,423

County	Total Funding Available
Pamlico	\$32,018
Pasquotank	\$95,905
Pender	\$49,756
Perquimans	\$21,929
Person	\$45,184
Pitt	\$132,498
Polk	\$17,105
Randolph	\$86,615
Richmond	\$46,089
Robeson	\$106,620
Rockingham	\$59,937
Rowan	\$88,609
Rutherford	\$71,840
Sampson	\$59,463
Scotland	\$45,931
Stanly	\$48,424
Stokes	\$46,087
Surry	\$53,461
Swain	\$35,689
Transylvania	\$37,501
Tyrrell	\$9,368
Union	\$90,168
Vance	\$48,525
Wake	\$287,785
Warren	\$37,749
Washington	\$38,746
Watauga	\$103,319
Wayne	\$93,481
Wilkes	\$49,417
Wilson	\$71,575
Yadkin	\$39,872
Yancey	\$34,640

# Appendix C: Forms for Reference

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Applicants are **not to 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:

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Contractor [Organization's] Legal Name**

\_\_\_\_\_  
**Date**

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

**I. Certification Regarding Nondiscrimination**

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

## II. Certification Regarding Drug-Free Workplace Requirements

1. **The Contractor certifies** that it will provide a drug-free workplace by:
  - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - b. Establishing a drug-free awareness program to inform employees about:
    - (1) The dangers of drug abuse in the workplace;
    - (2) The Contractor's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
    - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
  - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
    - (1) Abide by the terms of the statement; and
    - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
  - e. **Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;**
  - f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
    - (1) taking appropriate personnel action against such an employee, up to and including termination; or
    - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
  - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

Street Address No. 1: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Street Address No. 2: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

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

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

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

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

#### **Instructions**

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

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



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

#### **Certification**

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

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

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

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

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

##### **Instructions**

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

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

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

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

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

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

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

**LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS**

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

---

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

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

Reference only — Not for signature

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

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

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

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

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

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

Reference only — Not for signature

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

**NOTARIZED STATEMENT AND CONFLICT OF INTEREST POLICY**

**Notarization of Conflict of Interest Policy**

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

I, \_\_\_\_\_, Notary Public for said County and State, certify that

\_\_\_\_\_ 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 \_\_\_\_.

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***Instruction for Organization:***

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

Reference only — Not for signature

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

## Conflict of Interest Policy

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

- A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.
- B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.
- C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:
  1. The Board member or other governing person, officer, employee, or agent;
  2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
  3. An organization in which any of the above is an officer, director, or employee;
  4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.
- D. **Duty to Disclosure** — Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.
- E. **Board Action** — When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

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

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



determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

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

Approved by:

Reference only — Not for signature

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Legal Name of Organization

---

Signature of Organization Official

---

Title of Organization Official

---

Date

**NO OVERDUE TAX DEBTS CERTIFICATION**

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

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**To: State Agency Head and Chief Fiscal Officer**

**Certification:**

We certify that the \_\_\_\_\_ [Organization’s full legal name] does not have any overdue tax debts, as defined by **N.C.G.S. 105-243.1**, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of **N.C.G.S. 143C-6-23(c)** is guilty of a criminal offense punishable as provided by **N.C.G.S. 143-34(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.”

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

### Certifications

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

- (f) He or she is a duly authorized representative of the Contractor named below;
- (g) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
- (h) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

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

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.

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

**1. Exemptions from Reporting**

- a. Entities are **exempted** from the entire FFATA reporting requirement if **any** of the following are true:
- b. The entity has a gross income, from all sources, of less than \$300,000 in the previous tax year
- c. The entity is an individual
- d. If the required reporting would disclose classified information
- e. 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:**
- f. 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
- g. Compensation information is not already available through reporting to the U.S. Securities and Exchange Commission.

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

**The entire FFATA reporting requirement:**

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

**Only executive compensation data reporting:**

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

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

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

**2. Reporting**

- a. **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 \_\_\_\_\_

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

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