



## Request for Applications

RFA # A396

### *Request for Applications to Provide Care Coordination, Counseling and Education Services to Sickle Cell Clients, Families and Communities in Select North Carolina Counties for FY 2023-2025*

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

**ISSUE DATE:** December 20, 2021

**DEADLINE DATE:** January 25, 2022

#### **INQUIRIES and DELIVERY INFORMATION:**

Direct all inquiries concerning this RFA to:

Kimberly H. Leathers, 919-707-5716 (office) or 919-219-0157 (cell)

[Kimberly.Leathers@dhhs.nc.gov](mailto:Kimberly.Leathers@dhhs.nc.gov)

**Applications will be received until 5:00 pm on January 25, 2022. Applications will be accepted by electronic copy, mail or hand delivery as noted below:**

Electronic copies of the application are available by request.

Applicants may submit an electronic copy of the signed application and all attachments to [Kimberly.Leathers@dhhs.nc.gov](mailto:Kimberly.Leathers@dhhs.nc.gov) by 5:00 pm on January 25, 2022, in MS Word or PDF format. Budgets and budget narratives shall be included as a part of the application submitted. The budget may be submitted as a separate file in MS Excel format. The electronic application must contain signed documents. Faxed applications will not be accepted.

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

#### **Mailing Address:**

Kimberly H. Leathers  
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NC DHHS-Division of Public Health  
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Raleigh, NC 27699-1929

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NC DHHS- Division of Public Health  
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Raleigh, NC 27609-3711

**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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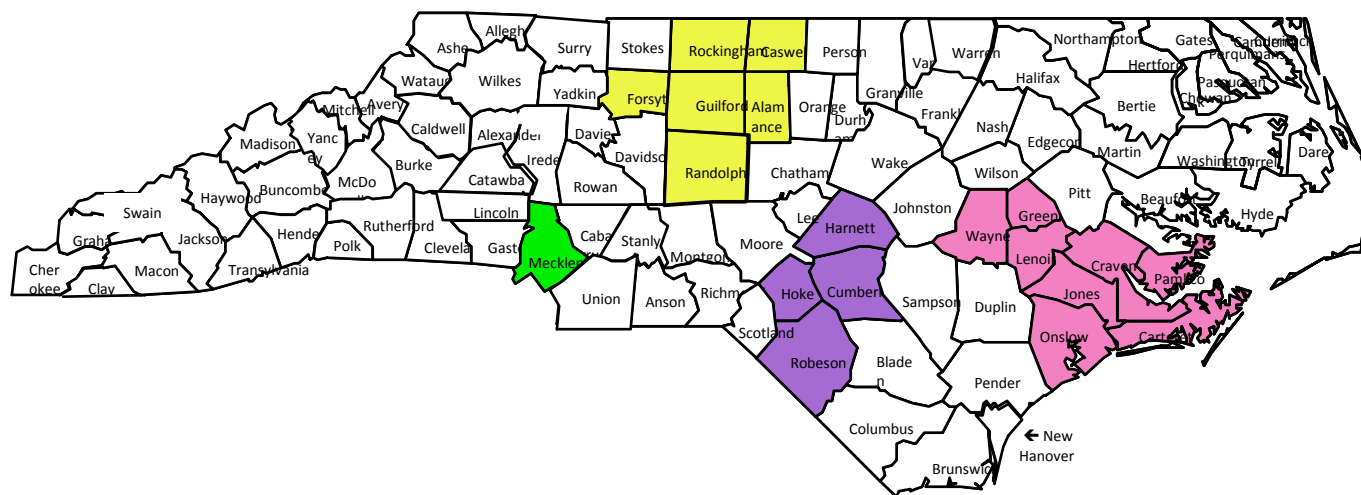
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## I. INTRODUCTION

The North Carolina Sickle Cell Syndrome Program (NCSCSP) provides a holistic approach in caring for persons living with sickle cell disease, sickle cell trait and related blood disorders. Care coordination and clinical care are core services offered by the program. Sickle cell trait counseling is also provided to individuals with sickle cell trait or a related trait. In addition, education is provided to school personnel, health professionals, employers, and the general public to help them become more knowledgeable about sickle cell disease, sickle cell trait and related blood disorders. Services are provided through a team of regionally based Sickle Cell Educator Counselors employed by the Division of Public Health, community-based organization staff and specialists and other personnel at comprehensive sickle cell medical centers. The NCSCSP is administered by the North Carolina Department of Health and Human Services, Division of Public Health, Women's and Children's Health Section, Women's Health Branch-Preconception Health and Family Support Unit. The NCSCSP provides services to infants, children, adolescents, and adults.

This Request For Applications (RFA) will award funding for care coordination, education, and genetic/sickle cell trait counseling services to individuals and their families with sickle cell disease, sickle cell trait or related blood disorders residing in 19 North Carolina counties during Fiscal Years 2023-2025. The 19 counties covered by this RFA are: Alamance, Carteret, Caswell, Craven, Cumberland, Forsyth, Greene, Guilford, Harnett, Hoke, Jones, Lenoir, Mecklenburg, Onslow, Pamlico, Randolph, Robeson, Rockingham, and Wayne.



Contracts will be awarded annually for a three-year period and are contingent upon contractor compliance, project performance, risk assessments, and availability of funding. The initial contract will be from June 1, 2022, through May 31, 2023. Contracts will be issued for two additional years as follows: Year 2: June 1, 2023, through May 31, 2024, and Year 3: June 1, 2024, through May 31, 2025. Public or private non-profit agencies including local health departments, community-based organizations, area health education centers (AHECs) and federally qualified health centers (FQHCs) are eligible and encouraged to apply.

Applicant agencies interested in being considered for funding under this RFA must demonstrate the capacity to serve individuals (and their family members) with sickle cell disease, sickle cell trait and related blood disorders and/or other chronic illnesses. Persons receiving services under this RFA must

reside in one of the counties listed in the table below. The table lists the estimated number of clients with sickle cell disease and sickle cell trait to be served each year along with an estimated funding amount.

Funding awarded will be based on the region(s) each applicant agency intends to serve. Each selected agency must have or will be required to set up a physical location (office) in each region served within the 19-county service area to ensure that clients have access to on-site services including care coordination, genetic and sickle cell trait counseling, and education.

**Table 1**

| <i>Region</i>   | <i>County/Counties</i>  | <i>Estimated # of Clients with Disease</i> | <i>Estimated # of Persons with Sickle Cell Trait</i> | <i>Estimated funds per Region per Year</i> |
|---|---|--|--|--|
| 1   | Alamance, Caswell, Forsyth, Guilford, Randolph, Rockingham      | 1097                                       | 537  | \$365,924                                  |
| 2   | Mecklenburg   | 918  | 647  | \$306,208                                  |
| 3   | Carteret, Craven, Greene, Jones, Lenoir, Onslow, Pamlico, Wayne | 455  | 175  | \$151,770                                  |
| 4   | Cumberland, Harnett, Hoke, Robeson                              | 749  | 356  | \$249,836                                  |
| Estimated Total Number of Clients with Sickle Cell Disease and Sickle Cell Trait to be Served Annually and Total Funding for all Counties |   | 3219                                       | 1715   | \$1,073,738                                |

The table above represents estimates. The exact numbers of clients to be served annually will be included in the contract to be awarded.

## **ELIGIBILITY**

The NCSCSP is seeking applications from organizations to offer services in local communities to individuals with sickle cell disease, sickle cell trait and related blood disorders within the 19-county program area. Public agencies, non-profit organizations, local health departments, area health education centers and federally qualified health centers that provide services in one or more counties in the priority region(s) are eligible to apply for funds under this RFA. Applicants must be in good standing with the State of North Carolina (i.e., no overdue tax debts, no disbarments or program performance concerns, etc.) at the time of application.

Up to four agencies will be selected and awarded funds to coordinate and manage all aspects of program planning and implementation. Subcontracting with other agencies is permitted to provide services that

achieve the outcomes of the NCSCSP. The lead agency who is responding to the RFA must provide specific details in the narrative response about each subcontracting agency (i.e., who they are, where they are located, why they were chosen, etc.), their role, and the services to be provided by program staff under this RFA. All subcontractors must be approved by the NC Division of Public Health. Funds required to implement program services must be clearly outlined in the subcontractor section of the proposed budget.

Potential applicants should consider whether their agency has the capacity to administer the state grant funds if awarded. Recipients of state funds are expected to have established written agency policies including personnel, financial accounting, management of subcontractors and related procedures. Funds to grantees will be disbursed on a cost reimbursement basis only. **Applicants that have not previously received or successfully administered state funds should consult the North Carolina Sickle Cell Program Education Consultant to determine if their agency has the internal policies and procedures in place to administer a state grant at this time.** All payments are contingent upon fund availability. Generally, funds are reimbursed to agencies thirty to forty-five days after the contract expenditure report is received and approved by the Division of Public Health Contracts Office. Agencies should carefully consider if they have the capacity to implement the program under this system.

#### **Performance Score (Re-Application by Current or Former Grantees)**

Agencies that have received NCSCSP funding within the past three years shall receive a performance rating based on their previous program performance and compliance during the last three years that they received NCSCSP funding. The NCSCSP staff will evaluate performance and compliance by reviewing site visit, programmatic and database reports, expenditure reports, risk assessment status and other documentation.

The performance rating shall range from negative three (-3) points to positive three (+3) points, which shall be added to the application score established by the objective review committee. Contractors that have consistently remained in compliance with all objectives and mandates of their contract are likely to gain points. Conversely, agencies that have experienced significant and persistent challenges in meeting the objectives or mandates of their contract are likely to lose points.

#### **FUNDING**

The total amount of funding available is **\$1,073,738**. The funding breakdown for this grant is as follows:

| <b>Funding Amount</b> | <b>Funding Source</b>   |
|-----------------------|---|
| \$927,893             | 33%-federal Maternal and Child Health Block Grant Federal funds; required State match-67% |
| \$100,000             | 100% Federal-Maternal and Child Health Block Grant  |
| \$45,845              | 100% State funds  |

Grant awards will range from \$151,770 to \$1,073,738 annually. Contracts are awarded annually for a maximum of three years, contingent upon contract compliance, project performance, and availability of funding. The initial contract will begin June 1, 2022. The three-year funding period is outlined below:

Year One: June 1, 2022 - May 31, 2023

Year Two: June 1, 2023 - May 31, 2024

Year Three: June 1, 2024 - May 31, 2025

## **II. BACKGROUND**

The NCSCSP was established in 1973 through House Bill 32 and General Statutes § 130A-129 and reads as follows: The Department shall establish and administer a sickle cell program. The Commission shall, after consultation with the Council on Sickle Cell Syndrome, adopt rules for the program that shall include, but not be limited to, programs for education, voluntary testing, counseling, and medical reimbursement services for sickle cell syndrome. "Sickle cell syndrome" includes sickle cell disease, sickle cell trait, sickle cell thalassemia and variants." (1987, c. 822, s. 2.)

Sickle cell disease is an inherited blood disease that affects an estimated 5,000 people in North Carolina, including approximately 120 infants born each year with sickle cell disease and nearly 4,000 infants born with sickle cell trait or a related trait. According to the Centers for Disease Control and Prevention, it is estimated that sickle cell disease affects approximately 100,000 Americans, occurring in 1 in 365 African Americans (<https://www.cdc.gov/ncbddd/sicklecell/data.html>). Thousands more are diagnosed with sickle cell trait and related abnormal hemoglobinopathies (other blood disorders). Sickle cell disease and sickle cell trait most often affects people of African, Mediterranean, Middle Eastern and American Indian ancestry along with Latino and Asian populations.

The goal of the NCSCSP is to promote the health and well-being of persons with sickle cell disease through the reduction of morbidity and mortality and to bring heightened awareness of the disease and its complications to the general public. The program's comprehensive service delivery model is comprised of:

1. Newborn screening for sickle cell disease, sickle cell trait, and related blood disorders
2. Testing services at local health departments
3. Laboratory services carried out by the NC State Laboratory of Public Health
4. Education for clients, health professionals, school personnel and the general public
5. Genetic and sickle cell trait counseling for clients-education and counseling about sickle cell disease and sickle cell trait to individuals of reproductive age (14-44 years) who reside with a family member diagnosed with sickle cell disease
6. Care coordination-completion of a set of activities by Sickle Cell Educator Counselors to help ensure that the health and well-being of each client are met based on individual need. Care coordination activities include but are not limited to:
  - a. establishing rapport, answering questions and sharing information about program services with the client during an initial contact (phone or in-person)
  - b. completion of an initial assessment; then completed annually
  - c. care plan development, review and modification as needed
  - d. linking/referring the client to health, psychosocial, educational, and related services based on need
  - e. consultation with hematologists, other specialists, and clinicians to aid in managing sickle cell disease and its complications

- f. ongoing education about sickle cell disease management and education to family members, child/day care and school personnel, employers, and other persons about sickle cell disease and its complications
- 7. Specialized clinical services for clients with sickle cell disease carried out by specialists, other clinicians and staff at six state funded comprehensive sickle cell medical centers, and
- 8. Division of Public Health-Sickle Cell Benefit Plan medical care reimbursement program for eligible clients with sickle cell disease.

Services are provided through:

- **Sickle Cell Educator Counselors**  
Nine Regional Sickle Cell Educator Counselors employed by the NC Division of Public Health provide care coordination, education and related services to clients residing in 81 of 100 North Carolina counties.
- **Contracts with Comprehensive Sickle Cell Medical Centers**  
Six major medical centers with sickle cell programs provide specialized clinical care to clients in all 100 counties.
- **Contracts with Community-Based Sickle Cell Centers**  
Community-based sickle cell centers provide care coordination, education, and related services to clients with sickle cell disease who live in the 19-county catchment area.
- **Local Health Departments**  
Local health departments conduct screening services to the general population. Also, the health departments collaborate with regional sickle cell educator counselors and community-based sickle cell center staff to coordinate sickle cell trait and genetic follow-up counseling to persons with abnormal test results.
- **State Laboratory of Public Health**  
Blood tests are used to screen newborns for multiple health conditions and diseases. Prior to an infant's discharge from the hospital, his or her heel is pricked, and a few drops of blood is collected. Blood samples are sent to the State Laboratory of Public Health for testing. Infants up to six months of age are screened for sickle cell disease, sickle cell trait and related blood disorders. All infants whose test results indicate sickle cell disease, sickle cell trait or a related abnormal hemoglobin are referred to the NCSCSP for follow-up, including referral for confirmation testing and clinical care (if appropriate), genetic/sickle cell trait counseling, education, and care coordination.

The **objectives** of the North Carolina Sickle Cell Syndrome Program are to:

- Increase the community's knowledge and awareness of sickle cell disease, sickle cell trait and related blood disorders through education and genetic counseling
- Reduce mortality of newborns by educating and counseling the parent(s) and linking the newborn to a medical home, comprehensive sickle cell medical center, and a Sickle Cell Educator Counselor who provides care coordination services and makes referrals to local resources as required, resulting in a longer and healthier life
- Educate and encourage screening of individuals of reproductive age (14-44 years) who may be at risk of having a child with sickle cell disease
- Reduce morbidity and increase life expectancy of clients by working to promote appointment compliance with specialists at comprehensive medical centers, primary care



providers, and other support services; and provide client education about new therapies for treating sickle cell disease

For more information about the North Carolina Sickle Cell Syndrome Program, please visit [www.ncsicklecellprogram.org](http://www.ncsicklecellprogram.org).

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

Applicants must, based on the region(s) selected, carry out the following required services to a set number of unduplicated sickle cell clients, family members and communities as listed below:

1. Provide **care coordination** to all enrolled clients as follows:
  - a. **Initial Contact/Enrollment:** Each Sickle Cell Educator Counselor shall meet and talk with each prospective program participant or parent (defined as the individual identified with sickle cell disease or other blood disorder and family members of the client) and answer any questions about NCSCSP services. Contacts shall be made in person either in home, clinical or community locations. Virtual and/or telephone contacts are also allowed.
  - b. **Newborn Screening Follow-up:** Sickle Cell Educator Counselors shall coordinate the **completion of repeat newborn screening tests and family studies** with 100% of infants identified with sickle cell disease through the Newborn Screening Program. Sickle Cell Educator Counselors shall reach out to the parent(s) in their home, community, or clinical setting, or by telephone or use of virtual technology to connect them to a pediatrician and/or comprehensive medical center for completion of repeat testing to confirm their infant's sickle cell disease diagnosis.
  - c. **Initial/Annual Assessments:** Each Sickle Cell Educator Counselor shall complete an assessment of strengths and needs to be addressed with each sickle cell client/patient. The NCSCSP's Client Strengths and Needs Assessment tool shall be used to identify psychosocial, medical, and related protective (strengths) and risk factors (needs) of each individual at the time of and throughout a client's enrollment into program services. Assessments shall be completed with clients in person within 45 days of the initial contact, then annually thereafter. Virtual and/or telephone contacts with clients are allowed.
  - d. **Care Plans:** Sickle Cell Educator Counselors shall work with clients to design an individualized care coordination (or goal) plan. The written plan outlines the steps to be taken to address each client's identified needs based on the results of the initial assessment. Care plans should be reviewed at least once a year and/or modified as the client's needs and situations change over time and involvement in program services.
  - e. **Required Screenings and Assessments:** Sickle Cell Educator Counselors are required to complete with every client with sickle cell disease 11 years and older the Personal Health Questionnaire-9 (PHQ-9). The PHQ-9 is an evidence-based tool used to screen individuals for depression. Once the client completes the tool, the Sickle Cell Educator Counselor scores it and the results are reviewed to determine whether a referral for

further assessment and treatment services is warranted. Training and technical assistance around the use of the depression screening tools will be provided by a subject matter expert within the Women's Health Branch. Sick Cell Educator Counselors and supervisors will be required to attend training on the aforementioned tools. The training date, location and time will be shared with staff at least 30 days in advance. Please refer to the links below for more information about the PHQ-9 tool.

1. Personal Health Questionnaire-9 (PHQ-9)-Overview, Scoring and Screening Tool  
[http://www.cqaimh.org/pdf/tool\\_phq9.pdf](http://www.cqaimh.org/pdf/tool_phq9.pdf)
2. PHQ-9 Modified for Adolescents  
[https://www.integration.samhsa.gov/images/res/8.3.4%20Patient%20Health%20Questionnaire%20\(PHQ-9\)%20Adolescents.pdf](https://www.integration.samhsa.gov/images/res/8.3.4%20Patient%20Health%20Questionnaire%20(PHQ-9)%20Adolescents.pdf)

f. **Integration of Evidence-based Educational Resources and Brief Intervention**

**Strategies:** Sick Cell Educator Counselors are also required to integrate the following brief intervention strategies and educational resources when supporting and providing health information as part of care coordination services provided to NC Sick Cell Syndrome Program clients:

1. Are You Ready, Sex and Your Future (Reproductive Life Planning Booklet)  
<http://whb.ncpublichealth.com/Manuals/AreYouReadySexAndYourFutureRevised-9-10-10.pdf>
2. Motivational Interviewing-background information  
<https://www.centerforebp.case.edu/practices/mi>
3. Ready, Set, Plan Tool Kit  
<https://whb.ncpublichealth.com/provPart/pubmanbro.htm>  
Click on "Manuals"  
Click on "Community Preconception Health Training Manual". The Ready Set Plan tool kit is contained in the four links listed on the website.

Training and technical assistance will be provided by a subject matter expert within the Women's Health Branch. Sick Cell Educator Counselors, Community Health Workers, supervisors and others deemed necessary by the contractor will be required to attend training on the aforementioned tools. The training date, location and time will be shared with staff at least 30 days in advance.

- g. **Information and Referrals:** Sick Cell Educator Counselors, Community Health Workers, supervisors, and others deemed necessary by the contractor shall provide each client and the community at large with up-to date information about local resources and make referrals to organizations including (but not limited to) health care, employment, social services, job training, education (GED, 2 and 4-year college, etc.), transportation, mental/behavioral health, and related services.
- h. Ensure that **primary care provider/medical home information for clients with sickle cell disease and related blood disorders is up-to-date and documented in the Women's and Children's (WCS-Web) Database.** Paper records (approved forms

provided by the NCSCSP) may be used in addition to electronic documentation of client contacts in the database.

- i. Facilitate **eligibility/application completion and submission for all eligible sickle cell clients to the Division of Public Health-Sickle Cell Benefit Plan.** This is a reimbursement program that covers clinical and related services rendered to clients with sickle cell disease who meet eligibility requirements of the program.
2. **Genetic/Sickle Cell Trait Counseling: Sickle Cell Educator and Trait Counselors** shall, after verifying hemoglobin test results, conduct education and counseling about sickle cell disease and sickle cell trait with individuals of reproductive age (14-44 years) who reside with a family member diagnosed with sickle cell disease. Additionally, Sickle Cell Educator and Trait Counselors shall offer genetic/sickle cell trait counseling to parents of newborns identified with sickle cell trait or related trait through the newborn screening program. Sickle cell staff shall collaborate with local health departments in counties in the selected region to arrange appointments and carry out genetic/trait counseling sessions. The purpose of the counseling is to educate and empower prospective parents and those who are already parents to make informed decisions about childbearing. Individuals/parents are educated about their risk of having a child with sickle cell disease, sickle cell trait or a related abnormal hemoglobin. Sickle Cell Educator and Trait Counselors and supervisors shall conduct genetic/sickle cell trait counseling as follows:
    - a. **In-person**-either in the client's home or at a community or agency setting. This is the preferred method of genetic/sickle cell trait counseling so that educational materials are shared directly with the client and are tailored to meet their needs. Applicant agencies are encouraged to offer non-traditional hours for appointments, make home or in-person visits, meet the clients in provider offices, etc. to promote client access to and support staff completion of counseling appointments.
    - b. Genetic/sickle cell trait counseling and education can also be provided **virtually and/or by telephone** using the counseling tools provided by the grantee agency. If the client cannot be reached in person or by phone after two contacts, an **individualized information packet** should be created and mailed to the client.
  3. **Sickle Cell Disease, Sickle Cell Trait and Other Blood Disorders Education, Awareness Building and Outreach:** Sickle Cell Educator and Trait Counselors shall conduct general education and awareness building efforts around sickle cell disease, sickle cell trait and related blood disorders by reaching out to medical providers, schools, childcare care centers, employers and community members at large. Activities include conducting presentations with clinicians, social workers, health educators, teachers and other school personnel and sharing information at staff in-service sessions, trainings, and related educational events. Virtual technology may also be used to conduct educational sessions/awareness building and outreach. One-on-one education shall also be provided to clients with sickle cell disease and their family to help them learn more about the disease along with strategies for effective disease management. Community Health Workers shall focus their education and awareness

building efforts on reaching community and faith-based organizations, setting up displays at health fairs, and sharing information at family reunions and related community events. Each region will be required to provide a specific number of educational awareness sessions annually.

### **Service Delivery/Requirements for Funding**

Agencies applying for this funding must comply with the following:

1. Recruit, hire and/or maintain at least **one full-time equivalent (FTE) supervisor per region** who is responsible for providing oversight to sickle cell staff who carry out care coordination, genetic/sickle cell trait counseling, education, and outreach services across each region. Supervisors shall also carry a caseload of up to 150 clients. The supervisor position requires graduation from a master's degree program in public health, public administration, social work, human services or a related field or graduation from a four-year educational institution with a bachelor's degree in social work, public health, public administration, health education, or human services. For Master's degree applicants, at least two years' work experience supervising or managing a public health or human services program inclusive of program development and planning, and direct service provision is required. Bachelor's degree applicants must have at least 4 years work experience supervising or managing a public health or human services program inclusive of program development and planning, and direct service provision is required.
2. Hire or maintain **at least three (3) full-time equivalent (FTE) Sickle Cell Educator/Trait Counselors per region with a caseload of 150 clients each with sickle cell disease.** Sickle Cell Educator Counselors will perform sickle cell trait counseling and education efforts at a minimum of 25% time in addition to managing their care coordination caseload. Applicant agencies shall hire or maintain **at least one full-time equivalent (FTE) Sickle Cell Trait Counselor position** per region dedicated exclusively to conduct genetic/trait counseling, education, and awareness building efforts. This position should not perform care coordination services for clients with sickle cell disease. This individual must be able to work non-traditional hours (i.e., evenings and weekends) to reach and provide genetic/sickle cell trait counseling and education to individuals, family members and the community at large.

Each Sickle Cell Educator/Trait Counselor must also meet the educational and work experience requirements listed below:

- a. Graduation from a four-year educational institution with a bachelor's degree from an accredited school of social work, counseling, or psychology, or a Master of Human Services degree.
- b. Experienced candidates with a bachelor's degree must have a minimum of three years' experience providing care coordination or counseling to individuals with a chronic illness and/or genetic disease (i.e., diabetes, sickle cell disease, or other chronic disease)
- c. Masters' level candidates with at least two years' experience providing care coordination or counseling to individuals with a chronic illness and/or genetic disease will be considered.

3. Hire or maintain at least **one Community Health Worker position (optional)** that meets the educational and work experience requirements listed below:
  - a. Possess a high school diploma or General Education Diploma (GED);
  - b. Candidates must have at least two years of experience and/or training in public health promotion, education, community, or field work and/or work with individuals of reproductive age, infants and families and have extensive knowledge of community resources.

**Community Health Workers** shall:

- a. Conduct outreach and locate and enroll former clients who are lost-to-follow-up back into services;
- b. Identify and link new clients to care coordination services;
- c. Link clients to community resources;
- d. Determine eligibility and enroll clients into Division of Public Health- Sick Cell Benefit Plan, Medicaid and/or other health insurance programs;
- e. Promote awareness/provide education about sickle cell disease, sickle cell trait and other blood disorders at health fairs, family reunions and community events and;
- f. Collaborate with Sick Cell Educator Counselors to coordinate educational and support groups, activities, and camps for clients with sickle cell disease.

This individual must be able to work non-traditional hours (i.e., evenings and weekends) to participate in outreach and community events and provide education to individuals, family members and the community at large. **Again, the Community Health Worker position is optional.**

4. All supervisors, Sick Cell Educator Counselors, Sick Cell Trait Counselors, and Community Health Workers **must successfully complete a Sick Cell Educator Counselor certification training** approved by the NCSCSP within 9 months after the contract begins. New staff that are hired during the contract period that are not certified at the time of hiring must successfully complete the approved Sick Cell Educator/Counselor certification training within 9 months of hire date. Applicant agencies with staff that need to take the required certification training must submit a copy of the certificate for each staff person who successfully completed the training within 30 days of attendance to the NCSCSP.
5. Applicant agencies that hire new or replace existing staff must adhere to work experience, educational and training requirements listed for each position.
6. Each selected agency must have experience operating programs that work with individuals with chronic conditions and/or genetic diseases along with evidence of collaborative partnerships with medical centers, local health departments, community health centers, social service agencies or other human services delivery systems.
7. Utilize and incorporate National Heart, Lung, and Blood Institute (NHLBI) evidence-based management of sickle cell disease clinical guidelines, evidence-based curriculums, resources, and brief intervention strategies into education efforts. This also includes the following focus areas of depression, reproductive life planning, social determinants of health and related

psychosocial skills critical to the health, well-being, and resiliency of individuals with sickle cell disease and their families.

### **Other Applicant Agency Requirements: Oversight and Management**

The applicant agency shall:

1. Allocate at least 75% of funds in the proposed project budget to costs supporting direct client services and direct services staff. Direct services staff are defined as those individuals who conduct care coordination, genetic/sickle cell trait counseling, outreach and education to clients and families. This includes salary and fringe for direct services staff as well as the other operating expenses to support them such as travel, training, and supplies. It also includes costs for facilitating services to support client needs such as bus passes, gas cards, van transportation to sickle cell clinical and related appointments, and incentives to promote client attendance at sickle cell related support groups and educational forums. Agency overhead costs that are shared across programs such as administrative and oversight support salaries, rent, internet access, phones, copier rental, fax machine, etc. are not included in the 75% and should be cost allocated across agency programs.
2. Provide supervisory oversight to sickle cell staff to insure appropriate and consistent service delivery to clients. Supervisors must meet educational and work experience requirements noted in the **Service Delivery/Requirements for Funding Section (Items #1 and 5)**. In addition, staff that supervise sickle cell direct service personnel shall:
  - a. conduct at least monthly team meetings to discuss care coordination, sickle cell trait counseling, outreach and related efforts
  - b. meet individually with staff at least monthly to review documentation of client contacts and goal plans, discuss successes and challenges in service provision and provide support and coaching to promote positive work performance
  - c. document individual staff performance at least semi-annually
  - d. complete performance evaluation at least annually
  - e. review and ensure timely completion of written and web-based care coordination, sickle cell trait counseling, education and outreach client records and documentation of client contacts at least quarterly
  - f. monitor and submit report on program activities twice a year (January 31 and June 30)
3. Include funds for computers, printers, and internet access (required) for supervisory, sickle cell educator and trait counselors and community health workers to satisfy data collection, data entry and reporting requirements for this program.
4. Ensure agency compliance with [N.C.G.S. 143C-6-23](#) and [09 NCAC 03M](#), and provide financial oversight and management of NCSCSP services, including expenditures and management of participant incentives (bus passes, gas vouchers, gift cards, etc.) purchased with NCSCSP funds. Assure that compensation and/or stipends that are provided to clients using program funds be recorded on a written log by date, serial number, type of assistance given, and total cost incurred within twenty-four hours of the transaction and be maintained in locked storage. Compensation and/or stipends should link back to attendance and participation in program events and

attendance at medical appointments. Each recipient of compensation and/or stipends must provide a complete signature (first and last name) and include the date when they received assistance on the written log.

5. Include a representative from the Division of Public Health's Preconception Health and Family Support Unit on the initial interview team prior to hiring staff whose positions are funded by the NCSCSP.

**Reporting and Service Delivery Requirements The applicant agencies shall adhere to the following reporting requirements:**

**1. Weekly:**

Enter client specific data into the Women's and Children's Section-Web Database (WCS-Web) within seven (7) days of client contact.

**2. Monthly:**

- a. Submit Contract Expenditure Reports (CERs) by the 10<sup>th</sup> of every month, even when no expenses are incurred in a given month. Failure to submit monthly expenditure reports may delay receipt of reimbursement.
- b. Include documentation of work performed and expenditures by subcontracted partner(s) submitted to the primary partner. Subcontractors must maintain and provide upon request the same type of documentation as required for the primary partner (lead agency). Failure to comply with documentation requirements may result in loss of funding.

**3. Annually:**

- a. Participate in periodic site or virtual visits (with a minimum of one per year) with the NCSCSP representative.
- b. Prepare and electronically submit Mid-Year and End of Year Performance Reports by the due dates designated by the Women's Health Branch
- c. Attend/participate in all required NCSCSP meetings, trainings, webinars, conferences, and conference calls
- d. Administer satisfaction surveys to clients that receive sickle cell services. Original surveys must be maintained and available for review upon request and during required site visit(s)

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

**1. Award or Rejection**

All qualified applications will be evaluated and award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by **2/3/2022**.

**2. Decline to Offer**

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

**3. Cost of Application Preparation**

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

**4. Elaborate Applications**

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

**5. Oral Explanations**

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

**6. Reference to Other Data**

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

**7. Titles**

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

**8. Form of Application**

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

**9. Exceptions**

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



**10. Advertising**

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

**11. Right to Submitted Material**

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

**12. Competitive Offer**

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

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

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

**14. Subcontracting**

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

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

**15. Proprietary Information**

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

**16. Participation Encouraged**

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

**17. Contract**

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

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

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

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

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on **12/20/2021**- <https://whb.ncpublichealth.com/> and on the North Carolina Sickle Cell Syndrome Program's website-<https://www.ncsicklecellprogram.org> and may be sent to prospective agencies and organizations via direct mail, email, and/or the Program's website.

### **2. Distribution of the RFA**

RFAs will be posted on the Program's website at [www.ncsicklecellprogram](http://www.ncsicklecellprogram) and on <https://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities> and may be sent via email to interested agencies and organizations beginning **12/20/2021**.

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

All prospective applicants are strongly encouraged to attend a Bidder's Conference/Microsoft Teams meeting on **1/6/2022 from 10:30am to 12 Noon**. To participate, please send an email stating your intention to participate in the Microsoft Teams Meeting to [Kimberly.Leathers@dhhs.nc.gov](mailto:Kimberly.Leathers@dhhs.nc.gov) on or before 5:00 pm on January 4, 2022.

Written questions concerning the specifications in this Request for Applications will be received until close of business on **1/10/2022**. As an addendum to this RFA, a summary of all questions will be posted on <https://whb.ncpublichealth.com/> and <https://www.ncsicklecellprogram.org/> by **1/14/2022**.

Applicants submitting via mail or hand delivery should submit an original and three copies of the application. All copies shall include the required attachments. Faxed applications will not be accepted. 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. Please see the cover page of this RFA for submission of electronic applications.

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

This RFA does not require a Notice of Intent to apply.

### **5. Applications**

Applicants can submit via mail or hand delivery, an original and three copies of the application. All copies shall include the required attachments. Electronic submission is allowed as noted above and on the cover page of this RFA. 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 Applications**

For applications sent via mail or hand delivery, submit three (3) photocopies of the application in its entirety. Copies of the application should be clearly marked “copy” on the application face sheet.

**8. Format**

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

**9. Space Allowance**

Page limits are clearly marked in each section of the application. Refer to *VIII.3 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 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 **1/25/2022**.

**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. The date and time of application receipt will be documented by the date and time shown on the email submission received via [Kimberly.Leathers@dhhs.nc.gov](mailto:Kimberly.Leathers@dhhs.nc.gov). Applications sent electronically will be deemed received when an email acknowledging receipt is received by the sender.

**12. Review of Applications**

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

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

**13. Request for Additional Information**

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

**14. Audit**

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

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

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

Level 1: Less than \$25,000

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

Level 3: \$500,000 or more

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

**15. Assurances**

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

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

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

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

In addition, those private non-profit agencies are to provide a completed and signed page verifying continued existence of the agency's 501(c)(3) status. (An example of this page is provided in section *VIII.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 A). Federal Certifications should NOT be signed or returned with application.

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

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

## 19. Additional Documentation Prior to Contract Execution

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

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

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

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

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

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

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

## 20. Registration with Secretary of State

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

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

The Contractor shall complete and submit to the Division, the Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement form within 10 State Business

Days upon request by the Division when awarded \$25,000 or more in federal funds. A reference version appears in Appendix A.

**22. Iran Divestment Act**

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

**23. Boycott Israel Divestment Policy**

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

**24. Application Process Summary Dates**

|             |   |
|-------------|---|
| 12/20/2021: | Request for Applications released to eligible applicants.                   |
| 1/6/2022:   | Bidder's Conference /Microsoft Teams Meeting                                |
| 1/10/2022:  | End of Q&A period. All questions due in writing by 5pm.                     |
| 1/14/2022:  | Answers to Questions released to all applicants, as an addendum to the RFA. |
| 1/25/2022:  | Applications due by 5pm.  |
| 2/3/2022:   | Successful applicants will be notified.                                     |
| 6/1/2022:   | Proposed Contract start date.   |

## VI. PROJECT BUDGET

### Budget and Justification

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

### Narrative Justification for Expenses

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

### Travel Reimbursement Rates

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

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

### Current Rates for Travel and Lodging

| <b>Meals</b>   | <b>In State</b> | <b>Out of State</b> |
|--|-----------------|---------------------|
| Breakfast  | \$13.00         | \$13.00             |
| Lunch  | \$14.00         | \$14.00             |
| Dinner   | \$23.00         | \$23.00             |
| <i>Total Meals Per Diem Per Day</i>  | <i>\$50.00</i>  | <i>\$50.00</i>      |
| <b>Lodging</b> ( <i>Maximum rate per person, excludes taxes and fees</i> ) | \$96.00         | \$96.00             |
| <b>Total Travel Allowance Per Day</b>                                      | <b>\$146.00</b> | <b>\$146.00</b>     |
| Mileage  | \$0.56 per mile |                     |

### Other Restrictions (if applicable)

#### Audits

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

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

Level 1: Less than \$25,000

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

Level 3: \$500,000 or more

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

### **Indirect Cost**

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

This RFA is funded by:

| <b>Funding Amount</b> | <b>Funding Source</b>   |
|-----------------------|---|
| \$927,893             | 33%-federal Maternal and Child Health Block Grant Federal funds; required State match-67% |
| \$100,000             | 100% federal-Maternal and Child Health Block Grant  |
| \$45,845              | 100% State funds  |

### **State Funds**

Indirect costs rates at 10 percent are allowed on the state funded portion of the sub-awards including the state match @ 67% and the 100% of state funds.

| <b>Funding Amount</b> | <b>Funding Source</b>    |
|-----------------------|--------------------------|
| \$621,688             | Required State match-67% |
| \$45,845              | 100% State funds         |

### **Maternal and Child Health Block Grant (MCHBG)**

Indirect costs are also allowed on the portion of the sub-award funded by the federal MCHBG.

The MCHBG award limits administrative cost to 10 percent.

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the indirect cost rate requested may not exceed the award's limits of 10%, regardless of the applicant's recognized rate. The total modified direct cost identified in the applicant's FNICR shall be applied. A copy of the FNICR must be included with the applicant's budget.

If the applicant does not have an FNICR, a 10% indirect cost rate (known as the *de minimis* rate) may be used on the total, modified direct cost as defined in 2 CFR 200.68, *Modified Total Direct Cost (MTDC)*, with no additional documentation required, per the U.S. Office of Management and Budget (OMB)



Omni-Circular. Applicants must indicate in the budget narrative that they wish to use the de minimis rate, or some part thereof. Applicants who do not wish to claim any indirect cost should enter “No indirect cost requested” in the indirect cost line item of the budget narrative.

| <b>Funding Amount</b> | <b>Funding Source</b>   |
|-----------------------|---|
| \$306,205             | 33%-Federal Maternal and Child Health Block Grant Federal funds |
| \$100,000             | 100% federal-Maternal and Child Health Block Grant              |

## **VII. EVALUATION CRITERIA**

The application is worth a total of 100 points. Point values are clearly marked beside each item on the application form (Section VIII Application-Applicant's Response). A multi-disciplinary committee will review the application for completeness, content and quality of responses to each item on the application. The committee will first score the responses individually without consulting one another. Then each committee member will participate in a review meeting facilitated by the Sickle Cell Education Consultant or a designee. The purpose of the meeting is to discuss the applications and reach a consensus on an appropriate score for each section. Any application that is missing required components or the applicant agency did not follow instructions (including going over page limits) will have 5 points deducted from the score determined by the committee.

## **SCORING OF APPLICATIONS**

Applications shall be scored based on the responses to the seven application content areas noted below.

| <b>Section</b> | <b>Title</b>                                     | <b>Maximum Points</b> |
|----------------|--|-----------------------|
| 1              | Needs Assessment                                 | 10                    |
| 2              | Proposed Program Plan                            | 20                    |
| 3              | Data Collection, Oversight and Evaluation        | 10                    |
| 4              | Proposed Staffing Plan                           | 10                    |
| 5              | Agency Capacity                                  | 20                    |
| 6              | Board of Directors Involvement/Community Support | 15                    |
| 7              | Program Budget                                   | 15                    |
|                | <b>Total Possible Score</b>                      | <b>100 points</b>     |

## VIII. APPLICATION

### **Application Checklist**

The following items must be included in the application with the Cover Letter being first and the Verification of 501(c)(3) Status Form being the last document. Please use a binder clip at the top left corner on each copy of the application and assemble the application in the following order:

\_\_\_ **Cover Letter**

\_\_\_ **Application Face Sheet**

\_\_\_ **Applicant's Response/Form**

\_\_\_ **Project Budget**

Include a budget in the format provided.

\_\_\_ **Letters of Commitment or Statements of Support**

*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

\_\_\_ **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.

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
- the closing date for applications.

## Application Face Sheet

This form provides basic information about the applicant and the proposed project with the North Carolina Sick Cell Syndrome 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 # A396 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:<br>Name:<br>Title:   | Telephone Number:<br>Fax Number:<br>Email Address |
| 7. Agency Status (check all that apply):<br><br><input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department  |   |
| 8. Agency Federal Tax ID Number:  | 9. Agency DUNS Number:                            |
| 10. Agency’s URL (website):   |   |
| 11. Agency’s Financial Reporting Year:  |   |
| 12. Current Service Delivery Areas (county(ies) and communities):   |   |
| 13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):   |   |
| 14. Amount of Funding Requested   |   |
| 15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #14)      Yes <input type="checkbox"/> No <input type="checkbox"/>   |   |
| The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant. |   |
| 16. Signature of Authorized Representative:   | 17. Date  |

## Applicant's Response

Please answer the questions thoroughly. The application response is **limited to 30 pages**. Each page should be no smaller than 11-point font typed, single-spaced.

### Section One-Needs Assessment (10 points)

**No more than five (5) pages for this section.**

- Please identify the county or counties that your agency intends to serve and explain why those counties were chosen. **(2 points)**.
- Describe the population to be served in the county or counties selected. The description should include information about the population by gender, race/ethnicity, socio-economic status, needs and barriers experienced. Data with citations/sources should be included to support the needs outlined in your response. **(4 points)**
- Describe your plan to continue to monitor the needs of the sickle cell population each year. **(4 points)**

### Section Two-Proposed Program Plan (20 points)

**No more than ten (10) pages for this section.**

- Provide an overview of the proposed project. Describe the proposed activities that you plan to implement, outline the steps you plan to take to work with a newly identified person with sickle cell disease and sickle cell trait and how the activities will positively impact the lives of clients, families and the communities to be served in the region(s). **(5 points)**
- Indicate the total number of clients that your agency plans to serve through sickle cell care coordination services each year **(3 points)**.
- Provide the estimated number of individuals that will receive genetic/sickle cell trait counseling and education during each year of the three-year time frame **(2 points)**.
- Provide a detailed plan on how you will provide education to the populations within the defined county(s) to be served. Include a table showing time-framed objectives for how you will provide education to various populations as noted below. The table should include the activity, target number of persons to be reached, population, venue, dates and tools to be used. **(5 points)**

Sample table:

| Activity     | # of persons to be reached | Population                           | Venue            | Dates       | Tools   |
|--------------|----------------------------|--------------------------------------|------------------|-------------|---|
| Health Fairs | 150                        | Members of faith-based organizations | Smith AME Church | August 2022 | St. Jude's and Centers for Disease Control and Prevention materials |

- Describe your plan for retention of sickle cell clients in care coordination services over the client's life span. **(5 points)**

### Section Three-Data Collection/Oversight and Evaluation (10 points)

**No more than three (3) pages for this section.**

Describe the staff position(s) that will be responsible for:

- Completing data entry of sickle cell clients along with data related to educational and outreach activities entered into the Women's and Children's Section-Web Database. Note: Sickle cell

staff of the funded agency will be given permission to use and receive training on the database once the contract begins. **(2 points)**

- b. Monitoring database entry activities to ensure that data is being entered accurately, consistently, and in a timely manner. **(2 points)**
- c. Ensuring confidentiality of client records. **(2 points)**

Describe your plans for obtaining feedback from sickle cell clients about their experience in program services including:

- d. What methods will you use to collect client feedback? Please include a sample of the data collection tool in Attachment E. **(1 point)**
- e. How often will you collect feedback? **(1 point)**
- f. Who will be responsible for reviewing feedback and analyzing the data? **(1 point)**.
- g. Describe how you will use client feedback to improve program implementation **(1 point)**.

#### **Section Four: Proposed Staffing Plan (10 points)**

**No more than four (4) pages for this section. Resumes are not included in the 4-page limit.**

- a. Describe all staff who will be carrying out activities to support the program. This includes staff providing direct client services and any administrative or oversight support staff. Please include position descriptions. Link staff members to the specific activities they will carry out including the percentage of time on sickle cell activities and number of hours each staff person will work per week. Include resumes of each staff person if already in place along with in-kind staff who will support program services. Resumes and position descriptions should be included in Attachment A- Part I. **(4 points)**.
- b. Describe your process for measuring staff performance **(2 points)**.
  - a. How often will staff performance be measured?
  - b. How will staff be held accountable for achieving program requirements?
- c. Describe staff turnover and engagement within your agency **(3 points)**.
  - 1. What is the current level of staff turnover within your agency?
  - 2. How will you work to minimize the amount of staff turnover over the course of the program?
  - 3. How will you ensure that staff is actively engaged in their work?
- d. Include an organizational chart that will demonstrate the flow of leadership and staff relationships. Organizational chart should be included in Attachment A – Part II. **(1 point)**.

#### **Section Five: Agency Capacity (20 points):**

**No more than four (4) pages for this section.**

- a. Describe the agency's structure, background, mission and goals and include how this sickle cell program links to your mission statement. **(5 points)**
- b. Describe the agency's experience providing care coordination services to individuals with a chronic or genetic condition and describe care coordination service activity currently being performed by the agency. **(5 points)**
- c. Include your plans for program sustainability after this contract ends. Provide a list outlining ALL current funding sources/grantors, money raised through fundraising/special events and the amounts awarded to your agency over the last two (2) years: FY 2019-2020 and FY 2020-2021, as well as a current income statement. **(10 points)**.

| <b>Funding Source</b>           | <b>Amount Received/Purpose</b>  | <b>Year(s) funds were used</b>                       |
|---------------------------------|---|--|
| Example:<br>JC Jones Foundation | \$450,000 (\$150,000/year for 3 years) to support the Nurturing Parenting Program staff | FY 20-6/1/2019-5/31/2020<br>FY 21-6/1/2020-5/31/2021 |

### **Section Six: Board of Directors Involvement and Community Support (15 points)**

**No more than four (4) pages for this section. Memorandums of Agreement are not included in the 4-page minimum.**

- a. Describe the agency board of directors' role and level of involvement in decision making in program implementation:
  1. How were board members involved in developing the program plan **(3 points)**?
  2. Describe the board member selection process and their role and function **(1 point)**.
  3. Include a current roster of board members including affiliation, leadership role, names of officers, committee chairs and include Board members who are clients. Include as Attachment D. **(1 point)**.
- b. Describe your plan to collaborate with other agencies to provide program services (i.e., client transportation assistance, meeting space for support groups (etc.)). **(5 points)**
- c. Include Memorandums of Agreement detailing the type of support or services that each agency (hospitals, clinics, primary care providers, faith-based entities, and other community-based organizations) has committed to provide to meet the needs of sickle cell clients. Examples of support services include financial assistance (assistance with clients' utility bills, housing bills, medical prescriptions, transportation, etc.) scholarships for clients with sickle cell disease to attend summer camp and free or discounted space (venue) for sickle cell related events. Memorandums of Agreement should be included in Attachment B. **(5 points)**

### **Section Seven: Project Budget (15 points)**

Applicants are required to provide budgets and budget narratives including the amount of funding requested, staffing and other operating costs for all three (3) years.

#### **Budget and Justification Form**

Applicants are **required** to use the Excel spreadsheet, "Open Window Budget Form." No other versions will be accepted. The Open Window Budget Form requires a line-item budget and a narrative justification for each line item. This spreadsheet will be posted for download on both the Women's Health Branch website <https://whb.ncpublichealth.com/> and the North Carolina Sickle Cell Syndrome Program website <https://www.ncsicklecellprogram.org> along with the RFA on December 20, 2021. Do not remove any of the formulas in the Excel documents. A guide to complete this budget worksheet, entitled, "How To Fill Out the Open Windows Budget Form," can also be downloaded from either website.

Budgets should be complete, and each expense listed must be clearly linked to program activities. Include specific line items that link back to activities outlined in the proposed program plan; must



prepare and **submit three separate budget spreadsheets** for each time period (Years 1, 2, and 3) covered by this RFA, as indicated below:

Year 1: June 1, 2022-May 31, 2023

Year 2: June 1, 2023-May 31, 2024

Year 3: June 1, 2024-May 31, 2025

Project Budget should be included in Attachment C.

- a. Proposed budgets are appropriate and reasonable for services provided. All services mentioned in the program plan are reflected in the budget. Participant incentive items included must directly relate to project goals and activities. Funds allocated to subcontractors (if required) are appropriate for services provided **(5 points)**.
- b. At least 75% of funds in the applicant's agency's proposed budget are allocated to costs supporting direct client services and direct services staff. **(5 points)**.
- c. Calculations are accurate **(5 points)**.

### **Additional Guidance for Key Budget Categories**

#### **Personnel**

Provide staff names (if not known, list as "TBN"-To Be Named), position title, and a brief description of the positions that shall be funded with grant funds outlined in the justification narrative section.

#### **Travel**

Identify names and titles of staff that will complete travel associated with sickle cell care coordination, education and outreach efforts. Briefly explain the purpose of the travel and how it relates to the program plan. Outline estimated mileage, nutritious supplements (meals per NC state reimbursement rates) and overnight costs. Please show calculations (math) of how costs were determined. Applicant agencies may include funds to support travel and registration costs to attend approved Sickle Cell Educator Counselor certification training for staff if needed (i.e., if the Educator Counselor has not already been trained). Certification trainings are held in Mobile, Alabama and Cincinnati, Ohio and lasts four days. Allow for registration costs (typically \$250 per person) and include airfare, overnight (hotel) rooms and meals. Please note that new Sickle Cell Educator Counselors, Sickle Cell Trait Counselors and Community Health Workers must successfully complete certification training within 9 months of employment with the applicant agency. Also include staff travel to at least three required trainings sponsored by the NCSCSP that are held in the Raleigh area annually.

All travel must adhere to the current state reimbursement rates. The current mileage reimbursement rate is \$0.56 cents per mile. Current reimbursement rates for travel and lodging are presented in the chart on page 23.

#### **Supplies**

Supplies listed in the supply line must be itemized. For example, 5 boxes of pens @ \$5.00 each=\$25.00; 3 boxes of copy paper @ \$55 each=\$165. The following statement is not an acceptable justification for supplies: "*Cost for supplies such as pens, pencils, binders, etc. is \$500*".

#### **IT/Office Equipment**

Budgets (if new applicant agency) may include funds for a computers, printer, and internet access for sickle cell staff to complete data collection, entry and reporting required for this program.

### **Other Operating Expenses**

Operating expenses generally include costs for rental (office) space (include cost per square foot) and should be comparable to prevailing rental costs in the surrounding geographic area. Applicant agencies should include the cost of utilities and telephone services only when directly related to program activities. Cost for the purchase or rental/lease and maintenance of equipment may be included.

### **Professional Services**

Those costs generally include services that are outsourced overhead items such as bookkeeping and/or accounting services, IT support services, website management, etc.

### **Agency Overhead**

Agency overhead costs that are shared across programs such as administrative and oversight support salaries, rent, internet access, copier rental, fax machine, etc. are not included in the 75% and should be cost allocated across programs.

## **Staff Resumes and Position Descriptions**

Resumes and position descriptions for all staff including senior leadership, sickle cell supervisory, direct service and support staff that are included in the project budget should be submitted with the application. Please include in **Attachment A- Part I**.

## **Organizational Chart**

Include chart that outlines agency structure, chain of command, and all programs. Please label chart as **Attachment A- Part II.**

### **Board of Directors Roster**

Please include roster of all current board members including board leadership, list of committees, chairpersons and committee members. Also indicate whether persons with sickle cell disease or sickle cell trait are board and/or committee members. Please label list as **Attachment D**.

## **Client Feedback**

Please include a sample of the data collection tool. Please label as **Attachment E**.

## **Project Budget**

Project Budget, using the Open Window Budget Form for each of the three project years, should be included here. Please include budgets in **Attachment C**.

## **Letters of Commitment or Statements of Support**

### **Memorandums of Agreement (Letters of Commitment)**

Memorandums of Agreement should be included from any agency or community organization integral to the success or implementation of the proposed activities. Examples of such agencies include those that will provide clinical services, outreach services, financial support, meeting space, transportation, access to participants, or services to participants beyond the scope of the applicant agency. MOAs from local health departments are strongly encouraged to facilitate service provision. If a local health department is applying, they should have letters of support from community organizations that can also support this project. MOAs should be included in **Attachment B**.



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

I, \_\_\_\_\_, hereby state that I am \_\_\_\_\_ of  
(Printed Name) (Title)  
\_\_\_\_\_ ("Organization"), and by that authority duly given  
(Legal Name of Organization)  
and as the act and deed of the Organization, state that the Organization's status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

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

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

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

## **Appendix A Forms for Reference**

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Do **NOT** complete these documents at this time **nor return them** with the  
RFA response.

They are for reference only.

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**FEDERAL CERTIFICATIONS****The undersigned states that:**

1. He or she is the duly authorized representative of the Contractor named below;
2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
  - a. The Certification Regarding Nondiscrimination;
  - b. The Certification Regarding Drug-Free Workplace Requirements;
  - c. The Certification Regarding Environmental Tobacco Smoke;
  - d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
  - e. The Certification Regarding Lobbying;
3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
4. [Check the applicable statement]
 

☐ He or she **has completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;

**OR**

☐ He or she **has not completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.
5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

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**Signature**


---

**Title**


---

**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**

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

|   |                                 |  |
|---|---------------------------------|--|
| <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> | Signature: _____                |  |
|   | Print Name: _____               |  |
|   | Title: _____                    |  |
|   | Telephone No: _____ Date: _____ |  |
| Federal Use Only  |                                 | Authorized for Local Reproduction<br>Standard Form - LLL |

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

**LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS**

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

---

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

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

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

Reference only — Not for signature

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

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

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

---

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

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

| Printed Name | Title |
|--------------|-------|
| _____        | _____ |
| _____        | _____ |
| _____        | _____ |
| _____        | _____ |
| _____        | _____ |

Reference only — Not for signature

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

## **CONFLICT OF INTEREST POLICY**

### **CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY**

State of \_\_\_\_\_

County \_\_\_\_\_

I, \_\_\_\_\_ hereby state that I am the \_\_\_\_\_  
(Printed Name) (Title)

of \_\_\_\_\_ ("Organization"), and by that authority  
(Legal Name of Organization)

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

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

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

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

#### ***Instruction for Organization:***

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

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

Reference only — Not for signature

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

## Conflict of Interest Policy Example

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

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

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

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

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

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

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



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

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

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

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

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

Approved by:

---

Name of Organization

---

Signature of Organization Official

---

Date

**NO OVERDUE TAX DEBTS CERTIFICATION****State Grant Certification – No Overdue Tax Debts<sup>1</sup>**

To: State Agency Head and Chief Fiscal Officer

**Certification:**

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

**Sworn Statement:**

\_\_\_\_\_  
 [Name of Board Chair] and  
 \_\_\_\_\_  
 [Name of Second Authorizing Official] being  
 duly sworn, say that we are the Board Chair and  
 \_\_\_\_\_  
 [Title of Second Authorizing Official],  
 respectively, of \_\_\_\_\_  
 [Agency/Organization's full legal name] of \_\_\_\_\_ [City] in the State of  
 \_\_\_\_\_ [State]; and that the foregoing certification is true, accurate and  
 complete to the best of our knowledge and was made and subscribed by us. We also  
 acknowledge and understand that any misuse of State funds will be reported to the appropriate  
 authorities for further action.

Reference only — Not for  
signature

Board Chair

Reference only — Not for  
signature

Title

Date

Signature

Title of Second Authorizing Official

Date

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

Reference only — Not for signature

Notary Signature and Seal

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

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

## **CONTRACTOR CERTIFICATIONS**

### **State Certifications**

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

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

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

### **Certifications**

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

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

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

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

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

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

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

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

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

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

The **entire** FFATA reporting requirement:

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

**Only executive compensation data reporting:**

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

Reference only — Not for signature

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

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

**B. Reporting**

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

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

☐ Active SAM registration record is attached

An active registration with SAM is required

Entity's DUNS Number \_\_\_\_\_

Entity's Parent's DUNS Nbr  
(if applicable) \_\_\_\_\_

**Entity's Location**

street address \_\_\_\_\_

city/st/zip+4 \_\_\_\_\_

county \_\_\_\_\_

**Primary Place of Performance for specified contract**

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

street address \_\_\_\_\_

city/st/zip+4 \_\_\_\_\_

county \_\_\_\_\_

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

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

**Page left intentionally blank.**