NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Long-term Services and Supports

REQUEST FOR APPLICATION (RFA)

EXPANSION OF AGING AND DISABILITY RESOURCE CONNECTIONS

State Fiscal Year (SFY) 2008-2009

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North Carolina Department of Health and Human Services
Office of Long-Term Services and Supports

RFA# OLTS-08-01

REQUEST FOR APPLICATIONS

EXPANSION OF AGING AND DISABILITY RESOURCE CONNECTIONS (ADRC)

FUNDING AGENCY: North Carolina Department of Health and Human Services
ISSUE DATE: April 15, 2008
FUNDING AGENCY: NCDHHS Office of Long-term Services and Supports
Location: 906 Tate Drive Raleigh, NC 27603
Mail: 2001 Mail Service Center Raleigh, NC 27699-2001

Applications, subject to the conditions made a part of hereof, will be received until 5:00 p.m., June 9, 2008, for furnishing services described herein.

SEND ALL APPLICATIONS DIRECTLY TO THE FUNDING AGENCY ADDRESS SHOWN ABOVE.

Direct all inquiries concerning this RFA to: *Sabrena Lea*
Location: 906 Tate Drive, Dorothea Dix Campus, Raleigh, NC 27603
Mail: 2001 Mail Service Center Raleigh, NC 27699-2001
Phone: 919-855.4428
Fax: 919.715.8399

NOTE: All prospective applicants are ENCOURAGED to participate in a BIDDER'S AUDIO-CONFERENCE CALL on May 2, 2008 from 10:00—12:00 noon. The call in number is: 919.420.7945. Questions concerning the specifications in this Request for Applications will be received until 5:00 p.m. April 30, 2008 by email to adrc.forums@ncmail.net. A summary of all questions and answers discussed during the bidder 's conference call will be available on the website at http://www.ncdhhs.gov/ltc/ and emailed to all agencies and organizations who received a copy of this RFA. Prospective applicants are asked to complete and return notice of intent to apply. (See instructions on page 17)

INTRODUCTION

With this Request for Applications (RFA), the North Carolina Department of Health and Human Services Office of Long-term Services and Supports (NCDHHS OLTS) intends to identify and fund applicants that demonstrate how ADRCs will be developed, implemented, and used as a vehicle to implement the OLTS vision: to create a statewide, integrated, person and family-centered system for those who need long-term services and supports so that they can live and actively participate in communities of their choice. In an effort to maximize expansion efforts, applications that cover multiple counties are highly encouraged, as is the use of technology to track and provide information and assistance to consumers. Streamlining access to services and minimizing the burden for consumers to tell their "stories" repeatedly to various agencies is of paramount importance. The objective for this RFA derives from the 2001 North Carolina Institute on Medicine Recommendations, specifically; "The North Carolina DHHS should develop a 'uniform portal of entry' system for long-term care services in which confidentiality of information is ensured (priority)." ADRCs should be the primary vehicle for establishing a uniform portal of entry to long-term services and supports in North Carolina.

The intent of the RFA is not to supplant existing programs that provide information and referral services to older adults and individuals with disabilities. It is also not the intent of this RFA to develop segregated programs. To the contrary, this RFA seeks to integrate and strengthen relationships between existing providers through the establishment of formal linkages, partnerships, and referral protocols.

BACKGROUND

In many communities, long-term support services are supported by numerous funding streams, administered by multiple agencies, and have complex, fragmented, and often duplicative intake, assessment, and eligibility functions. Determining how to obtain services is difficult both for persons who qualify for publicly funded support and for those who can pay privately. A uniform, coordinated system of information and access for all persons seeking long-term support will minimize confusion, enhance individual choice, and support informed decision making. It will also improve the ability of state and local governments to manage resources and to monitor program quality through centralized data collection and evaluation. ADRCs are a key component of an effectively managed, consumer-driven system of long-term supports and services. ADRCs will enable policy makers and program administrators to respond more effectively to individual needs, address system problems, and limit the unnecessary use of high-cost services, including institutional services.

Making information and counseling available to both public and private-pay individuals is a central element of the ADRC vision. Reaching people before they become Medicaid-eligible, and helping them to learn about low-cost options and programs such as private long-term support insurance, can help individuals make better use of their own resources and help to prevent or delay spending resources down to Medicaid eligibility levels.

SCOPE OF SERVICES

Target Population

This RFA is to develop ADRCs that serve, at a minimum, the aging population, and adults with disabilities. For the definition of "aging" in this solicitation, we use age 60 and above as specified in the Older Americans Act. For the definition of "disability," we use the definition from the Americans with Disabilities Act, "a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such impairment."

The ADRC will be a resource for both public and private-pay individuals. Each ADRC will serve persons who are aging, adults with disabilities, family caregivers and persons planning for future long-term support needs. The ADRC will also be a resource for health care professionals, long-term support professionals, and others who provide services to the aging population and to people with disabilities.

Program Features

Listed below are program features which should be considered in developing the proposal to meet the intent of this RFA. The goal of ADRCs is to empower individuals to make informed choices and to streamline access to long-term services and supports. Long-term services and supports refers to a wide range of in-home, community based, and institutional services and programs that are designed to help individuals who are aging.

Each ADRC in North Carolina must:

- Serve as a highly **visible and trusted** resource where people can turn for information on the full range of long-term support options
- Serve as a uniform portal of entry to public and private long-term support programs and benefits

- Actively promote public awareness of both public and private long-term support options, as well as awareness of the ADRC, especially among underserved and hard-to-reach populations
- Provide information and counseling, as needed, on all available long-term support options
- Help people assess their potential eligibility for public long-term support programs and benefits
- Facilitate the process for determining program eligibility for public long-term support programs and benefits, including level of care determinations for Medicaid nursing home and HCBS waiver programs
- Assist people with the Medicaid eligibility determination process (in collaboration or coordination with Medicaid eligibility determination staff)
- Provide short-term assistance or case management to stabilize individuals needing long-term support and their families in times of immediate need before they have been connected to ongoing support (e.g., enrolled in a home and community-based waiver)
- Provide information and referral about programs and benefits that can help people remain in the community, such as (but not limited to) disease prevention and health promotion programs, transportation services, and income support programs
- Help people plan for their future long-term support needs
- Organize, simplify, and ensure "seamless" access to all public long-term support programs
- ADRCs may also provide on-going case management to individuals using public or private funding.

The operational configuration of ADRCs will vary from geographic service area to geographic service area. In some communities, ADRC functions may be performed in a single location. However, in some localities, ADRCs may be decentralized and have multiple sites and organizations involved in performing the information and access functions. Regardless of the configuration, the functions of the ADRC will be coordinated to ensure that all individuals are provided with accurate and timely information to streamline access to long-term services and supports.

ADRCs will create formal linkages between and among the major pathways to long-term support, including preadmission screening programs for nursing home services, hospital discharge planning, physician services, and the various community agencies and organizations that serve the ADRC's target populations. These linkages will ensure that people have the information they need to make informed decisions about their support options as they pass through critical transition points in the health and long-term support system.

DHHS recognizes that not all communities can immediately implement the ideal ADRC described above. However, the vision indicates the latitude of design possibilities for ADRCs and our long-range expectations. We believe implementation of the full vision can achieve success in meeting individual needs and preferences and in effectively managing public resources, while implementation of too few of the elements will limit the success of an ADRC program.

While the RFA requires one agency or organization to take responsibility for submitting the application and to manage the contract and funding, it is expected that the application and subsequent implementation will involve other agencies and organizations within the community. ADRC functions cannot be administered by one agency or organization in isolation. The sum of the community agencies and organizations performing ADRC functions will be known as the "Collaborative," while individual agencies and organizations making up the Collaborative will be known as "Collaborative Operating Entities."

ADRCs will gather and manage information from individuals in a way that ensures their confidentiality, but **limits repeated collection of the same information throughout the various interactions with the long-term support and services system.** The individual-level data will be used, in part, as the foundation of a **management information system** that will track client intake, needs assessment, service plans, utilization, and costs. The management information system will support on-going program analysis, planning, budgeting, quality assurance, program evaluation, and continuous improvement as well as state and local policy development.

Sustainability (Maintaining the initiative after funding ends)

Funding through this grant process is time limited. Consequently, organizations must be able to develop specific strategies to help ensure long-term sustainability. Examples of such strategies include, but are not limited to, identifying a permanent, administrative "home" for the program, long-term funding, outcome-based evaluation, and necessary policy changes.

Sustainability of this project will entail the development and execution of a provider organization's capacity to offer the option of individualized services and supports to an expanding consumer base beyond the contract period. Furthermore, successful sustainability will be evidenced by a shift in the culture of the Collaborative and Collaborative Operating Entities to reflect an investment in individualized supports and services for people who are aging and adults who have disabilities. The "Collaborative" will develop a network that serves as a learning community for each other, as well as other provider organizations in the state that wish to be engaged in the process.

Award Amounts

Applicants are eligible to apply for either a **Mini Grant** for creating or improving the infrastructure for delivering at least one of the ADRC required functions or for the **Full Grant** for Expansion of Aging and Disability Resource Connections.

Applicants applying for the full contract will be eligible to receive funding in a range of $50,000 to $75,000, depending on the size and scope of the project and needs as described in the applicant's budget submission. Fully funded contracts are multi-year initiatives for up to 33 months. **Contractors are expected to provide a match of 5% of non-federal funding, which may be in-kind.** Payment shall be made in accordance with the Contract Documents as described in the attached Scope of Work. We currently expect to fund four (4) full contracts, subject to re-consideration upon receipt of the applications.

Applicants applying for a mini grant will be eligible to receive up to $10,000 depending on the size and scope of the project as described in the applicant's budget submission. The mini grants are a 12-month initiative. Payment shall be made in accordance with the Contract Documents as described in the attached Scope of Work. We currently expect to fund up to ten (10) mini grants, subject to re-consideration upon receipt of the applications. Mini grants are not subject to a 5% match.

Grant Award Period

- Full Grant: October 1, 2008, through June 30, 2011

- Mini Grant: October 1, 2008 through September 30, 2009

Eligibility

Application is open to organizations and agencies with an interest in delivering information and assistance regarding long-term supports and services to older adults and adults with disabilities.

Reporting

If awarded funding, the following are required:

1) **Monthly:**
   Reimbursement request in a format determined or approved by the OLTS by the 10th of each month, to the contract administrator.

2) **Semi-Annually:**
   Data to support the OLTS in completing its required Semi-Annual and Annual Reports for its funding sources, the Administration on Aging and the Centers for Medicare and Medicaid Services.

3) **Annually:**
   a) Submit NC State Auditors GS 143C-6-22 & 23 Grant Compliance Report.

The Procurement Process

The following is a general description of the process by which an agency or organization will be selected.

1. RFAs are being sent to prospective agencies and organizations and the RFA posted on the OLTS website: olts.info@ncmail.net.

2. All prospective agencies and organizations are ENCOURAGED to participate in the BIDDER'S AUDIO-CONFERENCE CALL. A written summary of all questions and answers will be e-mailed to all agencies and organizations that were sent a copy of the RFA, and will be posted on the OLTS website.

3. Written questions concerning the RFA specifications will be received until the date specified on the cover sheet of this RFA. A summary of all questions and answers from the teleconference will be posted on the OLTS website and mailed to all agencies and organizations that received a copy of the RFA.

4. Applications in **one original and seven copies** of the application must be submitted by the agency or organization. The original must be signed and dated by an official authorized to bind the agency or organization.

5. All applications must be received by the funding agency not later than the date and time specified on the cover sheet of the RFA. Faxed applications will not be accepted.

6. At that date and time, the applications from each responding agency and organization will be logged in.

7. Budgets must be included as part of the application.

8. At their option, the evaluators 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 evaluators are not required to request clarification: therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

9. Applications will be evaluated according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State.

10. 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.

General Information on Submitting Applications

1. Award or Rejection

All qualified applications will be evaluated and the awards made to those agencies or organizations whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by August 1, 2008.

2. Cost of Application Preparation

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

3. Elaborate Applications

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

4. Oral Explanations

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

5. Reference to Other Data

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

6. Titles

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

7. Form of Application

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

8. Exceptions

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

9. Advertising

In submitting its application, agencies and organizations agree not to use the results there from 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 the application clearly indicates the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.

15. Proprietary Information

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

16. Participation Encouraged

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

17. Contract

The Department will issue a contract to the recipient of the grant that will include their application. Expenditures can begin immediately up receipt of a completely signed contract. Please be advised that successful applicants may be required to have an audit in accordance with G. S. 143-6.1 as applicable to the agency or organization's status. Also, the contract may include assurances the successful applicant would be required to execute when signing the contract. Agencies or organizations receiving Federal funds are required to execute a certification regarding Lobbying and Debarment, and if applicable a Drug Free Workplace Requirements and/or Environmental Tobacco Smoke assurance. Private not for profit agency contracts will also include a conflict of interest policy statement.

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North Carolina Department of Health and Human Services
Office of Long-Term Services and Supports

APPLICATION FACE SHEET

Name of Agency Submitting Application _____
on Behalf of the Collaborative:
Address: _____
Telephone Number: _____
Fax Number: _____
Email Address: _____
Agency Status: ☐ Public ☐ Private , Non-Profit ☐ Private, For Profit
Agency Federal Tax ID Number: _____
Agency's Financial Reporting Year: _____ through _____

Name of Contract Administrator: _____
Title of Contract Administrator: _____
Name of Program (s): _____

ADRC FUNCTION DELIVERY SITE(S): _____

Area(s) to be served: _____

Chief Administrative Officer: _____
Date: _____

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North Carolina Department of Health and Human Services
Office of Long-Term Services and Supports

NOTIFICATION OF INTENT TO APPLY

RFA # OLTS-08-01

DEADLINE: April 30, 2008

I am interested in submitting an application for: (Please select only one)

- ❑ Mini Grant for creating or improving the Infrastructure for delivering at least one of the ADRC required functions
- ❑ Full Grant for Expansion of Aging and Disability Resource Connections
- ❑ Either the Contract for Expansion of Aging and Disability Resource Connections or a Mini Grant for creating or improving the Infrastructure for delivering at least one of the ADRC required functions

All applicants are strongly urged to participate in a "Bidders' Audio-conference Call," where application details and response to pre-submitted questions will be discussed. Responses to all applicant questions will be posted after the conference call on the OLTS website and emailed to applicants who received an RFA. Bidders' audio-conference call will be held on May 2, 2008 from 10:00- 12:00 noon. Indication of intent to participate in the conference call and questions for the conference call should be received from applicants by 04/30/08. Send questions for the Bidders' Audio-conference call to adrc.forums@ncmail.net.

- ❑ **Yes, I will participate in the Bidders Audio-conference Call**
- ❑ **No, I will not participate in the Bidders Audio-conference Call**

Conference Call in number: 919-420-7945

Applicant Information:

Name(s): _____

Organization: _____

Address: _____

City/State/Zip Code: _____

Telephone Number: _____

FAX #: _____

Email Address:_____

Submit completed RFA-

By Mail to:
NCDHHS Office of Long-term Services & Supports
2001 Mail Service Center
Raleigh, NC 27699-2001

By FedEx to:
Office of Long-term Services and Supports
906 Tate Drive (Dorothea Dix Campus)
Raleigh, NC 27603
(919) 855-4428

Note: Completed RFA Packet must be received by 5:00 pm, Monday, June 9, 2008 to the OLTS office.

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GENERAL INSTRUCTIONS

An original and seven (7) complete copies of the application must be received in the office of the NC DHHS Office of Long-term Services and Supports (OLTS) on or before 5:00 p.m. on **June 9, 2008**. Each copy of the application must be typed on 8 1/2" x 11" paper, not less than double spaced, not less than eleven (11) font size, stapled in the upper left-hand corner, and **not** enclosed in a binder or cover.

The OLTS cannot take responsibility for applications that are late due to a delay on the part of the US Postal Service or other agent of delivery, **regardless of when the application is postmarked or sent**. Any application that arrives after the deadline will be unconditionally refused. If acknowledgment of receipt is desired, please include a self-addressed, stamped envelope.

A checklist of the materials to be included with this application is included in Page 69. A person authorized to bind the applicant organization legally must sign all applications.

1. **Organization of the Application.** All applications must be organized in the format detailed below. All information relevant to the applicant's ability to satisfy the requirements of the RFA should be presented in the order outlined below**:**

2. **Project Profile** (Must be signed by authorized official) **(Form A)**

3. **Project Abstract (Form B)**
    a. Statement of need and uniform portal of entry (i.e. no wrong door) vision
    b. Description of the target populations
    c. Description of the impact of proposed project
    d. Post-project activities (include discussion of options or plans for sustainability such as obtaining continued funding and resources

4. **Organizational Structure (Form not included)**
    a. Organizational structure for project, as applicable (for example: proposed organization of the Collaborative and Collaborative Operating Entities; supervision and reporting structure)
    b. Proposed plan for governance body
    c. Staffing requirements

5. **Proposed Action Plan for ADRC Project (Form C1-6)**
    The Action Plan should specify outcomes that are expected as a result of the planned activities during the project funding period.

6. **Overall Project Evaluation Strategy (Form C-7)**
    a. Plan for evaluating activities and outcomes of the overall project
        i. Description of process for gathering information
        ii. Description of process for analyzing information
    b. Identification of individual(s) conducting and/or participating in evaluation
    c. Plan for utilizing and communicating evaluation results
    d. Plans for participating in consumer survey (see Form L)

7. **Budget and Budget Narrative** (Must be signed by authorized official) **(Form D)**
   The Budget is intended to provide a fiscal description of the resources needed to achieve the outcomes described in the Proposed Action Plan. An attachment page is required that explains how the figures in each line item were determined.

8. **Conflict of Interest Policy Statement (Sample Form included)** that is signed, dated, and notarized. The statement should reflect the policy of the applicant agency. If the applicant is a non-profit agency, the agency must provide a copy of its conflict of interest policy. **(Form E)**

9. **Not-for-Profit Organizations** must include current documentation of their non-profit status (501(c)3). (Form not included)

10. **Certifications Regarding Drug Free Workplace Requirements (Form G)**

11. **Federal and State Disclosure of Lobbying Activities (Forms H& I)**

12. **Notification of Certain Reporting and Audit Requirements (Form J)**

13. **State Grant Certification of No Overdue Taxes (Form K)**

14. **Endorsements and Letters of Support** indicating coordination/collaboration with community in this activity and/or other activities **(Form not included)**

15. **The ADRC Community Readiness Tool** http://www.ncdhhs.gov/ltc/ **must be submitted with the application. (See Checklist on page 69)**

Miscellaneous Instructions/Information

1. The Office of Long-term Services and Supports reserves the right to request clarification of any application.
2. Additional material, not requested in the application packet, should not be submitted with the application. Materials included, but not requested will be separated and discarded.
3. Any direct services provided to individuals will be provided in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of the individual.
4. Contracts and Mini-Grants are contingent on the availability of funds.
5. The OLTS reserves the right to withhold awards for any objective.
6. Inquiries and applications should be addressed to:

Sabrena Lea, Access Coordinator/ State ADRC Project Director
NC DHHS Office of Long-term Services and Supports
2001 Mail Service Center
Raleigh, North Carolina 27699-2001
Telephone: (919) 855-4428
Email Address: Sabrena.Lea@ncmail.net
OLTS Web Site: http://www.ncdhhs.gov/ltc/

Application Review Process

1. Initial Screening: A first level of screening will be conducted to eliminate applications that are incomplete or unacceptable for the following reasons:

   (a) Late submission
   (b) Ineligible applicant
   (c) Application does not meet instruction specifications
   (d) Application is not within the intent of the objective
   (e) Incomplete Applications

2. Second Screening: Review Panels, composed of individuals with knowledge of the ADRC initiative and members of the public who are knowledgeable of issues and the content of the RFA, will determine the merit of each application which is qualified through the initial screening process. Review of the applications will include written comments, numerical rankings, and group discussion.

3. Notification of Grant Awards: The OLTS will receive the recommendations of the Review Panels and will make final decisions. Applicants will be notified of the decision no later than **July 31, 2008**. Subsequent to the selection and approval of grantees, written feedback will be provided to all applicants upon request.

Scoring

Section:	Points:
Project Profile	10
Project Abstract	15
Organizational Structure	25
Scope of Work Elements:	-
• Awareness & Information	20
• Assistance	20
• Access	20
• IT/MIS	20
• Partnership and Stakeholders	20
• Critical Pathways to Long-Term Care	20
• Evaluations	20
Budget	25
Maximum Score	**200**

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FORM A

PROJECT PROFILE: Expansion of Aging and Disability Resource Connections

- ❑ Mini Grant for creating or improving the Infrastructure for delivering any of the ADRC required functions
- ❑ Full Grant for Expansion of Aging and Disability Resource Connections
- ❑ Either the Contract for Expansion of Aging and Disability Resource Connections or a Mini Grant for creating or improving the Infrastructure for delivering any of the of ADRC required functions

AGENCY SUBMITTING APPLICATION ON BEHALF OF COLLABORATIVE	Name: _____ Address: _____ City / Zip Code: _____,North Carolina County _____ TYPE OF AGENCY OR ORGANIZATION: ☐ County ☐ Private non-profit ☐ Other/Public: _____ Implementing Agency Fiscal Year: Begins: _____ Ends: _____
AUTHORIZED OFFICIAL Of Applicant Agency	Name: _____ Title: _____ Email Address: _____ Telephone: _____ Fax: _____ Signature: _____
PROSPECTIVE COLLABORATIVE (FISCAL) ENTITY (if different from Applicant Agency)	Name: _____ Address: _____ City / Zip Code: _____,North Carolina County _____ TYPE OF AGENCY OR ORGANIZATION: ☐ County ☐ Private non-profit ☐ Other/Public: _____ Implementing Agency Fiscal Year: Begins: _____ Ends: _____
PROSPECTIVE SUBCONTRACTOR (if known)	Name: _____ Address: _____ City / Zip Code: _____,North Carolina County _____ TYPE OF AGENCY OR ORGANIZATION: ☐ County ☐ Private non-profit ☐ Other/Public: _____ Implementing Agency Fiscal Year: Begins: _____ Ends: _____
PROSPECTIVE SUBCONTRACTOR (if known)	Name: _____ Address: _____ City / Zip Code: _____,North Carolina County _____ TYPE OF AGENCY OR ORGANIZATION: ☐ County ☐ Private non-profit ☐ Other/Public: _____ Implementing Agency Fiscal Year: Begins: _____ Ends: _____

Proposed Geographic Service Area by County _____
Target Populations to be served: _____
NCcareLINK Hub(s): _____
*****Use an extra page if there are more than 2 proposed SUBCONTRACTORS***

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FORM B

PROJECT ABSTRACT

Project Abstract: Provide an abstract (summary) of the project you propose (200 words or less) as described in Form C. Provide a succinct summary of what the collaborative proposes to accomplish throughout the grant period.

Applicants for the full grant: The abstract should briefly address all required ADRC functions as well as the core program components.

Applicants for the mini grant: The abstract should address the ADRC function(s) and/or core program component(s) for which assistance is needed to improve/develop the infrastructure.

See the attached ADRC Community Readiness Assessment http://www.ncdhhs.gov/ltc/ for a list of the required functions and core program components.

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FORM C1-7

SCOPE OF WORK ELEMENTS & PROPOSED ACTION PLAN FOR ADRC PROJECT

Using the information gathered through the completion of the ADRC Community Readiness Tool http://www.ncdhhs.gov/ltc/ applicants must complete the scope of work elements and proposed action plan for the ADRC project found in Form C1 -C7.

Full Grant Applicants: Complete Forms C1-C7

Mini Grant Applicants: Complete only those Forms that are relevant to the function(s) or related component(s) for which funding is requested

Needs Assessment: Proposals should reflect that applicants understand the unique needs of the targeted populations and the ways that these needs influence access to long-term services and supports. Applicants must demonstrate their understanding of the needs and problem(s) that will be addressed through the ADRC to help the targeted populations experience streamlined access to long-term services and supports. The proposal should be a clear, concise, well-supported statement of what the needs and problems are. In this section discuss which required functions and core components already exist and are in place among the collaborative operating entities and which functions and components need to be developed or strengthened further during the contract funding period.

Project Objectives (Goals): In this section discuss the primary outcomes expected during the contract period. From the "needs" identified in the Needs Assessment, applicants should state the endpoint (i.e. goal) that will fulfill the unmet need. Explain, in terms of results or outputs, the benefits of each objective; discuss how achieving each objective will impact the target population to be served by the ADRC. The objectives are to identify the changes/effects implementation of an ADRC will have on people's lives (result) rather than the number of people served by this project (output).

Project Methods or Design: In this section describe, in detail, the process(es) and structure(s) that will be implemented to achieve the project objectives/goals. Include a description of the activities including methods for delivering the required functions and core components and the organizations/agencies that will be responsible. Outline the activities (outputs) that will be accomplished with the available resources (inputs).

Project Evaluation: Describe the evaluation criteria and performance measures that will be used to determine if the proposed activities/intervention(s) is effective. Describe how progress toward achieving the project objectives, including results of performance measures, will be communicated to stakeholders and how mid-course correction will occur if necessary. Form C 1-6 requests evaluation information for each individual required function or core component. Form C-7 requests evaluation information for the overall project including participation in a consumer survey process. (Form L)

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FORM C-1

Awareness & Information: ADRCs must provide public education; and information on long-term support options.	
Needs Assessment:	_____
Project Objectives (Goals):	_____
Methods or Design:	_____
Evaluation:	_____

FORM C-2

Assistance: ADRCs must provide long-term support options counseling; benefits counseling; and referral to other programs and benefits including employment options; crisis intervention; helping people to plan for their future long-term support needs (*referred to as "futures" counseling).*	
Needs Assessment:	_____
Project Objectives:	_____
Methods or Design:	_____
Evaluation:	_____

FORM C-3

Access: ADRCs must provide eligibility screening; assistance in gaining access to private-pay long-term support services, that is integrated or closely coordinated with all public programs for community and institutional long-term support services.	
Needs Assessment:	_____
Project Objectives:	_____
Methods or Design:	_____
Evaluation:	_____

FORM C- 4

Critical Pathways to Long-Term Support: ADRCs will create formal linkages between and among the critical pathways to long-term support.	
Needs Assessment:	_____
Project Objectives:	_____
Methods or Design:	_____
Evaluation:	_____

FORM C-5

Partnerships & Stakeholder Involvement: ADRCs must meaningfully involve stakeholders, including consumers, in planning, implementation, and evaluation activities.	
Needs Assessment:	_____
Project Objectives:	_____
Methods or Design:	_____
Evaluation:	_____

FORM C-6

IT/MIS : The ADRC will have a management information system that supports the functions of the programs including tracking participant intake, needs assessment, referrals, utilization, and costs.	
Needs Assessment:	_____
Project Objectives:	_____
Methods or Design:	_____
Evaluation:	_____

FORM C-7

Overall Project Evaluation Activities: At a minimum, ADRCs must have performance goals and indicators related to visibility, trust, ease of access, responsiveness, efficiency, and effectiveness	
Plan for Evaluating Activities—Gathering and Analyzing Information:	_____
Individuals Conducting and Participating:	_____
Plan for Utilizing Results:	_____
Participation in Consumer Survey:	_____

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BUDGET **FORM D-1**

BUDGET CATEGORY	PROGRAM COST
PERSONNEL	
Salaries, Wages, Benefits	
Professional Services	
Board Member Compensation	
Total Personnel	
SUPPLIES AND MATERIALS	
Office Supplies and Materials	
Computer Supplies and Software	
Janitorial Supplies	
Educational/Medical Supplies	
Automotive Supplies	
Other	
Total Supplies and Materials	
OPERATIONAL EXPENSES	
Travel	
Communications (Telephone, Postage, etc.)	
Utilities	
Printing and Binding	
Repair and Maintenance	
Computer Services (Accounting, Payroll, etc.)	
Employee Training	
Advertising	
Board Member Expense (Travel, Per Diem)	
Other:	
Total Operational Expenses	
FIXED CHARGES AND EXPENSES	
Office Rent (Land, Buildings, etc.)	
Furniture Rental	
Equipment Rental (Phone, Computer, etc.)	
Vehicle Rental	
Dues and Subscriptions	
Insurance and Bond	
Other (includes indirect cost)	
Total Fixed Charges and Expenses	
CAPITAL OUTLAY	
Land/Buildings	
Office Furniture	
Computer Equipment	
Vehicles	
Books (Library Reference Materials)	
Total Capital Outlay	
TOTAL CONTRACTS AND GRANTS	
TOTAL PURCHASES OF SERVICES COSTS	
TOTAL BUDGETED EXPENDITURES	**$0.00**

Form D-2—Budget Narrative

BUDGET INFORMATION

Expenses as requested in the Budget (Form D-1) should be outlined in detail in the budget narrative. Use the budget narrative to explain how funds will be spent, estimated time frame for spending and by whom. The budget should also demonstrate consistency with project activities. All costs to be reimbursed by federal funds must be used for the conduct of the project. The following is a general description of budget line items.

- **Personnel**

Salaries and benefits for all staff hired by the applicant organization to work specifically on the project. This may include professional staff, interns, paraprofessionals, and/or part-time/hourly employees (See Assurances, Form E, Items 17, 18, 19 and 20). Fringe Benefits for staff working on the project may include FICA, Unemployment, Worker's Compensation, Health Insurance and/or Retirement Benefits.

- **Supplies and Materials**

Supplies may include consumable items that are essential to the program. Examples of allowable supplies include office supplies, computer supplies, and any other supplies necessary for carrying out objectives.

- **Operational Expenses**

Includes travel costs of staff indentified in the budget that is deemed reasonable and necessary to conduct project activities. Examples include transporting consumers, staff mileage relating to project operation, room, board, air fare, conference registration fees and meals. Travel expenses are to comply with the travel policy in http://www.ncdhhs.gov/ltc/. Operational expenses include telephone, printing, training, and advertising.

- **Fixed Charges and Expenses**

Fixed charges are costs that can expect to stay the same each month. Cost of Space may include rent or lease of office space (including utilities, furniture, vehicles, etc.), and meeting or conference space to be used specifically for the project. Expenditures included as indirect costs may *not* be duplicated elsewhere in the budget. Please see Indirect Cost policies in http://www.ncdhhs.gov/ltc/

- **Equipment**

Equipment is defined as non-expendable items with a value exceeding $500.00. This may include new or updated equipment, rental equipment or leased equipment essential to the program. Examples of allowable equipment include tools, office equipment, computers and computer software.

Contracts and Grants

Contracted Services may include essential services which cannot be met by other grant personnel which specifically relate to the work of the project. Examples of contracted services

include consultants, photocopy services, fiscal and/or auditing services. OLTS must provide approval prior to grantee entering into any contracts.

- **Other Services**

Other Services may include consumer stipends, reproduction/printing, telephone or any other service which does not fit into another category.

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FORM E

(Contract Attachment D)

NOTARIZED CONFLICT OF INTEREST POLICY

State of North Carolina

County of _____

I, _____, Notary Public for said County and State, certify that

_____ personally appeared before me this day and acknowledged

that he/she is _____ of _____ [enter name of entity]

and by that authority duly given and as the act of the Organization, affirmed that the foregoing Conflict of Interest Policy

was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the _____ day of _____, _____.

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

_____

(Official Seal) Notary Public

My Commission expires _____, 20 ___

Instruction for Organization:

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

_____

Name of Organization

_____

Signature of Organization Official

CONFLICT OF INTEREST POLICY

Instructions: This document is intended as an aid to assist non-State entities in establishing a conflict of interest policy. It is not intended to be used verbatim, but rather to serve as a template for nongovernmental organizations as they craft their individual conflict of interest policy. This example includes definitions of what is considered unacceptable, and the consequences of any breaches thereof. Each organization that chooses to use this template should take care to make changes that reflect the individual organization.

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

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FORM F

(Contract Attachment L)

IRS FERERAL TAX EXEMPT 501 (c) (3) LETTER

Organizations applying for Office of Long-term Services and Supports funds that are designated as non-profit, or not-for-profit organizations must provide documentation of their non-profit status with the grant application. Please include a copy of the applicant organization's current 501(c)3 status.

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FORM G

(Contract Attachment K)

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

Department of Health and Human Services
Office of Long Term Services and Supports

I. By execution of this Agreement 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

Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

II. The site(s) for the performance of work done in connection with the specific agreement are listed below:

1._____
(Street address)

_____
(City, county, state, zip code)

2._____
(Street address)

_____
(City, county, state, zip code)

Contractor will inform the Department of any additional sites for performance of work under this agreement.

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.

_____ _____
Signature Title

_____ _____
Agency/Organization Date

(Certification signature should be same as Contract signature.)

Approved by OMB
0344-0046

FORM H

(Contract Attachment I)

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:	2. Status of Federal Action:	3. Report Type:
☐ a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	☐ a. Bid/offer/application b. initial award c. post-award	☐ a. initial filing b. material change **For Material Change Only:** yearquarter_____ date of last report_____

4. Name and Address of Reporting Entity: ☐ Prime ☐ Subawardee Tier _____, *if known*: Congressional District, *if known*	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, *if known*
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, *if applicable*: _____
8. Federal Action Number, *if known*:	9. Award Amount, *if known*: $
10. a. Name and Address of Lobbying Entity (*if individual, last name, first name, MI*):	b. Individuals Performing Services (*including address if different from No. 10a.*) (*last name, first name, MI*):
(*attach Continuation Sheet(s) SF-LLL-A, if necessary*)	
11. Amount of Payment (*check all that apply*): $ _____ ☐ actual ☐ planned	13. Type of Payment (*check all that apply*): ☐ a. retainer ☐ b. one-time fee ☐ c. commission ☐ d. contingent fee ☐ e. deferred ☐ f. other; specify: _____
12. Form of Payment (*check all that apply*): ☐ a. cash ☐ b. In-kind; specify: nature _____ value _____	
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*)	
15. Continuation Sheet(s) SF-LLL-A attached: ☐ Yes ☐ No	

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

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

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 followup 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 subaward 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 box(es). 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 box(es). 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.

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

FORM I

Certification Regarding Lobbying
Department of Health and Human Services
Office of Long Term Services and Supports

Certification for Contracts, Grants, Loans and Cooperative Agreements

The undersigned 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 Federal, state or local government agency, a Member of Congress, a Member of the General Assembly, an officer or employee of Congress, an officer or employee of the General Assembly, an employee of a Member of Congress, or an employee of a Member of the General Assembly in connection with the awarding of any Federal or state contract, the making of any Federal or state grant, the making of any Federal or state loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal or state 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 Federal, state or local government agency, a Member of Congress, a Member of the General Assembly, an officer or employee of Congress, an officer or employee of the General Assembly, an employee of a Member of Congress, or an employee of a Member of the General Assembly in connection with the awarding of any Federal or state contract, the making of any Federal or state grant, the making of any Federal or state loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal or state contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard
Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) 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 and not more than $100,000 for each such failure.

Notwithstanding other provisions of federal OMB Circulars A-122 and A-87, costs associated with the following activities are unallowable:

Paragraph A.

(1) Attempts to influence the outcomes of any Federal, State, or local election, referendum, initiative, or similar procedure, through in kind or cash contributions, endorsements, publicity, or similar activity;
(2) Establishing, administering, contributing to, or paying the expenses of a political party, campaign, political action committee, or other organization established for the purpose of influencing the outcomes of elections;
(3) Any attempt to influence: (i) The introduction of Federal or State legislation; or (ii) the enactment or modification of any pending Federal or State legislation through communication with any member or employee of the Congress or State legislature (including efforts to influence State or local officials to engage in similar lobbying activity), or with any Government official or employee in connection with a decision to sign or veto enrolled legislation;

(4) Any attempt to influence: (i) The introduction of Federal or State legislation; or (ii) the enactment or modification of any pending Federal or State legislation by preparing, distributing or using publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign; or
(5) Legislative liaison activities, including attendance at legislative sessions or committee hearings, gathering information regarding legislation, and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in unallowable lobbying.

The following activities as enumerated in Paragraph B are excepted from the coverage of Paragraph A:
Paragraph B.

(1) Providing a technical and factual presentation of information on a topic directly related to the performance of a grant, contract or other agreement through hearing testimony, statements or letters to the Congress or a State legislature, or subdivision, member, or cognizant staff member thereof, in response to a documented request (including a Congressional Record notice requesting testimony or statements for the record at a regularly scheduled hearing) made by the recipient member, legislative body or subdivision, or a cognizant staff member thereof; provided such information is readily obtainable and can be readily put in deliverable form; and further provided that costs under this section for travel, lodging or meals are unallowable unless incurred to offer testimony at a regularly scheduled Congressional hearing pursuant to a written request for such presentation made by the Chairman or Ranking Minority Member of the Committee or Subcommittee conducting such hearing.
(2) Any lobbying made unallowable by subparagraph A (3) to influence State legislation in order to directly reduce the cost, or to avoid material impairment of the organization's authority to perform the grant, contract, or other agreement.
(3) Any activity specifically authorized by statute to be undertaken with funds from the grant, contract, or other agreement.

Paragraph C.

(1) When an organization seeks reimbursement for indirect costs, total lobbying costs shall be separately identified in the indirect cost rate proposal, and thereafter treated as other unallowable activity costs in accordance with the procedures of subparagraph B.(3).
(2) Organizations shall submit, as part of the annual indirect cost rate proposal, a certification that the requirements and standards of this paragraph have been complied with.
(3) Organizations shall maintain adequate records to demonstrate that the determination of costs as being allowable or unallowable pursuant to this section complies with the requirements of this Circular.
(4) Time logs, calendars, or similar records shall not be required to be created for purposes of complying with this paragraph during any particular calendar month when: (1) the employee engages in lobbying (as defined in subparagraphs (a) and (b)) 25 percent or less of the employee's compensated hours of employment during that calendar month, and (2) within the preceding five-year period, the organization has not materially misstated allowable or unallowable costs of any nature, including legislative lobbying costs. When conditions (1) and (2) are met, organizations are not required to establish records to support the allowabliliy of claimed costs in addition to records already required or maintained. Also, when conditions (1) and (2) are met, the absence of time logs, calendars, or similar records will not serve as a basis for disallowing costs by contesting estimates of lobbying time spent by employees during a calendar month.
(5) Agencies shall establish procedures for resolving in advance, in consultation with OMB, any significant questions or disagreements concerning the interpretation or application of this section. Any such advance resolution shall be binding in any subsequent settlements, audits or investigations with respect to that grant or contract for purposes of interpretation of this Circular; provided, however, that this shall not be construed to prevent a contractor or grantee from contesting the lawfulness of such a determination.

Paragraph D.
Executive lobbying costs. Costs incurred in attempting to improperly influence either directly or indirectly, an employee or officer of the Executive Branch of the Federal Government to give consideration or to act regarding a sponsored agreement or a regulatory matter are unallowable. Improper influence means any influence that induces or tends to induce a Federal employee or officer to give consideration or to act regarding a federally sponsored agreement or regulatory matter on any basis other than the merits of the matter.

_____ _____
Signature Title

_____ _____
Agency/Organization Date

(Certification signature should be same as Contract signature.)

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This Attachment applies to non governmental contracts determined as financial assistance. This Attachment references G.S.143C-6-22 & 23 and is effective as of July 1, 2007.)

FORM J

(Contract Attachment F)

Notice of Certain Reporting and Audit Requirements

Grantee shall comply with all rules and reporting requirements established by statute or administrative rules. For convenience, the requirements of 9 N.C.A.C. Subchapter 3M.0205 are set forth in this Attachment. All reports must be submitted to DHHS Controller's Office, Audit Resolution & Monitoring Branch, 2019 MSC, Raleigh, NC 27699-2019.

The applicable prescribed requirements are found in the Office of the State Auditor's Audit Advisory #ADV-2005-001, North Carolina General Statute 143C-6-22 & 23 entitled "Use of State Funds by Non-State Entities" and Implementation of Required Rules, 09 NCAC 03M .0102 -0802, North Carolina Administrative Code, issued September 2005. The Office of State Auditor's Audit Advisory #ADV-2005-001, forms and additional policy statements are available on the State Auditor's Internet web site at www.ncauditor.net. From the home page select "Non Profits." Select the "Regulations" tab for the standards and the "Forms" tab to download forms as needed.

The Contractor's fiscal year runs from _____ to _____.

Reporting Thresholds

There are three reporting thresholds established for grantees and subgrantees receiving State funds. The reporting thresholds are*: (NOTE: threshold is based on total of state grants from all state entities.)*

(1) Less than $25,000 – A grantee that receives, uses, or expends State funds in an amount less than twenty-five thousand dollars ($25,000) within its first fiscal year must comply with the reporting requirements established by 9 N.C.A.C. Subchapter 3M including:
   - (A) A certification completed by the grantee Board and management stating that the State funds were received, used, or expended for the purposes for which they were granted; and
   - (B) An accounting of the State funds received, used, or expended.

   All reporting requirements shall be filed with the funding agency within six months after the end of the grantee's fiscal year in which the State funds were received.

(2) $25,000 up to $500,000 – A grantee that receives, uses, or expends State funds in an amount of at least twenty-five thousand ($25,000) and up to five hundred thousand dollars ($500,000) within its fiscal year must comply with the reporting requirements established by this Subchapter including:
   - (A) A certification completed by the grantee Board and management stating that the State funds were received, used, or expended for the purposes for which they were granted.
   - (B) An accounting of the State funds received, used, or expended; and
   - (C) A description of activities and accomplishments undertaken by the grantee with the State funds.

   All reporting requirements shall be filed with the funding agency within six months after the end of the grantee's fiscal year in which the State funds were received.

(3) Greater than $500,000 - A grantee that receives, uses, or expends State funds and in the amount greater than five hundred thousand dollars ($500,000) within its fiscal year must comply with the reporting requirements established by this Subchapter including:
   - (A) A certification completed by the grantee Board and management stating that the State funds were received, used, or expended for the purposes for which they were granted.
   - (B) An audit prepared and completed by a licensed Certified Public Accountant for the grantee consistent with the reporting requirement of this Subchapter; and

(C) A description of activities and accomplishments undertaken by the grantee with the State funds.

All reporting requirements shall be filed with both the funding agency and the Office of the State Auditor within nine months after the end of the grantee's fiscal year in which the State funds were received.

Other Provisions

1. Unless prohibited by law, the costs of audits made in accordance with the provisions of 9 N.C.A.C. 3M.0205 are allowable charges to State and Federal awards. The charges may be considered a direct cost or an allocated indirect cost, as determined in accordance with cost principles outlined in the Office of Budget and Management (OMB) Circular A-87. The costs of any audit not conducted in accordance with this Subchapter is unallowable and shall not be charged to State or Federal grants.

2. The audit requirements of 9 N.C.A.C. Subchapter 3M do not replace a request for submission of audit reports by grantor agencies in connection with requests for direct appropriation of state aid by the General Assembly.

3. Notwithstanding the provisions of 9 N.C.A.C. Subchapter 3M, a grantee may satisfy the reporting requirements of Part (a)(3)(B) of this Rule by submitting a copy of the report required under the federal law with respect to the same funds.

4. All grantees and subgrantees shall use the forms of the Office of State Budget and Management and the Office of the State Auditor in making reports to the awarding agencies and the Office of the State Auditor.

Equipment Purchased with Contract Funds:

Title to equipment costing in excess of $500.00 acquired by the Contractor with funds from this contract shall vest in the Contractor, subject to the following conditions.

A. The Contractor shall use the equipment in the project or program for which it was acquired as long as needed. When equipment is no longer needed for the original project or program or if operations are discontinued, or at the termination of this contract the Contractor shall contact the Division for written instructions regarding disposition of equipment.

B. With the prior written approval of the Division, the Contractor may use the equipment to be replaced as trade-in against replacement equipment or may sell said equipment and use the proceeds to offset the costs of replacement equipment.

C. For equipment costing in excess of $500.00, equipment controls and procedures shall include at a minimum the following:

1. Detailed equipment records shall be maintained which accurately include the:

a. Description and location of the equipment, serial number, acquisition date/cost, useful life and depreciation rate;

b. Source/percentage of funding for purchase and restrictions as to use or disposition; and

c. Disposition data, which includes date of disposal and sales price or method used to determine fair market value.

2. Equipment shall be assigned a control number in the accounting records and shall be tagged individually with a permanent identification number.

3. Biennially, a physical inventory of equipment shall be taken and results compared to accounting and fixed asset records. Any discrepancy shall immediately be brought to the attention of management and the governing board.

4. A control system shall be in place to ensure adequate safeguards to prevent loss, damage, or theft of equipment and shall provide for full documentation and investigation of any loss or theft.

5. Adequate maintenance procedures shall be implemented to ensure that equipment is maintained in good condition.

6. Procedures shall be implemented which ensure that adequate insurance coverage is maintained on all equipment. A review of coverage amounts shall be conducted on a periodic basis, preferably at least annually.

D. The Contractor shall ensure all subcontractors are notified of their responsibility to comply with the equipment conditions specified in this section.

Use these charts to determine GS 143C-6.23 reporting requirements.

Total Funds from All State Agencies	Reports Due (Download forms from http://www.ncauditor.net/NonProfitSite/forms.aspx)	Reports Due Date
$1 - $24,999	• Certification • State Grants Compliance Reporting Receipt of < $25,000.*	Within 6 months of entity's fiscal year end
$25,000 - $499,999	• Certification • State Grants Compliance Reporting Receipt of >= $25,000 • Schedule of Receipts and Expenditures* • Program Activities and Accomplishments	Within 6 months of entity's fiscal year end
$500,000 or more	• Certification • State Grants Compliance Reporting Receipt of >= $25,000 • Audit [A-133 Single Audit if >= $500,000 in federal funds or Yellow Book Audit] • Schedule of Federal and State Awards (May be included in the audit) • Program Activities and Accomplishments	Within 9 months of entity's fiscal year end

Reports / Total Funds	Certification	State Grants Compliance Reporting	Schedule of Receipts and Expenditures	Audit with Schedule of Federal and State Awards	Activities and Accomplishments
$1 - $24,999	X	X			
$25,000 - $499,999	X	X	X		X
$500,000 or more	X	X	X	X	X

Use this chart to determine where to send copies of each GS 143C-6.23 report.

All grantees must send one copy of each GS 143C-6.23 report to DHHS.	Mail to: DHHS Office of the Controller NonGov Audit Resolution 2019 Mail Service Center Raleigh, NC 27699-2019 Or direct delivery to: 1050 Umstead Drive Raleigh, NC 27606
In addition, grantees receiving $500,000 or more must also send a copy of all GS 143C-6.23 reports to the State Auditor.	Mail to: Office of the State Auditor GS 143C-6.23 Reporting 20601 Mail Service Center Raleigh, NC 27699-0601 Or direct delivery to: 2 South Salisbury Street Raleigh, NC 27603

FORM K

Contract Attachment E

Instructions: **Grantee should complete this certification for all state funds received. Entity should enter appropriate data in the yellow highlighted areas. The completed and signed form should be provided to the state agency funding the grant to be attached to the contract for the grant funds. A copy of this form, along with the completed contract, should be kept by the funding agency and available for review by the Office of the State Auditor. If you have questions, contact: Angela Gunn, Office of the State Auditor, 919-807-7556.**

State Grant Certification – No Overdue Tax Debts

Entity's Letterhead

[Date of Certification (mmddyyyy)]

To: State Agency Head and Chief Fiscal Officer

Certification:

We certify that the *[insert organization's 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-10-1.

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 the Second Authorizing Official], respectively, of [insert name of organization] of [City] in the State of [Name 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.

_____
Board Chair

_____
[Title of Second Authorizing Official]

Sworn to and subscribed before me on the day of the date of said certification.

_____ My Commission Expires: _____
(Notary Signature and Seal)

If there are any questions, please contact the North Carolina Office of the State Auditor:

Angela Gunn @ (919) 807-7556 or Harriet Abraham @ (919) 807-7673.

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

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Form L

Consumer Satisfaction Survey

Please check the box beside the best answer for each question.

1. How did you find out about the ADRC? (Check all that apply.)

☐ Newspaper ☐ Website ☐ Doctor ☐ Hospital
☐ Television ☐ Brochure ☐ Vocational Rehabilitation
☐ Radio ☐ Friend/Neighbor ☐ Another Agency _____
☐ Library ☐ Family Member ☐ Other (Please Specify) _____

2. Did the information you received from the ADRC help you make a decision or find the service(s) you needed?

☐ Yes ☐ No ☐ Unsure ☐ N/A I wanted the information for future use

3. How many places did you ask about this question or problem before you contacted the ADRC?

_____contacts ☐ No other contacts

4. After you talked to someone at the ADRC, how many times did you have to re-tell your story in order to get services?

_____times ☐ None ☐ N/A I didn't tell my story--I wanted the information for future use

5. Was the person at the ADRC who spoke to you friendly and courteous?

☐ Yes ☐ No ☐ Unsure

6. Was the person you talked with knowledgeable?

☐ Yes ☐ No ☐ Unsure

7. Was the information you received from the ADRC clear and understandable?

☐ Yes ☐ No ☐ Unsure

8. Did the person you spoke to ask necessary questions that focused on the nature of your situation?

☐ Yes ☐ No, asked too many or unnecessary questions ☐ No, didn't ask enough questions to really understand ☐ Unsure

9. How did you first contact ADRC?

☐ By telephone	(If you have checked this option, please continue to question 10)
☐ Came to office	(If you have checked this option, please skip ahead to question 11)
☐ By email	(If you have checked this option, please skip ahead to question 12)

10. *If you telephoned*, **were you able to talk to an ADRC representative on the telephone on your first call, or did you need to leave a message?**

☐ Spoke with a representative — If you have checked this option, please skip to question 9)

☐ Left a message — *If you left a message*, when did the person return your call?

☐ Within the hour ☐ The same day (but not the same hour)
☐ The following day ☐ In the same week (but not the same day)
☐ More than a week ☐ Do not remember

11. If you visited the ADRC, how long did you wait to see someone? (If you did not visit the office on your first contact, *please skip ahead to question 12.***)**

☐ Less than 5 minutes ☐ 5-10 minutes ☐ 11-20 minutes ☐ Over 20 minutes
☐ Do not remember

12. Were you told to go to, or to call, any other places for a service or for more information?

☐ Yes ☐ No ☐ Unsure

13. When you contacted the ADRC were you considering a long term care facility, such as a nursing home, for the person you were asking about?

☐ No — *If "no"* please go on to question 14.
☐ Unsure — *If "Unsure" or "Yes,"* please complete questions 13a and 13b.
☐ Yes

13a. Before you contacted the ADRC, had anyone *advised you* **to consider placing that person in a nursing home or other facility?**

☐ Yes ☐ No ☐ Unsure

13b. Did the counselor you talked to at the ADRC help you understand other choices in addition to a nursing home or other facility?

☐ Yes ☐ No ☐ Unsure

14. What could the management and staff of the ADRC do differently to make the services they offer more useful?

15. How has contacting the ADRC made a difference for you or the person you contacted them about?

16. Would you tell a friend or relative who needed help to call the ADRC?

☐ Yes ☐ No ☐ Unsure

17. Are you receiving the service that you were seeking?

- ☐ Yes, I'm receiving the service.
- ☐ Arrangements are complete, and I will begin receiving the service soon.
- ☐ I have applied for the service, but I don't know when I will receive it.
- ☐ I am on the waiting list for the service.
- ☐ Other _____
- ☐ I wasn't seeking a service; I just wanted to know about options.

16. Did you contact the ADRC for yourself or for someone else?

☐ Self ☐ Husband/Wife ☐ Parent ☐ Child ☐ Other Relative
☐ Friend/Neighbor ☐ Client/Patient ☐ Other (Please Specify) _____

17. Which of the following describes the person you contacted the ADRC about (yourself or other)? *(You may check more than one box)*

- ☐ Is age 60 years or older
- ☐ Has a physical disability
- ☐ Has a developmental disability
- ☐ Has a mental disorder
- ☐ Has Alzheimer's Disease/dementia
- ☐ Has a head injury/cognitive damage
- ☐ Other disability (Please Specify):_____

18. What is the race/ethnicity of the person you contacted the ADRC about (yourself or other)? If you called for more than one person, please check the box that applies to the primary person you called about.

☐ White/Caucasian ☐ Black/African American ☐ Asian or Asian American
☐ American Indian ☐ Latino/Hispanic ☐ Other (Please Specify)_____

19. What is the gender of the person you contacted the ADRC about (yourself or other)?

☐ Male ☐ Female

Thank you for completing the survey. Please return it in the postage paid envelope included with the survey. Your anonymous answers can help us keep improving the ADRC program.

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NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF LONG-TERM SERVICES AND SUPPORTS

ACKNOWLEDGEMENT OF RECEIPT

FOR

REQUEST FOR APPLICATION:
EXPANSION OF AGING AND DISABILITY RESOURCE CONNECTIONS

(Agency requesting funding must complete.)

AGENCY NAME: _____

SENDER'S NAME: _____ Title:_____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

To be completed by the Office of Long-term Services and Supports.

Reference Number: _____

North Carolina Department of Health and Human Services, Office of Long-term Services and Supports acknowledges receipt of submitted RFA from above stated agency.

_____ _____
OLTS Official's Signature Date Received

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Expansion of Aging and Disability Resource Connections
APPLICATION CHECKLIST
RFA OLTS-08-01

❑ Mini Grant for creating or improving the Infrastructure for delivering at least one of the ADRC required functions
❑ Full Grant for Expansion of Aging and Disability Resource Connections
❑ Either the Contract for Expansion of Aging and Disability Resource Connections or a Mini Grant for creating or improving the Infrastructure for delivering at least one of the ADRC required functions

	Required for:	Full Contract	Mini Grant
❑	Cover letter on Agency letterhead	✓	✓
❑	Application Checklist	✓	✓
❑	Application Face Sheet	✓	✓
❑	Notification of Intent to Apply	✓	✓
❑	Project Profile (Form A)	✓	✓
❑	Project Abstract (Form B)	✓	✓
❑	Organization Structure (Form not included)	✓	✓
❑	Scope of Work Elements and Proposed Action Plan	✓	✓
❑	Awareness and Information (Form C-1)	✓	Optional ⚐
❑	Assistance (Form C-2)	✓	Optional ⚐
❑	Access (Form C-3)	✓	Optional ⚐
❑	IT/MIS (Form C-4)	✓	Optional ⚐
❑	Partnership and Stakeholders (Form C-5)	✓	Optional ⚐
❑	Critical Pathways to Long-term Care (Form C-6)	✓	Optional ⚐
❑	Evaluation (Form C-7)	✓	Optional ⚐
❑	Budget (Forms D1-2)	✓	✓
❑	Conflict of Interest (Form E)	✓	✓
❑	Federal IRS Tax Exempt 501 (c) (3) Letter if applicable (Form F)	✓	✓
❑	Certification of Drug Free Workplace Requirements (Form G)	✓	✓
❑	Disclosure regarding Lobbying [Federal](Form H)	✓	✓
❑	Disclosure regarding Lobbying [State] (Form I)	✓	✓
❑	Notice of Certain Reporting and Audit Requirements (Form J)	✓	✓
❑	Certification of No Overdue Tax Debts (Form K)	✓	✓
❑	Letters Support	✓	✓
❑	Completed NC ADRC Community Readiness Assessment Tool	✓	✓
❑	Acknowledgement of Receipt	Optional	

⚐ Mini Grant Applicants must complete the Form(s) that address the function(s) or related component(s) for which funding is requested