**REQUEST FOR APPLICATIONS**

**North Carolina Refugee Health Promotion Program**

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| --- | --- |
| RFA Posted | August 6,2021 |
| Questions Due | N/A |
| Applications Due | August 20,2021 |
| Anticipated Notice of Award | September 17,2021 |
| Anticipated Performance Period | October 1, 2021 through September 30, 2022 |
| Service | NC Refugee Health Promotion Program |
| Issuing Agency | DHHS/DSS/Economic and Family Services/North Carolina State Refugee Office |
| E-mail Applications and Questions to | P. Scott PhillipsAlyssa J Mozingo | Email | Scott.Phillips@dhhs.nc.govAlyssa.Mozingo@dhhs.nc.gov |

**THIS REQUEST FOR APPLICATIONS (RFA)** advertises the Division’s need for the services described herein and solicits applications offering to provide those services pursuant to the specifications, terms and conditions specified herein. All applications received shall be treated as offers to contract. If the Division decides to accept an application, an authorized representative of the Department will sign in the space provided below. Acceptance shall create a contract that is effective as specified below.

**\*\*AWARD PENDING ON FUNDING\*\***

**THE UNDERSIGNED HEREBY SUBMITS THE FOLLOWING APPLICATION AND CERTIFIES THAT:** (1) the Applicant is authorized to bind the named Contractor to the terms of this RFA and Application; (2) the Contractor hereby offers and agrees to provide services in the manner and at the costs described in this RFA and Application; (3) this Application shall be valid for sixty (60) days after the end of the application period in which it is submitted.

**To Be Completed By Contractor:**

|  |  |
| --- | --- |
| Contractor Name: |  |
| Contractor’s Street Address: | E-Mail Address:  |
| City, State & Street Address Zip: | Telephone Number: |
| Name & Title of Authorized Representative: | DUNS Number: |
| Signature of Authorized Representative: | Date: |

**Unsigned or Incomplete Applications Shall Be Returned Without Being Reviewed**

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**1.0 INTRODUCTION**

The North Carolina State Refugee Office (SRO) through the North Carolina Department of Health and Human Services (NC DHHS), the Division of Social Services (DSS), and Economic and Family Services (EFS) is seeking to secure specific health literacy and wellness services from public or private, non-profit organizations across the state. The State Refugee Office exists to ensure services exist for designated eligible populations. Services and activities are aimed at providing assistance to address low health literacy by educating newcomers on health issues via small groups, individual counseling and classroom instruction.

**1.1 PURPOSE** The Refugee Health Promotion (RHP) program aims to address low health literacy by educating newcomers on health issues via small groups, individual counseling and classroom instruction. Specialized case management and emotional wellness services will address overcoming newcomer’s struggles with health barriers and mental health issues.

The Refugee Health Promotion program will

1. Educate refugees about health issues and local healthcare,

2. Provide medical and mental health case management,

3. Use clinical and non-clinical interventions to promote emotional well-being,

4. Establish linkages with healthcare and mental health providers and increase access for refugees, and

5. Educate medical and mental health providers about the needs of the refugees and how to best serve them in a culturally appropriate way.

A full list of services along with other Refugee Support Services (RSS) policies and procedures may be found in the NC DHHS/DSS Refugee Assistance Manual.

The manual may be found online at: <https://policies.ncdhhs.gov/divisional/social-services/refugee-assistance/policy-manuals>. In addition, US Office of Refugee Resettlement (ORR) federal regulations may be found at [http://www.acf.hhs.gov/programs/orr/policy/](http://www.acf.hhs.gov/programs/orr/policy/%20)

**1.2 BACKGROUND**

NC DHHS Mission Statement:

In collaboration with our partners, the North Carolina Department of Health and Human Services provides essential services to improve the health, safety, and well-being of all North Carolinians.

North Carolina State Refugee Office was established via federal funding from the US Office of Refugee Resettlement (ORR) to provide refugee-specific social services defined and designated by federal regulation for eligible populations.

The NC DHHS has designated the Division of Social Services (DSS) to administer the Refugee Health Promotion Program under the parameters of the NC State Refugee Plan and Annual Goal Plan which are approved each year by the ORR.

The term “refugee” is used in this notice to encompass all such persons, as described above, who are eligible to participate in the Refugee Health Promotion Program.

**1.3 ELIGIBILITY**

Applications are invited from public or private non-profit agencies that can provide direct services in accordance with the Refugee Health Promotion Program policies and procedures. The applicant must be a non-profit tax-exempt corporation, so designated by the Internal Revenue Service.

Potential applicants must have the administrative capacity and financial stability to administer the funds if awarded as evidenced by your most recent financial statement/audit. Recipients of funds are expected to have written, established general agency policies.

**Private for-profit agencies are excluded from funding.**

**2.0 AWARD INFORMATION: PENDING ON FUNDING**

**Estimated Range of Awards: $45,000- $95,000**

**Ceiling on Amount of Individual Awards: $95,000**

**Award Term: The grant cycle will be for one-year from October 1, 2021 until September 30, 2022. An RFA will be required SFY 2023.**

All applications received by the declared deadline will be forwarded to the RFA review committee. Committee members review, score and rank the applications. The review panel for this RFA is composed of qualified, professional individuals who have been selected for their unique experiences relating to the program/services/project. When the review panel has completed its evaluations, the panel will make recommendations.

When determining final award decisions, DHHSS staff will consider overallRefugee Health Promotion program factors involving service delivery such as geographic distribution, services and units proposed, cost per participant, agency collaborations, ethnic population and numbers to be served.

The final decision on funding entities rests with the Division Director or Designee.

After qualified applications are evaluated, all agencies approved for funding will be notified on or before

September 17, 2021.

Applicants may be required to reduce the scope of work and budget to reflect the actual amount of funds available. The notification will include the amount of funding available as well as contract application instructions should the applicant accept the level of funding offered.

**2.1 Source of Funds and Pass Through Requirements** Refugee Assistance Program- Refugee Health Promotion

Federal Award Identification Number: Pending on Funding

Federal Award Date: Pending on Funding

Subaward Period of Performance: October 1, 2021 – September 30, 2022

Amount of Federal Funds Obligated by this Action: Pending on Funding

Federal Award Project Description: Refugee Assistance Program- Refugee Health Promotion

Federal Awarding Agency: US DHHS Administration for Children and Families

Pass-through Entity: NC DHHS/Division of Social Services

DUNS # 8097853630000

CFDA Number: 93.566

CFDA Name: Refugee and Entrant Assistance

Is award R&D: No.

**2.2 Federal Funding Accountability and Transparency Act (FFATA)**

As a subrecipient of federal funds, each selected grant recipient will be required to provide certain information required by the Federal Funding Accountability and Transparency Act (FFATA), including the organization’s DUNS number. Please see <https://fedgov.dnb.com/webform> for free registration. Additional information about FFATA is available at <https://www.fsrs.gov/>.

**3.0 DEFINITIONS, ACRONYMS AND ABBREVIATIONS**

Definitions, Acronyms and Abbreviations regarding the Refugee Assistance Program can be found in the NC DHHS manual <https://policies.ncdhhs.gov/divisional/social-services/refugee-assistance/policy-manuals/refugee-assistance-background/refugee-assistance-background>

Refugee Support Services Codes, Services, Description and Units [https://policies.ncdhhs.gov/divisional/social-services/refugee-assistance/policy-manuals/refugee-appendices/raxc.pdf](https://policies.ncdhhs.gov/divisional/social-services/refugee-assistance/policy-manuals/refugee-appendices/raxc.pdf%20)

**4.0 SCOPE OF WORK**

**Proposal Summary (**1-page limit)

Please provide a clear and concise description and purpose of the program. Summarize the major points including: the region/county to be served, the number of individuals who will be served for the entire contract period, the activities proposed (intensity, duration and content) and who will administer the program. Include steps taken to ensure future successes or continuing the project beyond the awarded period, e.g. future financial support, staff requirements, continued community interest.

**SCOPE OF WORK**

**Direct Client Services Contract – Contractor Information and Services to be Provided Sheet**

Allsections must be completed.

**4.1 Background - Impact/Outcomes and Evaluations/Performance Measure Data Collection Plan**

Applicants must describe the goals of the proposed program and identify objectives. When formulating the program’s goals and objectives, applicants must be cognizant of the performance measure that will be required of successful applicant.

**4.2 PURPOSE**

Applicant must definethe primary goal or mission of the program.

**4.3 Performance Requirements**

Applicants shall describe a reasonable and well-developed proposal for the implementation of the projects(s) proposed that fits into the overall mission/goals/objectives, values, and strategies of the program. This section must provide a clear picture of the activities and events that are scheduled to occur.

* *Defines* ***When*** *(brief synopsis of timeframes)*
* *Defines* ***Where*** *(what is the service area(s))*
* *Defines* ***Who*** *(population served or impacted: define the number of unduplicated participants)*
* *Defines* ***What*** *(activities, tasks, services, deliverables)*
* *Defines* ***How*** *and* ***How Often*** *(how and how often is the service provided)*

**4.4 PERFORMANCE STANDARDS**

* Defines the expectations and standards to which the provider will be held.
* Details any reporting due, timeframes, methods
* **Applicants must also provide answers below to demonstrate agency’s best practices of services provided data reporting, program success and participant satisfaction**
1. What staff position will enter service data into the Refugee Information System (RIS) database?
2. What staff position will ensure that data is entered in a timely, accurate manner?
3. How will your agency evaluate participant and program success formally and informally?
4. How will your agency measure participant satisfaction?
5. How will your agency ensure outputs are tracked and outcomes are measured accurately?
6. What type of follow-up will your agency provide to participants?

**4.5 PERFORMANCE MONITORING / QUALITY ASSURANCE PLAN**

* Defines how performance will be monitored.
* Defines what happens if performance is below expectations.
* Defines corrective action plans designed to address performance.

**4.6 Reimbursements**

* Defines plan for reimbursement of services.

**4.7 CONTRACTOR RESPONSIBILITIES**

Each applicant whose proposal is approved for funding will enter into a contractual agreement with the Division for implementation of the funded activities to include a detailed work plan, outcome measures, and budget as part of the contract.

The Division will process the RFA application.

State contracts are executed for one-year period

Continuation is subject to the availability of funds AND successful completion of project goals.

Contracts will become effective beginning OCTOBER 1, 2021 or other times thereafter within the State Fiscal Year.

Service delivery will begin on the effective date of the executed contract.

**4.8 BUDGET and BUDGET NARRATIVE found in Contract Package**

Refugee Health Promotion (RHP) program funding does not require a local match. Funds from this grant may not be used to supplant other funds. Expenditures for travel and daily subsistence must be in accordance with state approved rates. The Office of State Budget and Management (OSBM) prepares the Budget Manual which includes current state approved travel and daily subsistence rates and can be located on the enclosed Contract Package in the Instructions Tab

A **Cost Allocation** plan for applicant agency.

**Job descriptions** for all positions included in the proposal budget

**4.9 CONTRACTOR QUALIFICATIONS and CAPACITY**

**Organizational Capacity**

Successful agencies have strong organizational capacity to help achieve their goals. Organizational capacity includes but is not limited to, sound programmatic and fiscal policies and procedures, adequate staff, professional development opportunities, meaningful staff supervision time, engaged board and community stakeholders, sufficient resources, and a strong data and evaluation process.

This section should include, but not be limited to the following (do not mention staff names, only position titles):

* State the mission of the organization and how it relates to programming.
* Describe the history of your organization within the community and provide evidence that it has the capacity to serve and reach the target population.
* Will any of the proposed services be outsourced to a subcontractor? If so, describe how the services will regularly be monitored and performance evaluated.
* Who will oversee the administration and supervision of the proposed services and what are their qualifications?
* Include an **organizational chart** of your agency showing how the program fits into the organization’s structure
* Who will be responsible for submitting all financial forms and the individual’s experience with submitting budget modifications and monitoring agency/grant spending?

Complete the **Board Member Profile**, listing your current board members, their board position and contact information.

**4.10 Local Coordination and Collaboration**

Each proposal should describe collaboration with other agencies and organizations.

Applicants must answer the following questions:

* How does your agency collaborate with local organizations, coalitions, and/or parent partners that focus on child, family and community well-being, including your County Department of Social Services?
* How will your agency conduct community outreach and recruitment?
* How does your agency solicit, process, and track referrals?

**5.0 DIVISION RESPONSIBILITIES**

The contract administrator and/or Division staff will engage in continuous dialogues as well as make appropriate site visits to the contractor to review progress on a periodic basis.

Contractor will participate in monitoring by the State Refugee Office and representatives of other state and federal agencies.

Substandard performance will be identified and addressed timely and appropriately. Contractor will submit, within thirty (30) days of receipt of the monitoring report, a Corrective Action Plan, if required, to be implemented upon approval of the Plan.

The contractor administrator and/or Division staff will follow up on any areas on noncompliance to ensure that performance requirements and corrective action plans are fully implemented.

DSS shall monitor the Contractor according to the NC DHHS/DSS Subrecipient Monitoring Plan, which may be accessed at <https://files.nc.gov/ncdhhs/documents/files/dss/monitoring/NC-Local-County-Social-Service-Agencies-Monitoring-Plan-2019.pdf>

This includes compliance with the Federal Office of Management and Budget (OMB) CFR Title 2 Part 200.

**5.1 PERFORMANCE OVERSIGHT**

The State Refugee Office Program Consultant reviews Contractors’ monthly DSS-1571 invoices and general ledgers/ supporting documentation for accurate, allowable, and reasonable costs. The SRO also reviews the Suspension of Funding List to ensure that the Contractor has met audit requirements. Ongoing telephone and e-mail monitoring are documented by the DSS Program Consultant when it pertains to possible contractual non-compliance issues.

After the first quarter, a conference call is conducted between the DSS Program Consultant and Contractor staff to review performance monitoring and quarterly report(s) and ensure that required components of services, accurate monthly reporting, and fiscal procedures are being implemented and baseline data is being compiled to fulfill the evaluation plan of the contract. Also, the State Refugee Office database system, Refugee Information System (RIS) entries are reviewed to ensure eligible participants are enrolled and programming activities have been implemented. Ongoing telephone and e-mail monitoring are documented by the State Refugee Office Administrator when it pertains to possible contractual non-compliance issues.

Announced or unannounced on-site monitoring will be conducted during a grant cycle according to an established schedule once baseline data is collected, unless other requirements for frequency take precedence. Areas concerning programming, fiscal management, compliance requirements, personnel, safety, organizational capacity, subcontract services and evaluation are also reviewed to confirm contractual compliance during the on-site review.

Within thirty (30) days of an on-site monitoring review with identified corrective action findings, the SRO Administrator will send a formal written corrective action findings letter to the contractor. If the contractor remains in non-compliance status, the contract may be terminated due to failure to meet the terms and conditions of the contract.

**6.0 TERM OF CONTRACT, OPTIONS TO EXTEND**

The performance period for this contract begins October 1, 2021 and ends September 30, 2022. There is no option to extend. A new RFA will be posted for the FY2023

**7.0 INVOICING AND REIMBURSEMENT**

Upon execution of this contract, the Contractor shall submit to the Division Program Administrator, a monthly reimbursement request for services rendered the previous month and, upon approval by the Division, receive payment within thirty (30) days. Monthly payment shall be made based on actual expenditures made in accordance with the approved budget on file with both parties and reported on the monthly expenditure report submitted by the Contractor.

The Contractor must submit one signed original DSS-1571 III (Administrative Costs Report) to DSS Program Consultant by the 10th of each month for services provided in the prior month. DSS-1571 III reports must be submitted even when no services are provided in a given month. If applicable, one signed original of the subcontractor(s) DSS-1571 III must be submitted each month for services provided in the prior month, even if no costs were incurred in that month. Failure to submit monthly reports may delay receipt of reimbursement.

Monthly payment shall be made based on actual expenditures made in accordance with the approved budget on file with both parties and reported on the monthly expenditure report submitted by the Contractor.

Failure to submit by the due date will result in the reimbursement being held until the following month. Late submittal for several consecutive months may result in denial of cost reimbursement for expenditures greater than sixty (60) days overdue.

These documents must be submitted together after review by the Project Director who signs the MRSD. Faxed copies will not be accepted.

The Division will have no obligation for payments based on expenditure reports submitted later than sixty (60) days after termination or expiration of the contract period.

All payments are contingent upon fund availability.

**8.0 THE SOLICITATION PROCESS**

The following is a general description of the process by which agencies or organizations will be selected to complete the goal or objective.

1. RFAs are being sent to prospective agencies and organizations.
2. Applications will be received from each agency or organization. The original must be signed and dated by an official authorized to bind the agency or organization.
3. 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.
4. At that date and time, the applications from each responding agency and organization will be logged in.
5. At their option, the evaluators may request additional information from any or all Contractors 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.
6. 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.
7. 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.

**9.0 GENERAL INFORMATION ON SUBMITTING APPLICATIONS**

1. **Award or Rejection**
All qualified applications will be evaluated, and awards made to those agencies or organizations whose 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 Contractors will be notified by
2. **Cost of Application Preparation**
Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organizations 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. **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).
8. **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.
9. **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.
10. **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.
11. **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.
12. **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.
13. **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.
14. **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.

**10.0 STATE AND FEDERAL CONTRACT PROVISIONS AND CERTIFICATIONS**

If the Agency is awarded a contract through this RFA, the Agency agrees as follows:

1. **09 NCAC SUBCHAPTER 03M-UNIFORM ADMINISTRATION OF STATE AWARDS OF FINANCIAL ASSISTANCE**

The rule in this subchapter establishes the requirements for non-state entities that receive, hold, use or expend State funds must ensure the uniform administration of state financial assistance by all State agencies, recipients, and subrecipients.

1. **Reporting Requirements**

The Division has determined that this is a contract for financial assistance, and therefore is subject to the reporting requirements described in the Regulations and Reporting Requirements of N.C. General Statute 143C-6-21; 143C-6-22; and 143C-6-23.

1. **Conflict of Interest Policy**

The Division has determined that this contract is a financial assistance contract. The Contractor shall file with the Division, a copy of the Contractor’s policy addressing conflicts of interest that may arise involving the Contractor’s management employees and the members of its board of directors or other governing body. The policy shall address situations in which any of these individuals may directly or indirectly benefit, except as the Contractor’s employees or members of its board or other governing body, from the Contractor’s disbursing of state funds and shall include actions to be taken by the Contractor or the individual, or both to avoid conflicts of interest and the appearance of impropriety. The policy shall be filed before the Division may disburse the grant funds. (N.C.G.S. 143C-6-23(b)(2007))

1. **Statement of No Overdue Tax Debts**

Contractor’s sworn written statement pursuant to N.C.G.S. 143C-6-23(c), stating that the

Contractor does not have any overdue tax debts, as defined by G.S. 105-243.1, at the federal, state, or local level. The Contractor acknowledges that the written statement must be filed before Division may disburse the grant funds.

1. **Internal Revenue Tax Exemption Letter**

Contractors claiming exempt status must attain a letter affirming that the IRS recognizes your organization's tax-exempt status under Code section 501.

1. **Indirect Cost Rate**

Financial assistance awards permitting indirect cost must include a copy of the contractors Federally approved indirect cost rate.

1. **North Carolina Department of the Secretary of State**

Contractors doing business with the State of North Carolina must be properly incorporated and authorized to do business in the State of North Carolina (<http://www.sosnc.com/>).

1. **Audit Requirements**

Please be advised that successful Contractors may be required to have an audit in accordance with G. S. 143-6.2 as applicable to the agency or organization’s status.

 9. **State Certification**

Contractor must complete and sign in blue ink State Certification Form

10. **New Uniform Guidance OMB 2 CFR Part 200**

The Agency shall comply with the following statutes and implementing regulations as applicable from the Office of Management and Budget (OMB) guidance now streamlined in 2 CFR Part 200. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule, published by the U.S. Office of Management and Budget on December 26, 2013, provides a single set of cost, audit and administrative requirements for all entities receiving federal funding. These federal requirements, referred to as “the Omni-Circular”, supersede and replace a collection of OMB circulars that governed different aspects of federal funds administration and applied to different types of federal grantees: OMB Circulars A-21, A-87, A-110, A-122, A-89, A-102 and A-133

11. **Omni-Circular Section 200.331 Requirements for Pass-Through Entities**

The Division and all pass-through entities must ensure that every subaward is clearly identified to the subrecipient as a subaward and disclose pass-through requirements at the time of the subaward as provided under Omni-Circular Section 200.331.

12. **Federal Funding Accountability and Transparency Act (FFATA)**

The Federal Funding Accountability and Transparency Act requires the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all federal spending awards, which is www.USASpending.gov. The Transparency Act prescribes specific pieces of information to be reported. The Division must provide this data on eligible subawards. Contractors meeting the FFATA requirements are required to complete the FFATA report and submit to the Division when requested. A subrecipient of federal funds, each selected grant recipient will be required to provide certain information required by the Federal Funding Accountability and Transparency Act (FFATA), including the organization’s DUNS number. Please see <https://fedgov.dnb.com/webform> for free registration. Additional information about FFATA is available at <https://www.fsrs.gov/>

13. **Consolidated Federal Certifications**

Agencies or organizations receiving Federal funds will be required to execute Federal Certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco Smoke, Debarment, Lobbying, and Lobbying Activities. Certification Regarding Debarment Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions. (a) The prospective lower tier participant (the Agency) certifies, by submission of this contract proposal, 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 Federal Agency. (b) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participants shall attach an explanation to this contract proposal.

A copy of the Federal Certifications is included in this RFA for your reference (see Appendix B). Federal Certifications should be signed or returned with the application.

14. **Federal Contract Registration Requirements and Systems**

All agencies must register their organization in (SAM) System for Award Management. Obtaining a Data Universal Number System (DUNS) number is the first step prior to registering your organization in SAM. The follow link will walk you through the process of obtaining a DUNS number. <http://www.grants.gov/web/grants/applicants/organization-registration/step-1-obtain-duns-number.html>

After receiving a DUNS number, the Agency can register in (SAM) System for Award Management, the Official U.S. Government system that consolidated the capabilities of CCR/FedReg, ORCA, and EPLS. <https://www.sam.gov/portal/SAM/#1>. When Registering with SAM, you will complete your CCR (Central Contractor Registration). The CCR Form is required to be submitted with the FFATA (Federal Funding Accountability and Transparency Act) form. Total compensation will be identified from you CCR information. Please refer the FFATA Manual

<https://www.fsrs.gov/documents/OMB_Guidance_on_FFATA_Subaward_and_Executive_Compensation_Reporting_08272010.pdf>

Agencies may also be required to report their contract expenditures in the (ESRS) Electronic Subcontracting Reporting System: <https://www.esrs.gov/>

**11.0 APPLICATION CONTENT AND INSTRUCTIONS**

Contractors shall populate all attachments of this RFA that require the Contractor to provide information and include an authorized signature where requested. Contractor RFA responses shall include the following items and those attachments should be arranged in the following order: Number each page consecutively. The proposal must be submitted through email in a word document except for signed Attachments that can be submitted in a pdf. Document by the required deadline.

1. **Cover Page** (1st page of RFA) with all fields completed, signed by an authorized official of the Contractor organization
2. **Proposal Summary**
3. **Scope of Work** – See 5.0 (to include the following)
4. **Direct Client Services Contract**
5. The Contractor’s name and principal place of business.
6. The Contractor’s legal status; i.e. whether the Contractor is an individual, a corporation, a general partnership, a limited partnership, a joint venture or some other legal entity. The state in which the Contractor is incorporated or organized Scope of Work – See 5.0 (to include the following)

**Background**: Describes the organization and its qualifications for funding.

**Purpose** - Assessment of Need/s (Problem Statement)

**Performance Requirements**: A written description of the Contractor’s approach to the project, including identification of key partners.

* A description of how the Contractor will meet each of the requirements and deliverable described in the scope of work (The Plan of Action).
* Project Implementation Plan (Work plans, timelines, schedules and transition plans for the project)

**Standard language is provided for Performance Standards, Performance Monitoring/Quality Assurance Plan and Reimbursements.**

1. **Contractor Qualifications and Capacity**

**Face Sheet, Budget & Required Documents**

Applicants must complete the Contractor Package Excel worksheet that includes:

* Contractor Face Sheet;
* Budget for SFY 2022; and
* Performance Measures

The line-item budget is for Federal Fiscal Year 2022

***Read the Excel workbook Budget Worksheets Instructions tab carefully*** because it contains all the information required to develop a budget, including entering salary and fringes. Make sure that all expenses are clearly explained in the Narrative column.

The budget is subject to the following requirements:

* All funds are distributed on a reimbursement after expenditure basis.
* Funds from this grant may not be used to supplant other funds.
* Expenditures for travel and daily subsistence may not exceed state approved rates, which are listed in the DSS Contractor Package instructions.
* Equipment (e.g. computers, printers, televisions, video cameras, etc.) may be purchased if it is required by the program model or supports the contract goals and outcomes. Contractors that received funding in previous years to purchase equipment must submit a clear justification of need in order to purchase duplicate equipment under this grant.
* Cost allocation plan, if sharing costs across multiple funding streams.
* Indirect Rate may not exceed 10%.
* An indirect cost letter needs to be submitted if the agency has an agreed upon indirect cost rate that is less than 10%.
* If the agency is claiming less than 10%, they must submit a letter on letterhead stating that they are declining the de minimus 10% rate

* Proof of insurance and a copy of the policy is needed if an agency is planning on providing

 transportation.

**Required Application Attachments**

* **Application Checklist** helps ensure that Applicants have completed all the required elements.
* **Authorized Signature Template** lists the staff and board members who are authorized to sign for contractual and/or fiscal documents, including invoices.
* **Board Member Profile** that lists your agency’s current board members, their board position, phone number, and email address. Applicants must use template provided in the link in Appendix C.
* **Job Descriptions** for all positions listed in your proposed Budget. (***Do not include individual names, only position titles)***
* **DSS Contractor Package** – Face Sheet, Budget, and Required Documents (see below)
* **Organizational Chart** is a visual illustration of the agency’s staff positions that show how the proposed programs fit into the overall agency’s structure (***Do not include individual names, only position titles)***.

**Electronic Submission:**

Applicants must submit all documents to the following email address: Scott.Phillips@dhhs.nc.gov and **Alyssa.Mozingo@dhhs.nc.gov**in **3** separate emails.

 Each attachment must be named with the **name of agency** followed by **name of attachment.**

* Example: Best Refugee Provider: Cover Letter
* Example: Best Refugee Provider: Board Member Profile
* Example: Best Refugee Provider: Federal Certifications

**Email #1 should include the following separate attachments:**

* Cover Letter
* Application Checklist
* Scope of Work (This should be one Word document including the following sections: Direct Client Services Contract, Services to be Provided worksheet, Background, Purpose, Performance Requirements, Contractor Qualifications and Capacity)

**Email #2 should include the following separate attachments:**

* Organizational Chart
* Board Member Profile
* Job Descriptions (for all staff listed in the Budget)

**Email #3 should include the following separate attachments:**

* + DSS Contractor Package
		- Face Sheet
		- Contract Budget and Narrative
		- Subcontractor Budget (if applicable)

**12.0 EVALUATION CRITERIA AND SCORING**

All qualified applications will be evaluated and awards made based on the following criteria considered, to result in awards most advantageous to the State.  Applications will be scored on the content, quality, and completeness of the responses to the items in the scope of work and to how well each response addresses the following core factors.  NC DHHS will consider scores, organizational capacity, and distribution among catchment areas, and variety of quality improvement plans in determining awards.  Please note that Contractors not meeting the eligibility requirements or any of the minimum or mandatory requirements will not be scored.

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Criteria** | **Clarification** | **Maximum Score Possible** | **Points Awarded** |
| **I. Proposal Summary**  |   | **5 Maximum Points** |
|  | Briefly describe |  |  |
| **II. Background and Purpose****(Section 5.01– 5.2)** |   | **20 Maximum Points** |
| **Statement of problem** | Agency demonstrates clear evidence of an unmet need and presents data and analysis which proves a clear understanding of problem and provides a clear and concise summary of proposed services. |  |  |
| Clearly demonstrate how the programs needs assessment and program design are linked to the required goals. |  |  |
| **III. Program Objectives and Performance Requirements** |  | **45 Maximum Points** |
|  | Agency describes a reasonable and well-developed proposal for the implementation of the project(s) proposed that fits into the overall mission/goals/objectives, values, and strategies of the program.  |  |  |
|  | * Describe how the program design is supported by evidence –based/well supported practices.
 |  |  |
|  | * Section provides a clear picture of the activities and events that are scheduled to occur.
 |  |  |
|  | * Community partners who are supporting service delivery are identified.
* The agency’s collaboration and coordination plan with other organizations is clearly described articulated.
 |  |  |
| **IV. Organizational Capacity (Section 5.9)** |  | **15 Maximum Points** |
|  | * A brief description of the organization’s background/history and structure is provided.
 |  |  |
| * Organization’s mission clearly relates to programming.
 |  |  |
| * Capacity to serve and reach the target population is provided.
 |  |  |
| * Board Member Profile - completed.
 |  |  |
| * Organizational Chart is included and provides evidence that there is a support structure in place.
 |  |  |
| * Job descriptions are included for all RAP-SS staff positions.
 |  |  |
| **VII. Budget Accuracy****(Section 5.8)** |  | **15 Maximum Points** |
|  | * The budget narrative provides justification for the projected expenses, is clearly articulated and is sufficient to support the goals and activities outlined in the proposal.
 |  |  |
| * The budget includes supplemental documents, as needed (Indirect Cost Plan, Lease, Copy of most recent Certified Financial Statement/Audit.
 |  |  |
| **TOTAL POINTS AWARDED** |  |  |

|  |
| --- |
| **SERVICES TO BE PROVIDED** |
| (1)Service | (2)ServiceCode | (3)Number of Program ParticipantsServed By Time in Country\*\* | (4)# of Units of Service | (5)Definition of Unit of Service |
| TOTAL Number**\*** | 0 – 12 Months | 13 – 60 Months |
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\*Duplicated Participants - Clients may receive any combination of services listed above.

\*\* 0-12 Months - Indicates Refugee’s first 12 months living in the United States

 13-60 Months - Indicates Refugee has been in the United States for more than 1 year (up to 5 years)

**SCOPE OF WORK**

**Background**

* *Defines the primary goal or mission of the program.*
* *Provide national, state and local statistics.*
* *Provide FY20-21 deliverables for the following services, if provided: # served, # employed, % with health benefits, % employed at the 90th day, # that received ELT, # that received citizenship services, # that received Interpretation/Translation services.* ***Data MUST be pulled from RIS Performance Report (Schedule C-Services Report) for the period July 1, 2020 through June 30, 2021.***

**PURPOSE**

* *Enter # served and list counties being served.*

The purpose of this contract is to assist **\_\_\_\_\_** entrants residing in (List each county to be served) with transitioning into a new environment, adjusting to cultural differences in the US, and securing employment to attain economic self-sufficiency.  These services will be provided through various educational, social and economic programs.

**Performance Requirements**

* *Defines* ***When*** *(brief synopsis of timeframes)*
* *Defines* ***Where*** *(what is the service area(s))*
* *Defines* ***Who*** *(population served or impacted: define the number of unduplicated participants)*
* *Defines* ***What*** *(activities, tasks, services, deliverables)*
* *Defines* ***How*** *and* ***How Often*** *(how and how often is the service provided)*

**(For each service listed, follow the example provided below)**

***Use numbers and not bullets.***

***Do not include Service Code numbers.***

During the period of October 1, 2021 and September 30, 2022 in the designated service areas, the Contractor, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, shall:

*This is an example of how to capture the last three items:*

1. *Provide Assessment Services to 75 clients* ***(Who)*** *that will contribute to the development of an appropriate plan outlining needed services and referrals. Staff will conduct an intake meeting* ***(How)*** *prior to enrollment for services* ***(How Often)*** *with the individual that include, conducting a comprehensive assessment* ***(What)*** *that identifies aptitude and skills for needed services and potential barriers, obtaining and recording in-depth information* ***(What)*** *and completing the plan* ***(What)****.*

**Board Member Profile**

*List your current board members, their board position and contact information.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Board Member** | **Title** | **Number of Years on the Board** | **Address** | **Phone Number** |
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**OrganizationAL Chart**

*Input your organization chart here. Position titles ONLY.*

**Job Description(s)**

*Input* ***all*** *required job description(s) here.*

**APPENDIX A**

**CERTIFICATIONS AND ASSURANCES**

* Conflict of Interest Certification and Organizational Conflict of Interest Policy
* Conflict of Interest – Annual Verification
* No Overdue tax Form (non-governmental agencies)
* IRS Tax Exemption Letter and Verification (Non Profit Contractors)

**REQUEST FOR APPLICATION (RFA)**

**NORTH CAROLINA REFUGEE ASSISTANCE PROGRAMS:**

**Refugee Health Promotion Program**

**CHECKLIST**

1. Cover Page signed in blue ink, scan and Email \_\_\_\_\_\_\_\_\_\_

2. Proposal Summary (1 page limit) - Email Word Document \_\_\_\_\_\_\_\_\_\_

3. Scope of Work Document - Email Entire Word Document \_\_\_\_\_\_\_\_\_\_

4. Contractor Package – Email Excel Workbook \_\_\_\_\_\_\_\_\_\_

5. Contractor Qualifications and Capacity \_\_\_\_\_\_\_\_\_\_

7. Cost Allocation Plan - Email Word Document \_\_\_\_\_\_\_\_\_\_

8. Additional Documents - signed in blue ink, scan and Email

 FFATA Form (Federal Funding Accountability and Transparency Act \_\_\_\_\_\_\_\_\_\_

 Central Contractor Registration Verification \_\_\_\_\_\_\_\_\_\_

 Indirect Cost Plan \_\_\_\_\_\_\_\_\_\_

 Signed Lease Agreement \_\_\_\_\_\_\_\_\_\_

 Copy of Vehicle Registration IF budgeting Vehicle Transportation Expenses \_\_\_\_\_\_\_\_\_\_

 Signature Authority Letter \_\_\_\_\_\_\_\_\_\_