

**REQUEST FOR APPLICATIONS  
DMH22-008SR-RFA  
Strategic Prevention Framework for Prescription Drugs**

RFA Posted	03/16/2022		
Questions Due	04/01/2022 at 5:00pm EDT		
Applications Due	04/19/2022 at 5:00pm EDT		
Anticipated Notice of Award	04/26/2022		
Anticipated Performance Period	05/01/2022 - 9/29/2022		
Service	Community Based Substance Abuse Prevention		
Issuing Agency	NC Department of Health and Human Services; Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS)		
E-mail Applications and Questions to	DMH Contracts Team	Email	<a href="mailto:RFA.responses@dhhs.nc.gov">RFA.responses@dhhs.nc.gov</a>

**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.

**THE UNDERSIGNED HEREBY SUBMITS THE FOLLOWING APPLICATION AND CERTIFIES THAT:** (1) he or she 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 60 days after the end of the application period in which it is submitted.

**To Be Completed By Contractor:**

Contractor Name:	Catchment Area # (see p.5):
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**

Through this Request for Applications (RFA), the NC Department of Health and Human Services (NC DHHS);(DMHDDSAS) is launching the NC Strategic Prevention Framework for Prescription Drugs (SPF-Rx) grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP). Through this initiative, the DMHDDSAS seeks to collaborate to use the Strategic Prevention Framework to address target substances of abuse with Local Management Entity-Managed Care Organizations (LME-MCOs), Community-based organizations implementing substance abuse prevention, and Community coalitions working to address substance abuse prevention.

## **1.1 PURPOSE**

This project will be utilized to address overdose deaths related to prescription drug misuse and abuse within our state. Areas of focus include raising awareness about the dangers of sharing medications and working with medical communities on the risks of overprescribing to young adults; raising community awareness and bring prescription drug abuse prevention activities and education to schools, communities, parents, prescribers, and their patients.

DMHDDSAS is sponsoring this RFA to address substances of high use and impact using evidence-based prevention policies, programs, and practices. Funded applications must utilize the Strategic Prevention Framework to plan and implement this initiative. Prescription drug use among youth and young adults must be addressed in each funded proposal along with collaborating with the medical community to help raise awareness.

## **1.2 BACKGROUND**

NC DHHS is committed to proactively planning for and addressing substances of concern in communities. This includes legal substances of use for youth and adults that are being misused and overprescribed.

In North Carolina, from 2000 to 2019, more than 16,500 North Carolinians died from unintentional opioid-involved overdose deaths. In 2019 alone, nearly five (5) North Carolinians died each day from unintentional opioid overdose. Opioid-involved overdoses have steadily increased, and while there was a decrease in overdose deaths and emergency department (ED) visits in 2018, these overdoses are on the rise again as of 2020. (NC Opioid Dashboard, 2021). As of August 2021, there have been 727 opioid overdose ED visits, which includes unintentional overdoses in North Carolina compared to the 803 of August 2020 (<https://www.injuryfreenc.ncdhhs.gov>). Commonly prescribed pain medications (i.e., oxycodone, hydrocodone, codeine) were the leading cause of opioid-involved overdoses.

North Carolina males have over twice the unintentional opioid-involved overdose death rate compared to females (21.2 compared to 9.8 per 100,000, respectively). Whites have the highest unintentional opioid-involved overdose death rate, at 20.1 per 100,000, followed closely by American Indians at 19.3 per 100,000. Unintentional opioid-involved overdose death rates are highest among adults ages 25-54 (<https://www.injuryfreenc.ncdhhs.gov>). According to the 2019 Youth Risk Behavior Survey, North Carolina high school students are more likely to take a prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it (counting drugs such as codeine, Vicodin, Oxycontin, Hydrocodone, and

Percocet, one or more times during their life) compared to across the United States (16.6% compared to 14.3%). North Carolina high school females were also more likely to take a prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it than males (17.1% to 15.6%) (YRBS, 2021).

North Carolinians have also been overprescribed and prescribed opioids at a higher dose than what is recommended. The percentage of North Carolina residents being dispensed an opioid pill in 2020 was 13.7% on an annual basis, which accounts for 1,432,749 residents/patients (NC Opioid Dashboard, 2021). The number of individuals receiving dispensed opioids has decreased by 36%, but there is still much to be done around education on safer prescribing practices among NC healthcare providers (NC Opioid Action Plan, 2020).

This round of SPF-Rx funding will address prescription drug misuse and abuse. In addition, communities will also focus on working with their local medical communities on the risks of overprescribing to young adults and raising awareness about the dangers of sharing medications.

## **2.0 ELIGIBILITY**

- 1) The North Carolina SPF-Rx will be primarily focused on preventing prescription drug misuse among youth ages 12-17 and adults 18 years and older through strategic planning and implementation of environmental management strategies

Applicants are required to:

- have a current state-funded contract or an established relationship with one or more LME-MCOs and must include, at minimum, affirmation from the LME-MCO of its agreement and support of the proposal
- have a demonstrated presence and operations in North Carolina for a minimum of 1 year prior to proposal submission.

- 2) **Eligibility is open to non-profit entities only** Applications **MUST** include a focus on prescription drug misuse among youth ages 12-17 and adults 18 years and older.

- 3) Applicants must provide service in one or more of these 10 counties to be eligible to apply: *Burke, Caldwell, Cherokee, Clay, Columbus, Mitchell, Richmond, Robeson, Scotland, and Swain*

- 4) Separate applications must be submitted for each identified community in which services are proposed.

***Failure to meet any of the above eligibility criteria and requirements will cause the application to be deemed ineligible.***

## **3.0 AWARD INFORMATION**

The maximum award for this RFA is \$32,000 per award per year for up to seven (7) awardees. Annual funding will be available contingent on funding availability, performance, fiscal management, quality management, outcomes and data submission.

Applications will be reviewed and ranked according to the evaluation criteria outlined in Section 13.0.

Applicants must submit a budget summarizing the attributed costs for this project and complying with the terms outlined in this RFA. Applicants should complete the Line-Item Budget Template provided in Attachment F. Proposed budgets cannot exceed \$32,000 in total costs in any year of the proposed project for proposals that include alcohol and one additional target substance.

As noted in Section 5, applicants are strongly recommended to commit a part-time (0.5 FTE) position to this project.

### **3.1 SOURCE OF FUNDS AND PASS-THROUGH REQUIREMENTS**

**Federal Award Identification Number:** H79SP082765

**Federal Award Date:** September 7, 2021

**Subaward Performance Period:** May 1, 2022 – September 29, 2022

**Amount of Federal Funds Obligated by this action:** up to \$224,000

**Total Amount of Federal Funds Obligated to the Subrecipient:** \$32,000 per award

**Total Amount of the Federal Award:** \$384,000

#### **Federal Award Project Description:**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), is accepting applications for fiscal year (FY) 2021 Strategic Prevention Framework for Prescription Drugs (Short Title: SPF Rx) grant program. The SPF Rx grant program provides an opportunity for states, U.S. territories, (herein referred to as “states”), and Tribal entities that have completed a Strategic Prevention Framework Partnership For Success (SPF PFS) to target the priority issue of prescription drug misuse or another state-level strategic planning process around prescription drug misuse prevention. The program is designed to raise awareness about the dangers of sharing medications and work with pharmaceutical and medical communities on the risks of overprescribing to young adults. The SPF Rx program will also raise community awareness and bring prescription drug abuse prevention activities and education to schools, communities, parents, prescribers, and their patients. In addition, SAMHSA will track reductions in opioid overdoses and the incorporation of Prescription Drug Monitoring Program (PDMP) data into needs assessments and strategic plans as indicators of the program’s success.

**Federal Awarding Agency:** SAMHSA

**Pass-through Entity:** Non-profit entities

**DUNS #:** 8097853630000

**CDFA Number:** 93.243

**CDFA Name:** Substance Abuse and Mental Health Services\_Projects of Regional and National Significance

### **3.2 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.fsr.gov/>.

### **4.0 DEFINITIONS, ACRONYMS AND ABBREVIATIONS**

**ATOD:** Alcohol, Tobacco & Other Drugs

**CSAP:** Center for Substance Abuse Prevention

**CSRS:** Controlled Substance Reporting System

**DMHDDSAS:** Division of Mental Health, Developmental Disabilities and Substance Abuse Services

**ED:** Emergency Department

**EBPs:** Evidence-based Practices/Programs.

**FFY:** Federal Fiscal Year

**FTE:** Full-time equivalent

**HIV:** Human Immunodeficiency Virus

**LME-MCO:** Local Management Entities – Managed Care Organizations

**MOU:** Memorandum of Understanding

**NC DHHS:** North Carolina Department of Health and Human Services

**Rx:** Prescription Drugs

**SAMHSA:** Substance Abuse and Mental Health Services Administration

**SPF-Rx:** Strategic Prevention Framework for Prescription Drugs

**STD/STI:** Sexually Transmitted Disease/ Sexually Transmitted Infection

**TA:** Technical Assistance

**YRBS:** Youth Risk Behavior Survey

### **5.0 SCOPE OF WORK**

Overarching Intent and Expectation

To meet the goals of the SPF-Rx project, grantees are **required to use the Strategic Prevention Framework (SPF) process at the community level** to: (Step 1) assess needs; (Step 2) build capacity; (Step 3) engage in a strategic planning process; (Step 4) implement a comprehensive, evidence-based prevention approach; and (Step 5) evaluate implementation and related outcomes.

Grantees will be expected to:

- Develop and demonstrate an understanding of local conditions pertaining to prescription drug misuse and abuse to support the scope of the proposed project application.

- Develop and demonstrate the ability to plan and mobilize their community to address local conditions relevant to substances targeted in the proposal.
- Develop a comprehensive action plan with a primary focus on evidence-based environmental management strategies; including but not limited to addressing prescription drug misuse (harm reduction approaches are not permitted under the terms of this funding, (see Eligibility and Requirements).
- Implement a comprehensive environmental management approach which includes evidence-based programs, policies and practices that address prescription drug misuse.
- Create a sustainability plan with options for fundraising as necessary.
- Participate in technical assistance and training related to the SPF-Rx grant.
- Include related expenses in the project budget (Local or statewide meetings and conferences, all anticipated travel expenses, and other necessary costs related to implementing proposed project activities.)
- Designate a part-time (0.5 FTE) grant coordinator position for this project.

Utilize data to create and implement a Health Disparities Plan related to the target substances that: 1) identifies service area, sub-populations (*i.e.* racial, ethnic, sexual/gender minority groups) vulnerable to disparities and 2) implement strategies targeted to the identified group(s) to decrease disparities in prescription drugs.

### **5.1 PROGRAMMATIC REQUIREMENTS AND PRIORITIES**

As stated in the Purpose, this project will support projects that address the identified target substances and youth and young adults at the community level.

All project activities must comply with the design and framework outlined in this RFA. Additionally, the contractor shall adhere to the budget and proposed timeline submitted as part of this application.

### **5.2 CONTRACTOR RESPONSIBILITIES**

The North Carolina SPF-Rx will be primarily focused on preventing prescription drug use of individuals 12-17 and adults 18 years and older through strategic planning and implementation of environmental management strategies.

- A. Have affiliation with a host organization (e.g., an organization with 501(c)(3) or NC non-profit status) and be able to receive federal funds.
- B. Must include a focus on raising awareness about the dangers of sharing medications and working with medical communities on the risks of overprescribing to young adults.
- C. Must agree to measure and report outcomes, established, and approved by SPF-Rx Evaluators and the DMHDDSAS. Applicants must demonstrate the ability to comply with the SPF-Rx National Cross Site evaluation requirements.
- D. Must agree to follow all data rules and regulations when sharing Controlled Substance Reporting System (CSRS) data that's provided by the NC CSRS Team.
- E. Refusal of Funds from Alcohol, Tobacco, Electronic Vapor Product and/or Marijuana and Pharmaceutical Entities - The applicant and/or its affiliate(s) agree that it shall not accept

any grant or anything else of value from any alcohol, tobacco, electronic vapor product and/or marijuana manufacturer, distributor, or other alcohol, tobacco, electronic vapor product, marijuana, or pharmaceutical related entity.

F. Harm reduction- The contractor agrees not to use SPF-Rx funds to purchase naloxone

### **5.3 PERFORMANCE STANDARDS AND EXPECTATIONS**

A. Contractor must agree to measure and report outcomes, established, and approved by SPF-Rx Evaluators and the DMHDDSAS. Applicants must demonstrate the ability to comply with the quarterly or annual SPF-Rx National Cross Site evaluation requirements.

### **5.4 REPORTING REQUIREMENTS**

A. DMHDDSAS will provide any necessary reporting templates to the Contractor within 30 days of their due date.

B. Quarterly Reporting Requirements

- a. Contractor shall provide quarterly status reports, using a template provided by DMHDDSAS, which will outline Contractor activity/progress on activities outlined in the project proposal and timeline.
- b. Elements of the quarterly reports shall include:
  - i. Names and status of individuals serving as staff.
  - ii. Identification of community partners involved with the project.
  - iii. Relevant assessment data to support initiatives and progress on completion.
  - iv. Summary of current challenges and barriers.
  - v. Summary of successes.
  - vi. Anticipated next steps and completion dates.
- c. By the fifteenth (15<sup>th</sup>) of each month, the contractor shall submit an invoice for allowable expenditures from the preceding month, and copies of back-up documentation (receipts, travel logs, and timesheets/HR documentation)

C. Other:

- a. Contractor agrees to comply with any additional reporting requirements required by SAMHSA.
- b. DMHDDSAS shall work to ensure any federal reporting requirements introduced does not create duplicative reporting with existing DMHDDSAS reporting forms.

D. Annual Site Visits

- a. Contractor agrees to report on required documents and deliverables.

### **5.5 OTHER CONTRACTOR REQUIREMENTS**

Program staff working under this award agree to work collaboratively and in good faith with DMHDDSAS identified training and technical assistance for this grant.

### **5.6 CONTRACTOR QUALIFICATIONS AND CAPACITY**

**Eligible applicants are limited to non-profit providers that have an established relationship with LME-MCOs. Applicants shall:**

- Have been providing services in North Carolina for one year prior to the submission of this proposal.
- Provide a clear organization/collaboration chart that shows structure and management detail.
- Be able to describe the community's existing resources and any previous or current efforts to address the identified problems discussed in the Assessment section. Include any developing or established efforts in this description.
- Be able to describe the community partners that will participate in this project. Include a description of the partner's current area(s) of focus. *If you are an ATOD prevention agency and there is an ATOD prevention focused collaborative or coalition in your proposed service area, you must include a MOU to work collaboratively with this group. If you are an ATOD prevention focused collaborative or coalition and there is an ATOD prevention agency in your proposed service area, you must include a MOU to work collaboratively with this agency.*
- Be able to describe any training or other capacity building activities needed by any of the involved entities to ensure the success of this project.

Sub awardees must have internal controls in place and use generally accepted accounting principles (GAAP). Successful applicants will show no more than two audit findings in their most recent audit. Successful applicants will have a proven track record of collaboration with community partners to better assure sufficient resources are available to individuals to meet treatment and recovery needs.

## **6.0 PERFORMANCE OVERSIGHT**

The DMHDDSAS assumes responsibility for monitoring the performance of the selected applicants and the outcomes of these projects.

## **7.0 TERM OF CONTRACT, OPTIONS TO EXTEND**

The performance period for this contract begins on May 1, 2022 and ends September 29, 2022. The budget timeframes will be April 1, 2022 - June 30, 2022, and July 1, 2022 - September 29, 2022. Any extension of funding for the funding period will be determined by the availability of funds and status of goals and outcomes.

## **8.0 BUDGET**

The RFA line-item budget shall constitute the total cost to the DMHDDSAS for complete performance in accordance with the requirements and specifications herein, including all applicable expenses such as administrative cost. Contractor shall not invoice for any amounts not specifically allowed for in the line-item budget of this RFA.

The Contractor shall use the Cost Table found in Attachment F: Line-Item Budget to create the Line-Item Budget and Budget Narrative. The Vendor shall not use any other tables or forms, nor modify the contents of any of the shaded cells in the Cost Table.

All costs provided in Line-item budget must be firm and fixed for the duration of the contract.

## **9.0 INVOICING AND REIMBURSEMENT**

Activities provided under this contract must be separate and distinct from any activities for which the Contractor receives or seeks reimbursement through it capitated or state-funded payments.

The contractor shall submit a monthly invoice for based on expenditures by the 15<sup>th</sup> of the month for services rendered the month prior. The Contractor's invoice shall be on the Contractor's letterhead and shall incorporate an invoice template that the Division shall provide within 10 business days of the Contract's execution date.

Upon award, funds will be allocated to the LME-MCO that has responsibility for the population of the county in which the provider(s) is located. As stated earlier, applicants must have a current contract or established relationship with the applicable LME-MCO and must include, at minimum, affirmation from the LME-MCO of its agreement and support of the proposal.

LME-MCOs will determine the specific billing mechanisms to be utilized for these grant funds and may include both fee-for-service billing, as well as non-UCR funding.

## **10.0 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) 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 will be posted on the RFA web site.
- 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.

## **11.0 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 November 30, 2021.

### 2) Decline to Offer

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

### 3) Cost of Application Preparation

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

### 4) Elaborate Applications

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

### 5) Oral Explanations

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

### 6) Reference to Other Data

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

### 7) Titles

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

### 8) Form of Application

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

### 9) Exceptions

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and 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).

### 10) Advertising

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

### 11) Right to Submitted Material

All responses, inquiries, or correspondence relating to or in reference to the RFA,

and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

12) Competitive Offer

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

13) Agency and Organization's Representative

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

14) Subcontracting

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

15) Proprietary Information

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

16) Participation Encouraged

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

17) Contract

The Division will issue a contract to the recipient of the grant that will include their application.

18) Federal Certifications

- i) 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. A copy of the Federal Certifications is included in this RFA for your reference (see Appendix A). Federal Certifications should NOT be signed or returned with the application.

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. Also, the contract may include assurances the successful Contractor would be required to execute when signing the contract. Agencies or organizations receiving Federal funds will be required to execute a Consolidated Federal Certification form (as applicable). Private not for profit agency contracts will also include a conflict-of-interest policy statement.

## 12.0 APPLICATION CONTENT AND INSTRUCTIONS

Applications should provide a concise description of the applicant’s capabilities, collaborations, and partnerships. The entire Narrative, which includes the Assessment, Organizational Capacities, Planning Approach, Implementation Plan and Evaluation Plan sections must be ***no more than ten (10) pages and must be single-spaced in a minimum of Times New Roman 12-point font.*** The application must be organized into the following major sections:

I	<b>Letter of Transmittal on Agency Letterhead</b>
II	<b>Applicant Information</b>
III	<b>Program Narrative</b>
IV	<b>Budget</b>
V	<b>Letters of Commitment</b>
VI	<b>Attachments</b>

- I. **Letter of Transmittal**, signed by the legally authorized signatory and on the applicant’s letterhead, outlining why the applicant chose to apply. Cover letter shall include:
  1. Explanation of why applicant is applying.
  2. Evidence of demonstrated need for project in applicant’s catchment area.
  3. Explanation of why applicant is suitable candidate, including demonstrated experience with target populations and substances.
  
- II. **Applicant Information**: Contractor’s name and principal place of business; legal status (whether the contractor is a LME-MCO, community based organization or coalition); the state in which the contractor is incorporated or organized. The following for each entity must be included:

**Fiscal Host Agency**

- Agency Name
- Agency Executive Director Name
- Contact for this Application with Email and Phone Number
- Agency Address, Telephone Numbers
- Website Address

**County/Community Coalition or Collaborative or Prevention Agency**

- Coalition/Collaborative/Agency Name
- Coalition/Collaborative/Agency Director/Coordinator Name

- Coalition/Collaborative/Agency Contact for this Application with Email and Phone
- Coalition/Collaborative/Agency Address, Telephone Numbers
- Area Served by this Coalition/Collaborative/Agency
- Collaborative/Agency Website

**Other Involved Key Stakeholder(s)**

- Provide relevant information for other key entities that are involved with this project.

**III. Program Narrative (maximum 10 pages, excluding attachments)  
The following Program Narrative is to be completed according to the descriptions provided in each section below:**

**Assessment**

- Describe the nature and extent of prescription drug misuse and abuse in your community. Pay close attention to any identified target populations and trends. Include other risk and protective factors and the results of any community data, whether formal or informal, that document these health issues in your community.
- Provide an overview of the social, cultural and geographic factors that may play a role in encouraging or discouraging prescription drug misuse and abuse in your community. For example, include *how*, *where* and *when* prescription drugs are made available in your community. This should include, but not be limited to any knowledge you have regarding social access, retail access, informal policies, customs, traditions, norms, lack of existing policy enforcement.
- Describe the existing level of readiness in your community to address prescription drug misuse. Submit a “Community Readiness Assessment” (Attachment C).
- Provide a description of the demographic information of target population, as well as the socioeconomic composition of the selected community or county.

**Organizational Capacities**

- Describe how the applicant fiscal organization and/or the Organization/Collaborative/Agency is structured and managed. Please include an organizational chart (Attachment D).
- Describe the community’s existing resources and any previous or current efforts to address the identified problems discussed in the Assessment section. Include any developing or established efforts in this description.
- Describe the community partners that will participate in this project. Include a description of the partner’s current area(s) of focus. *If you are an ATOD prevention agency and there is an ATOD prevention focused collaborative or coalition in your proposed service area, you must include a MOU to work collaboratively with this group. If you are an ATOD prevention focused collaborative or coalition and there is an ATOD prevention agency in your proposed service area, you must include a MOU to work collaboratively with this agency.*
- Describe any training or other capacity building activities needed by any of the involved entities to ensure the success of this project.

## Planning Approach

- Describe the applicants' experience in developing and implementing prescription drug misuse and abuse prevention best practices, programs and policies, including involvement and partnerships with other community efforts.
- Describe how cultural competence and health disparities will be addressed throughout all phases of the planning and implementation processes.

## Implementation Plan

- Describe any previous efforts to implement environmental management strategies to address prescription drug misuse in your target community/area.
- Describe plans to 1) implement environmental approaches, policies and practices, to prevent the onset and reduce the progression of prescription drug use among the target populations; 2) strengthen prevention capacity at the community level; 3) engage key partners; and 4) address health disparities that exist in the target community/area.
- Provide a 14-month project timeline for **05/01/2022 through 06/30/2023**. The project timelines need to be split into two. The first timeline needs to be **May 1, 2022 - June 30, 2022**, and the second timeline **July 1, 2022 - June 30, 2023** (Attachment E) that includes specific action steps and responsible parties to reflect the approach related to the SPF process for addressing prescription drug misuse. At a minimum, please address the following:
  - Staffing and workforce development/training needs
  - Conducting additional assessments of community needs and resources.
  - Analysis of the issue and development of specific goals and actions.
  - Developing and/or identifying interventions.
  - Advocating for change, influencing policy or community norms.
  - Implementing effective interventions, and
  - Sustainability

## Evaluation Plan

- In this section, express your commitment to participating in the SPF-Rx National Cross Site Evaluation plan, which includes a web-based system to track progress and outcomes.
- Describe the commitment from necessary key stakeholders to collect local data. Describe any existing survey instruments that are being used to gather data in the target area.
- Describe your experience in evaluating previous prevention initiatives. Describe your ability to plan for sustainability of initiatives beyond the initial funding cycle.

- IV. The Applicant shall submit a proposed Budget, utilizing the Line-Item Budget provided in Attachment F. RFA applicants will be selected in part based on clarity and reasonableness of proposed budget.
1. Budget must cover 14 months of the Project.

2. Funding authorized for SPF-Rx activities will not exceed amount proposed in the RFA.

V. **Letters of Commitment:** Grantees should obtain letters of support from all agencies mentioned throughout the grant whether fiduciary agents and/or partners/collaborators.

VI. **Attachments:**

- Attachment A: Statement of Assurance
- Attachment B: SPF-Rx Program Evaluation Requirements
- Attachment C: Community Readiness Assessment
- Attachment D: Organizational Chart
- Attachment E: Project Timeline
- Attachment F: Line-Item Budget
- Appendix A: Certifications

**Submit complete Application, including signature of authorized representative, to [RFA.responses@dhhs.nc.gov](mailto:RFA.responses@dhhs.nc.gov) no later than 5:00 p.m. EDT on April 19, 2022.**

### **13.0 EVALUATION CRITERIA AND SCORING**

#### **PHASE I: INITIAL QUALIFYING CRITERIA**

The applicant's proposal must meet all of the following Phase I application acceptance criteria in order to be considered for further evaluation. Any proposal receiving a "no" response to any of the following qualifying criteria shall be disqualified from consideration.

ITEM	APPLICATION ACCEPTANCE CRITERIA	RFA Section	YES	NO
1	Was the contractor's application received by the deadline specified in the RFA?			
2	Vendor proposal includes all required affirmative statements, assurances and certifications signed by the vendor's responsible representative, as described in Appendix A of the RFA			
3	Included in those certifications, the contractor states that it is not excluded from entering into a contract with DHHS/State due to restrictions related to the federal debarment list, etc.			
4	Vendor meets eligibility requirements as stated in Section 2.0			
5	Vendor meets the minimum Qualification Requirements as described in Section 12			
6	Program's review of the Contractor verifies that the vendor is not excluded from contracting with DHHS/State for any unresolved finding for recovery			

#### **PHASE II: CRITERIA FOR SCORING PROPOSAL/APPLICATIONS**

Qualifying application proposals will be collectively scored by the proposal review team. 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. DMHDDSAS 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 as stated in Phase I will not be scored.

<b>Section III: Program Narrative (maximum 10 pages, excluding attachments)</b>				
The following Program Narrative is to be completed according to the descriptions provided in each section below:				
<b>Assessment</b>  (20 Points)	Describe the nature and extent of prescription drug misuse and abuse in your community. Pay close attention to any identified target populations and trends. Include other risk and protective factors and the results of any community data, whether formal or informal, that document these health issues in your community.	<b>5</b>		
	Provide an overview of the social, cultural and geographic factors that may play a role in encouraging or discouraging underage prescription drug misuse and abuse in your community. For example, include <i>how, where</i> and <i>when</i> alcohol is made available in your community. This should include, but not be limited to: any knowledge you have regarding social access, retail access, informal policies, customs, traditions, norms, lack of existing policy enforcement.	<b>5</b>		
	Describe the existing level of readiness in your community to address prescription drug misuse and abuse. Submit a "Community Readiness Assessment" (Attachment C).	<b>5</b>		
	Provide a description of the demographic information of target population, as well as the	<b>5</b>		

	socioeconomic composition of the selected community or county.			
<b>Organizational Capacities</b>  (15 points)	Describe how the applicant fiscal organization and/or the Organization/Collaborative is structured and managed. Please include an organizational chart (Attachment D).	<b>2</b>		
	Describe the community's existing resources and any previous or current efforts to address the identified problems discussed in the Assessment section. Include any developing or established efforts in this description.	<b>3</b>		
	Describe the community partners that will participate in this project. Include a description of the partner's current area(s) of focus. <i>If the applicant is an ATOD prevention agency and there is an ATOD prevention focused collaborative or coalition in your proposed service area, they must include a MOU to work collaboratively with this group. If the applicant is an ATOD prevention focused collaborative or coalition and there is an ATOD prevention agency in your proposed service area, they must include a MOU to work collaboratively with this agency.</i>	<b>5</b>		
	Describe any training or other capacity building activities needed by any of the involved entities to ensure the success of this project.	<b>5</b>		
<b>Planning Approach</b>  (20 points)	Describe the applicants' experience in developing and implementing prescription drug misuse and abuse prevention best practices, programs and policies, including involvement and partnerships with other community efforts.	<b>10</b>		

	Describe how cultural competence and health disparities will be addressed throughout all phases of the planning and implementation processes.	<b>10</b>		
<b>Implementation Plan</b>  (25 points)	Describe any previous efforts to implement environmental management strategies to address prescription drug misuse and abuse in your target community/area	<b>5</b>		
	Describe plans to 1) implement environmental approaches, policies and practices, to prevent the onset and reduce the progression of prescription drug misuse and abuse among the target populations; 2) strengthen prevention capacity at the community level; 3) engage key partners; and 4) address health disparities that exist in the target area.	<b>5</b>		
	Provide a <b>14-month project timeline for 5/1/2022 through June 30, 2023</b> (Attachment E) that includes specific action steps and responsible parties to reflect the approach related to the SPF process for addressing prescription drug misuse and abuse. At a minimum, please address the following: <ul style="list-style-type: none"> <li>• Staffing and workforce development/training needs</li> <li>• Conducting additional assessments of community needs and resources;</li> <li>• Analysis of the issue and development of specific goals and actions;</li> <li>• Developing and/or identifying interventions;</li> <li>• Advocating for change, influencing policy or community norms</li> <li>• Implementing effective interventions, and;</li> <li>• Sustainability</li> </ul>	<b>15</b>		

<p><b>Evaluation Plan</b>  (10 points)</p>	<p>Express commitment to participating in the SPF-Rx National Cross Site Evaluation plan, which includes a web-based system to track progress and outcomes.</p>	<p><b>2</b></p>		
	<p>Describe the commitment from necessary key stakeholders to collect local youth-reported data. Describe any existing survey instruments that are being used to gather youth-reported data in the target area.</p>	<p><b>3</b></p>		
	<p>Describe your experience in evaluating previous prevention initiatives. Describe your ability to plan for sustainability of initiatives beyond the initial funding cycle.</p>	<p><b>5</b></p>		
<p><b>Section IV: Budget</b>  (10 points)</p>	<p>Include a budget for up to \$32,000 for the timeline of May 1, 2022-June 30, 2022, and July 1, 2022-June 2023, specifying:</p> <ul style="list-style-type: none"> <li>-how funds would be spent</li> <li>-why these costs are justified and necessary to conduct the proposed initiative</li> <li>-costs should be reasonable and appropriate for the level of effort proposed.</li> </ul> <p>(Attachment F)</p> <p>Allowable eligible expenditures are limited to direct project-related costs and cannot supplant any existing funding</p> <p>*Distinction should be made between start-up costs and ongoing operating costs</p> <p>Applicants are not allowed to include indirect costs in the budget, as these are not allowable under the SPF-Rx grant.</p> <p>*As these are federal funds, recipients and sub-recipients must</p>	<p><b>10</b></p>		

	be non-profit entities.			
<p><b>Section V: Letters of Support</b></p> <p>(Not Scored)</p>	<p>Applicants must demonstrate commitment from any agency and/or entity mentioned in the application proposal that articulates willingness to jointly plan and address prescription drug misuse and abuse issues in their selected community</p> <p>Commitment to support must include one or more of the following: SA prevention agency, existing coalitions, and/or community organizations involved with initiatives to address the prevention of prescription drug misuse and abuse.</p>	<p><b>Not Scored</b></p>		
<p><b>Total Number of Points for this application</b></p>		<p><b>100</b></p>		

## **ATTACHMENTS**

### **Attachment A: Statement of Assurance**

As the authorized representative of [*insert name of applicant organization*], I assure the North Carolina Department of Health and Human Services that the applicant community-based substance abuse prevention provider organization or collaborative/coalition meets the following requirements:

I assure that SPF-Rx grant funds must be used for purposes supported by the program and in accordance with the law. **Funds may not be used to:**

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations.
- Pay for the purchase or construction of any building or structure to house any part of the program.
- Provide residential or outpatient treatment services
- Pay for housing
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Only allowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.
- Make direct payments to individuals to induce them to enter prevention or treatment services. Grant funds may be used for non-clinical support services (e.g., bus tokens, childcare) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. Grant funds may be used for non-cash incentives of up to \$30 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and are the minimum amount that is deemed necessary to meet program goals and to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$30 cash or equivalent (coupons, bus tokens, gifts, childcare, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.
- Meals are generally unallowable unless they are an integral part of a conference grant. Grant funds may be used for light snacks, not to exceed \$3.00 per person.
- Distribute sterile needles or syringes for the hypodermic injection of any illegal drug.
- Pharmacologies for HIV antiretroviral therapy, (STD)/(STI), TB, hepatitis B and C, or psychotropics.
- Purchase of naloxone and/or other harm reduction items.

In addition, the applicant agrees to the following: Refusal of Funds from Alcohol, Tobacco, Electronic Vapor Product and/or Marijuana and Pharmaceutical Entities - The applicant and/or its affiliate(s) agree that it shall not accept any grant or anything else of value from any

alcohol, tobacco, electronic vapor product and/or marijuana manufacturer, distributor, or other alcohol, tobacco, electronic vapor product, marijuana, or pharmaceutical related entity.

As the authorized representative, I assure that if this application is awarded, funds will be dispersed expeditiously to the applicant substance abuse prevention provider agency or local community coalition. I understand that funding is contingent upon availability.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

## Attachment B: SPF-Rx Program Evaluation Requirements

As Attachment B, the applicant must provide the information in the table below.

The North Carolina SPF-Rx Program will collect data on specific measures (at the minimum) to determine the effectiveness of the SPF-Rx Program. The measures include:

1. Past 30-day use
2. Prior year use
3. Opioid overdose emergency department (ER) visits
4. Opioid overdose-related hospital admissions
5. Opioid overdose-related deaths
6. Secure storage and safe disposal of prescription medications

Each of the above core measures **must** be collected as directed by the funder. Awardees are allowed to collect other data as they see fit to meet their local evaluation needs. Provide the following information to indicate ability to meet the SPF-Rx Evaluation requirements.

Questions	Answer
<p>Name of the existing survey(s), if any, used to collect data required to obtain the core measures for prescription drug use:</p> <ol style="list-style-type: none"> <li>1. Past 30-day use</li> <li>2. Prior year use</li> <li>3. Opioid overdose emergency department (ER) visits</li> <li>4. Opioid overdose-related hospital admissions</li> <li>5. Opioid overdose-related deaths</li> <li>6. Secure storage and safe disposal of prescription medications</li> </ol>	
<p>How often/when are surveys currently administered and collected?</p>	
<p>What, if any, supplemental survey(s) and/or data collection will be used to meet the SPF-Rx Evaluation requirements?</p>	

## Attachment C: Community Readiness Assessment

One of the goals of the NC-SPF-Rx grant is to build community readiness and capacity for addressing prescription drug misuse. Briefly answer the questions below to provide some indication about the level of readiness for the proposed service area. Note these answers are reviewed for completion only.

- What types of prescription drug prevention programs and activities have occurred in your community? Please describe the efforts that are available in your community to address these issues.
- How long have these efforts been occurring in your community?
- Using a scale from 1-10, how aware are people in your community of these efforts (with 1 being "no awareness" and 10 being "very aware")? Please explain. What does the community know about these efforts or activities?
- What are the strengths of these efforts? What are the weaknesses of these efforts?
- Who do these programs serve? (For example, individuals of a certain age group, ethnicity, etc.)
- Would there be any segments of the community for which these efforts/services may appear inaccessible? (For example, individuals of a certain age group, ethnicity, income level, geographic region, etc.)
- Is there a need to expand these efforts/services? If yes, why?
- What formal or informal policies, practices and laws related to this issue are in place in your community, and for how long? Are there segments of the community for which these policies, practices and laws may not apply (For example, due to socioeconomic status, ethnicity, age, etc.)?
- Is there a need to expand these policies, practices and laws? If so, are there plans to expand them? Please explain.
- How does the community view these policies, practices and laws?

*Adapted from "Community Readiness: A Handbook for Successful Change". For more information visit the Tri-Ethnic Center at <http://triethniccenter.colostate.edu/CRhandbookcopy.htm>. Resource accessed 10/2/14.*

**Attachment D: Organizational Chart**

Please submit applicants organizational chart

## Attachment E: Project Timeline

### EXAMPLE TEMPLATE:

Task/Activity		May 1, 2022-June 30, 2023 Estimated Date/Month
Task 1	Receive funds from DMHDDSAS	May 2022
Task 2	Hire staff FTE Project Coordinator	May/June 2022
Task 3	Attend Training/TA on Needs Assessment & Data Collection	June 2022
Task 4	Work on Needs Assessment /Data Collection/Community Readiness	July/August 2022
Task 5	Identifying Key stakeholders/partners	July/August 2022
Task 6	Needs Assessment Due	September 2022
Task 7	Building Capacity	Ongoing-June 2023
Task 8	Attend Training/TA on Action Planning and identifying strategies	November/December 2022
Task 9	Work on Strategic and Sustainability plan with partners	January/February 2023
Task 10	Strategic Plan Due	March 2023
Task 11	Attend Training/TA on Effective Implementation of Interventions	March/April 2023
Task 12	Plan to implementing interventions throughout the community after September 30, 2022	Ongoing

# Attachment F: SFY 22 Line-Item Budget

**DMH/DD/SAS Program Budget Proposal and Budget Narrative**  
**for State Fiscal Year 2022 (May 1, 2022- June 30, 2022 & July 1, 2022 -June 30, 2023)**

Name of Applicant:

Name of Initiative:

Name of Contracted Agency Applicant:

**Expenditure Budget:**

**Award of up to \$32,000 per year**

Category	Expenses	Narrative Detail
		Add lines to detail each item as needed
<b>Human Resources</b>		
Salary/Wages/Benefits		
Contracted Personnel		
Consulting or other Professional Services		
<b>Total Human Resources</b>		
<b>Equipment</b>		Specify purchased or leased, one-time or ongoing expenditures
Communication (phones, fax, postage)		
IT (Computers, copiers)		
Vehicle		
Furniture		
Equipment Insurance		
Equipment Repair and Maintenance		
Other:		
<b>Total Equipment</b>		
<b>Facility</b>		
Rent		
Utilities		
Other:		
<b>Total Facility</b>		
<b>Supplies and Materials</b>		
Office Supplies and Materials		
Computer Supplies, Materials, and Software		
Janitorial Supplies and Materials		

Service Related Supplies and Materials		
Promotional Items		
Printing, Copying, and Reprints		
Data Collection and Evaluation		
Meetings Expenses		
Other:		
<b>Total Supplies and Materials</b>		
<b>Travel</b>		
Staff/Contract Personnel Travel		
Staff Lodging/Meals		
<b>Total Travel</b>		
<b>Staff Development/Training</b>		
<b>Communications/Public Education</b>		
Publications		
PSA/Ads		
<b>Total Media/Communications</b>		
<b>Total Expenditures</b>		

**Other Funding Sources:**

Category	Revenues	Narrative Detail
<b>Total Revenues</b>		

**Appendix A: Certifications**

**Conflict of Interest Verification (Annual)**

We, the undersigned entity, hereby testify that our Organization’s Conflict of Interest Acknowledgement and Policy adopted by the Board of Directors/Trustees or other governing body, is on file with the North Carolina Department of Health and Human Services (DHHS). If any changes are made to the Conflict of Interest Policy, we will submit a new Conflict of Interest Acknowledgment and Policy to the Department (DHHS).

<hr/>	
Name of Organization	
<hr/>	
Contractor’s Authorized Agent	Date
<hr/>	
Printed Name of Contractor’s Authorized Agent	Title
<hr/>	
Signature of Witness	Date
<hr/>	
Printed Name of Witness	Title

**FEDERAL CERTIFICATIONS**

**The undersigned states that:**

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

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

**OR**

[ ] He or she **has not completed** the attached **Disclosure Of Lobbying Activities** because the Provider **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.

5. The Provider shall require its subcontractors, if any, to make the same certifications and disclosure.

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<b>Signature</b>	<b>Title</b>
------------------	--------------

---

<b>Provider Name</b>	<b>Date</b>
----------------------	-------------

**[This Certification Must be Signed by the Same Individual Who Signed the Proposal Execution Page]**

**I. Certification Regarding Nondiscrimination**

**The Provider certifies** that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination

on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

## II. Certification Regarding Drug-Free Workplace Requirements

1. The Provider 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 Provider'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:
    - i. The dangers of drug abuse in the workplace;
    - ii. The Provider's policy of maintaining a drug-free workplace;
    - iii. Any available drug counseling, rehabilitation, and employee assistance programs; and
    - iv. 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:
    - i. Abide by the terms of the statement; and
    - ii. 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)(ii) 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)(ii), with respect to any employee who is so convicted:
    - i. Taking appropriate personnel action against such an employee, up to and including termination; or
    - ii. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
  - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

**Address**

---

Street

---

City, State, Zip Code

---

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

**III. Certification Regarding Environmental Tobacco Smoke**

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

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

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

**Instructions**

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

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.

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

### **Certification**

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

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

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

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

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

### **Instructions**

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

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a

prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

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

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

**Disclosure of Lobbying Activities**  
**(Approved by OMB 0344-0046)**

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

<p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p><input type="checkbox"/> b. grant</p> <p><input type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan</p> <p><input type="checkbox"/> e. loan guarantee</p> <p><input type="checkbox"/> f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. Bid/offer/application</p> <p><input type="checkbox"/> b. Initial Award</p> <p><input type="checkbox"/> c. Post-Award</p>	<p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p><b>For Material Change Only:</b></p> <p>Year _____ Quarter _____</p> <p>Date Of Last Report: _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime</p> <p><input type="checkbox"/> Subawardee Tier (if known) _____</p> <p>Congressional District (if known) _____</p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District (if known) _____</p>	
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> <p>CFDA Number (if applicable) _____</p>	
<p>8. Federal Action Number (if known)</p>	<p>9. Award Amount (if known) \$</p>	
<p>10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	<p>b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	
<p>11. Amount of Payment (check all that apply):</p> <p>\$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned</p>	<p>13. Type of Payment (check all that apply):</p> <p><input type="checkbox"/> a. retainer</p> <p><input type="checkbox"/> b. one-time fee</p> <p><input type="checkbox"/> c. commission</p> <p><input type="checkbox"/> d. contingent fee</p> <p><input type="checkbox"/> e. deferred</p> <p><input type="checkbox"/> f. other; specify: _____</p>	
<p>12. Form of Payment (check all that apply):</p> <p><input type="checkbox"/> a. cash</p> <p><input type="checkbox"/> b. In-kind; specify: Nature _____</p> <p style="padding-left: 100px;">Value _____</p>		
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 (attach Continuation Sheet(s) SF-LLL-A, if necessary):</p>		
<p>15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No: _____ Date: _____</p>	

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

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

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

\_\_\_\_\_  
Chairman, Executive Director, or other Authorized Official

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

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

**STATE GRANT CERTIFICATION – NO OVERDUE TAX DEBTS**

Instructions: **Grantee/Provider** 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 State Budget and Management.

**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. 143-34(b).

**Sworn Statement:**

**[Name of Board Chair]** and **[Name of Second Authorizing Official]** being duly sworn, say that we are the Board Chair and **[Title of 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 state agency that provided your grant. If needed, you may contact the North Carolina Office of State Budget and Management: [NCGrants@osbm.nc.gov](mailto:NCGrants@osbm.nc.gov) (919)807-4795

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

## State Certifications

### Contractor Certifications Required by North Carolina Law

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

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

### Certifications

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

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

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

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

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

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

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