

REQUEST FOR APPLICATIONS
Peer Support Services for Individuals with Intellectual & Developmental Disabilities
RFA #: DMH22-006CD-RFA

RFA Title	Peer Support Services for Individuals with Intellectual & Developmental Disabilities		
RFA Posted	February 9, 2022		
Questions Due	February 20, 2022		
Applications Due	March 20, 2022 @ 5:00 pm EST		
Anticipated Notice of Award	April 20, 2022		
Anticipated Performance Period	May 20, 2022 – May 19, 2024		
Service	IDD Peer services		
Issuing Agency	Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS)		
E-mail Applications and Questions to	DMH/DD/SAS Contracts Team	Email	RFA.responses@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.

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 Applicant(s):

Applicant Agency Name:	Area(s) to be Served:
Applicant’s Street Address:	Email Address:
City, State & Zip:	Telephone Number:
Name & Title of Authorized Representative:	DUNS Number:
Signature of Authorized Representative:	Date:
LME-MCO Name	Telephone Number:
Name of Authorized LME-MCO Representative:	Email Address:
Title of Authorized LME-MCO Representative	Date:

Unsigned or Incomplete Applications Shall Be Returned Without Being Reviewed

NOTICE OF AWARD/FOR NC DHHS USE ONLY: Application accepted and Contract # _____ awarded on _____. The Contract shall begin on _____ and shall terminate on _____.

By: _____
Signature of Authorized Representative Printed Name of Authorized Representative Title of Authorized Representative

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1.0 OVERVIEW

The Intellectual & Developmental Disabilities Peer Services grant will be funded through the Substance Abuse and Mental Health Services Administration (SAMSHA) COVID emergency relief funding, in accordance with the American Rescue Plan Act 2021 (ARPA), provided via the Mental Health Block Grant (MHBG) awarded to the North Carolina Department of Health and Human Services (NCDHHS), Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). ARPA funding provided via the MHBG is available through September 30, 2025. The MHBG program is designed to provide funds to States, Territories, and one Indian Tribe for the purpose of planning, implementing, and evaluating activities to prevent and treat serious mental illness and serious emotional disturbance (SMI/ SED). Per the guidance from SAMHSA, “States may use this ARPA funding to: (1) promote effective planning, monitoring, and oversight of efforts to deliver SMI/SED prevention, intervention, treatment, and recovery services; (2) promote support for providers; (3) maximize efficiency by leveraging the current infrastructure and capacity; and (4) address local SMI/SED related needs during the COVID pandemic.”¹.

NCDHHS’ 2021-2023 Strategic Plan¹ intends to further advance the mission to improve the health, safety, and wellbeing of all North Carolinians through seven goals. Of specific relevance to this RFA is Goal 6: “Support individuals with disabilities and older adults in leading safe, healthy and fulfilling lives.” NCDHHS DMH/DD/SAS wants to see expanded access to support services for individuals with an intellectual and/or developmental disability and improved coordination and partnership between agencies/organizations providing services to the I/DD population and peer support services.

1.1 PURPOSE

DMH/DD/SAS is choosing to leverage this funding source for serious mental illness to address the needs of individuals with co-occurring I/DD and SMI/SED. Individuals must have co-occurring SMI/SED and I/DD in order to benefit from this program. The overarching goal of this initiative is to develop peer support services for individuals with I/DD and SMI/SED disorders as well as family and parent peer supports to help parents navigate systems more effectively, learn from the experiences of other families, feel less alone, and gain hope, ideas, and information. This support can help parents meet their children’s needs more efficiently, and with greater confidence and hope

Applicant agencies that are awarded the RFA will be expected to expand their services to offer peer support services for the I/DD population with concurrent SMI/SED and their family members. Successful models will develop family peer support services that are provided by trained parents and caregivers with lived experience and peer led wellness programs where certified peers with lived experience provide wellness, self-efficacy, education/ vocation support for individuals with I/DD and concurrent SMI.

Grant funds are available to enhance existing services or add services that are specifically designed to engage the I/DD population. Grants funds may be used for the training of applicant agencies in areas necessary to provide appropriate peer and family peer services to the I/DD population, i.e., teach participants key concepts of recovery including hope, personal responsibility, education, self-advocacy and support as well as provide informational and educational support, support for parents, assistance with linking to community resources, and instilling hope of resilience and recovery with focus on I/DD population.

Grant funds may also be used for appropriate data collection and analysis.

1.2 BACKGROUND

In collaboration with our partners, DHHS provides essential services to improve the health, safety, and well-being of all North Carolinians by advancing innovative solutions that foster independence, improve health, and promote well-being for all North Carolinians. The department works to advance the health, safety, and well-being of all North Carolinians in collaboration with a wide array of partners and stakeholders. Much of this work involves managing the delivery of services to North Carolina’s most vulnerable populations, including children, seniors, people with disabilities, and low-income individuals and families.

¹ <https://www.ncdhhs.gov/media/13331/download?attachment>

Programs and research in the behavioral health field support the value that a peer support program that has been designed for individuals with I/DD and their families bring. Individuals with stronger community- based relationships have higher quality of life. Supports and relationships with others in the community that have lived experience, enhance the quality and security of life for people with IDD and their families, including but not limited to enhanced family relationships; increased empowerment; decreased isolation and fulfilling educational/ employment opportunities.

2.0 ELIGIBILITY

Eligible applicants are non-profit organizations and:

Have experience providing peer supports or family peer support services

Applicants must demonstrate that they are able to provide the service specifications and standards set forth in this RFA. Award recipients must meet all applicable DMH/DD/SAS regulations and policies, and conditions and requirements for the MHBG grant.

In accordance with the Federal Funding Accountability and Transparency Act (FFATA), the selected grant recipient(s) 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.frs.gov/>.

3.0 AWARD INFORMATION

The maximum award for this RFA is \$300,000 per year per site for up to five (5) sites for the period of April 1, 2022 through April 1, 2024. Funds are contingent upon availability. Any extension will be contingent upon successful implementation of strategies and deliverables as defined by the implementation sites and agreed upon by the Division, as evidenced by the selection of awardees, and contingent upon continuation and award of such funds by the federal grantor.

As stated above, it is anticipated that five (5) awards will be made through this RFA. DMH/DD/SAS is also prioritizing geographic location of awardees. DMH/DD/SAS is aiming to select a spread of providers from across the state to ensure greater representation. However, the number and distribution of awards will be based on the applications received, the projected grant cycle budget of applicants and funding availability. Awards will be made based on a thorough review of all submitted complete applications and will be allocated and monitored through DMH/DD/SAS. It is the intent of the Division that a successfully implemented project can be customized and replicated across the state.

Cost sharing or matching is not required.

3.1 SOURCE OF FUNDS AND PASS-THROUGH REQUIREMENTS

Federal Award Identification Number:

Federal Award Date: September 1, 2021

Subaward Period of Performance: May 1, 2022 – May 1, 2024

Amount of Federal Funds Obligated by this Action: \$3,000,000

Total Amount of Federal Funds Obligated to the Subrecipient: \$300,000 per site

Total Amount of the Federal Award: \$41,535,246

Federal Award Project Description: "The MHBG program allows states and territories to plan, implement and evaluate activities to prevent, treat and help more people recover from serious mental illness. This funding will also allow

recipients to make investments in existing prevention, treatment and recovery infrastructure, promote support for providers and address unique local needs to deliver services.”²

Federal Awarding Agency: SAMHSA

Pass-through Entity: LME/MCO

DUNS #:

CFDA Number:

CFDA Name: Mental Health Block Grant, American Rescue Plan Act, 2021

4.0 DEFINITIONS, ACRONYMS AND ABBREVIATIONS

I/DD: Intellectual and Developmental Disability

SMI/SED: Serious Mental Illness/ Serious Emotional Disturbance

DHHS: Department of Health and Human Services

DMH/DD/SAS: Division of Mental Health, Developmental Disabilities and Substance Abuse Services

FSR: Financial Status Report

EHR: Electronic Health Record

5.0 SCOPE OF WORK / PROGRAMMATIC REQUIREMENTS

Successful applicants may choose to provide either family support or peer pilot program. Applicants for these funds will have the following expectations:

- a. Applicants may elect to provide Family Peer Support / Family Partners

Pilot program specific to families of individuals with I/DD and a concurrent SMI or SED. Family Peer Support is provided by trained parents and caregivers with lived experience with the target population. They offer connections with the family, provide informational and educational support, support for parents, assistance with linking to community resources, and instilling hope of resilience and recovery. Training component would include an I/DD focus.

Required activities include:

- Information and referral / community navigation
- Individualized supports to help parents understand children’s needs and access natural supports
- Support groups
- Parent training and education to increase knowledge and skills
- System navigation to assist a family in finding or accessing resources
- Intensive family support during crises
- Specialized supports for families experiencing challenges with child serving systems (DSS, DJJ, schools, etc.)
- Activities and events that bring families together, raise awareness, or offer educational opportunities

OR

- b. Applicants may elect to provide Peer Support programs.

Pilot program where Certified Peers with lived experience are paired with a Qualified Professional to provide Wellness and Recovery program for individuals with I/DD and concurrent SMI. Program would teach participants key concepts of recovery including hope, personal responsibility, education, self-advocacy and support.

Required activities include:

² <https://www.samhsa.gov/newsroom/press-announcements/202105181200>

- Information and referral / community navigation and integration
- Individualized supports to help access natural supports
- Support groups
- ADL training and education to increase knowledge and skills
- System navigation to assist individuals in finding or accessing resources related to employment, housing, and other Social Determinants of Health.
- Intensive support during crises
- Activities and events that bring communities together, raise awareness, or offer educational opportunities

5.1 POPULATION SERVED

Peer Support / Family Peer Support services must be available to any eligible individual within the successful applicant agency/organization service area. Eligible individuals include Individuals and families of individuals with I/DD and concurrent SMI/SED.

Successful applicant agencies are required to provide educational and recovery support resources to families/caregivers of individuals involved in their services.

5.2 PERFORMANCE STANDARDS AND EXPECTATIONS

Applicants shall comply with all federal and state requirements for subawards. The [North Carolina State Budget Manual](#) outlines parameters for allowable and unallowable costs at the state level, and the code of federal regulations, title 2, part 200 outlines requirements and restrictions for sub awardees receiving federal awards. Sub awardees must comply with all uniform guidance related to the MHBG ARPA funding.

The selected organization is expected to:

- a. Ensure all reports and tracking are completed within the time frames stipulated
- b. Develop state-approved metrics to measure the effectiveness and impact of services, supports, training, and activities conducted and will report to the State on those measures. These metrics include:
 - Demographic Information of service recipients
 - Service Recipient Satisfaction surveys
 - Length of time between initial meeting and connection to first service/support
 - Number of family/individuals served
 - Number of educational activities and events completed for families and individuals
 - Number of support groups conducted
 - Number of individuals retaining housing and employment.
 - Types and number of services delivered

5.3 REPORTING REQUIREMENTS

Monthly Reporting Requirements:

- a. Financial Status Report(s) submitted by the 10th of each month to the contract administrator
- b. Supporting documentation for the FSR(s) (includes receipts and proof of payments)
- c. Tracking report(s) detailing activities conducted, including educational sessions, trainings, group sessions.

- d. Tracking report (s) detailing number of people served.

6.0 PERFORMANCE OVERSIGHT

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services assumes responsibility for monitoring the performance of the selected applicants and the outcomes of these projects.

7.0 TERM OF AWARD, OPTIONS TO EXTEND

The performance period for this project begins May 1, 2022 and ends May 1, 2024. These applications will be supported with funds from the MHBG American Rescue Plan Act. Any extension of funding or the funding period will be determined by the availability of funds and status of goals and outcomes.

8.0 BUDGET

The line-item budget shall constitute the total cost to DMH/DD/SAS for the complete performance in accordance with the requirements and specifications herein. The applicant shall not invoice for any amounts not specifically allowed for in the line-item budget of this RFA.

The total budget is inclusive of the following services:

- Provision of recovery services and supports.
- Education on IDD and community supports to family members/caregivers.

Applicants may use these grant funds to provide training to their staff team on working with individuals experiencing I/DD. Trainings should be included in the budget and should explain the type of training, the number of individuals receiving the training and the cost of the training per person.

9.0 REIMBURSEMENT

Upon award, funds will be allocated to the provider that has responsibility for the population of the county in which the provider(s) is located. Unless the applicant is an exempt entity as defined by [42 C.F.R. § 438.14\(a\)](#), applicants must have a current contract with the applicable LME-MCO and provide a letter of commitment from the LME-MCO stating they will partner with the selected provider on this pilot.

LME-MCOs will determine the specific billing mechanisms to be utilized for these grant funds.

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 website.
- 2) Applications will be received from each agency or organization. The application 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) Applications from each responding agency and organization will be logged in at the date and time received.
- 5) At their option, the evaluators may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the evaluators are not required to request clarification; therefore, all applications should be complete and reflect the most favorable terms available from the agency or

organization.

- 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 North Carolina residents.
- 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 awarded 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 applicants will be notified no later than May 1, 2022.
- 2) Cost of Application Preparation
Any cost incurred by an agency or organization in preparing or submitting an application is the agency or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.
- 3) Elaborate Applications
Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.
- 4) Oral Explanations
The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.
- 5) Reference to Other Data
Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.
- 6) Titles
Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.
- 7) Form of Application
Each application must be submitted on the form provided by the funding agency.
- 8) Exceptions
All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and condition by any agency and organization may be grounds for rejection of that agency or organization's application.
- 9) 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.
- 10) 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.
- 11) 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.

12) 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.

13) 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.

14) 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.

15) 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.

16) 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. Federal Certifications must be signed or returned with the application.

12.0 APPLICATION CONTENT AND INSTRUCTIONS

This section includes what the provider organization is required to provide the Division in its application response. *The applicant must clearly demonstrate (describe) in its proposal response* how the applicant's organization will meet or address the programmatic requirements described in the scope of work section of the RFA. The applicant proposal shall include the following items in this specific order and clearly marked as such. Applications must be 10 pages or less, not including any attachments or appendices. See each section below for detailed information.

Whenever possible, use appendices to provide details, supplementary data, references, and information requiring in-depth analysis. These types of data, although supportive of the proposal, if included in the body of the design, could detract from its readability. Appendices provide the proposal reader with immediate access to details if clarification of an idea, sequence or conclusion is required. Timetables, work plans, schedules, activities, and methodologies, legal papers, personal vitae, letters of support, and endorsements are examples of appendices.

Applicants shall populate all attachments of this RFA that require the applicant to provide information and include an authorized signature where requested. Applicant RFA responses shall include the following items and those attachments should be arranged in the following order: Number each page consecutively. (Please provide the order of arrangement and content and page count if applicable).

A. Cover Page (at the beginning of this RFA) with all fields completed, signed by an authorized official of the applicant organization (not inclusive in the 10-page limit)

B. Face Page

- 1) The applicant's name, principal place of business and location(s) where services will be directly provided.
- 2) The applicant's legal status as a non-profit or not-for-profit agency.

C. Proposal Summary (5 points)

The summary should be prepared after the application has been developed to encompass all the key points necessary to communicate the objectives of the project. It is the document that becomes the cornerstone of the proposal, and the initial impression it gives will be critical to success of the venture. In many cases, the summary will be the first part of the proposal package seen by the agency and very possible could be the only part of the package that is carefully reviewed before the decision is made to consider the project any further.

D. Organization Background and Qualifications (5 points)

Describe the organization and its qualifications for funding including:

- 1) Mission and goal of the Organization.
- 2) A brief overview of the applicant's history.
- 3) Describe the applicant's experience with providing the service, working with the behavioral health system and cross-system partnerships (organization's past achievements and accomplishments and evidence of its impact).
- 4) Brief overview of all services provided by the applicant within the last three years, including (if applicable):
 - a) The beginning and ending dates of any contracts.
 - b) The services provided under those contracts.
 - c) The total number of applicant employees assigned to service each contract.
 - d) Whether any of those contracts were extended or renewed at the end of their initial terms.
 - e) Whether any of those contracts were terminated early for cause by either party to the contract.
 - f) The "lessons learned" from each of those contracts.
- 5) Qualifications/background on organization's Key Staff.
- 6) Provide evidence of partnerships with other relevant agencies.
- 7) The details of:
 - a) Any criminal investigations pending against the applicant or any of their officers, directors, employees, agents, or subcontractors of which the applicants have knowledge or a statement that there are none.
 - b) Any regulatory sanctions levied against any of the applicants or any of their officers, directors, employees, agents, or subcontractors by any state or federal regulatory agencies within the past three years of which the applicants have knowledge or a statement that there are none. As used herein, the term "regulatory sanctions" includes the revocation or suspension of any license or certification, the levying of any monetary penalties or fines, and the issuance of any written warnings.
 - c) Any regulatory investigations pending against of any of the applicants or any of their officers, directors, employees, agents, or subcontractors by any state or federal regulatory agencies of which the applicants have knowledge or a statement that there are none.
Note: The Department may reject a proposal solely based on this information.
 - d) Any of the applicant's directors, partners, proprietors, officers, or employees or any of the proposed project staff are related to any DHHS employees. If such relationships exist, identify the related individuals, describe their relationships, and identify their respective employers and positions.
 - e) Assurance that the applicant and the proposed applicant staff are not excluded from participation by Medicaid or the Office of the Inspector General of the United States Department of Health and

E. Assessment of Need/s (Problem Statement) (15 points)

- 1) Problem (explain why the service is necessary).
- 2) Describe what your organization is currently doing to address this problem and/or why your agency is interested in expanding services to the I/DD population.
- 3) Primary county/counties served.
- 4) Ethnicity, age, and gender of population served.
- 5) Target population or who are you plan on serving.
- 6) Number of individuals.
- 7) Eligibility requirements to receive service.
- 8) Statistical facts and figures (national, state, local).
- 9) Program website.

F. Project Description and Narrative (30 points)

- 1) Describe your proposed project. This should include detail on the proposed peer supports/ family peer support services for individuals with I/DD and SMI/SED, training that agency staff will receive to support this grant (if applicable), and the anticipated number of individuals to receive services under this grant (elaborate on how the anticipated number of individuals to be served was chosen).
- 2) Explain how you engaged the priority population in developing this proposed project.
- 3) Detail how this project will address the community's and organization's needs.
- 4) List the goals, objectives, and anticipated outcomes of the project.
- 5) Include timelines for project implementation with specific program objectives as they relate to performance measures and budget (e.g., hiring staff or contractors, determining services to be provided, engaging participants, etc.).
- 6) Identify potential challenges the project may face (regulatory, environmental, or other constraints) and discuss how these challenges will be addressed and/or minimized.

G. Collaboration and Community Support (20 points)

All applicant agencies must:

- 1) Describe how they will collaborate on this project with other relevant organizations in the community, and/or how this project will improve the collaboration between local stakeholders.
- 2) Describe the reasons for partnering with specific organizations.
- 3) Describe how you will verify that projects or services are not being duplicated in the community and with the population served.

Letters of support that involve collaboration should be included with your grant application as an appendix and will not count toward the narrative page limit of this RFA. Please do not have letters sent separately to the Division. They will not be included in your application and will not be read by reviewers.

H. Potential Impact (10 points)

Explain why the proposed project is a good use of federal dollars. Describe the potential impact and other effects on your community and its residents. Use research on program outcomes to identify what works. Whenever possible, quantify the possible economic savings and/or gains brought about by the project through program specific data.

I. Line-Item Budget and Budget Narrative (10 points) (Not inclusive in the 10-page limit)

Every item that appears in the budget should be explained clearly, so the evaluator/reviewer will understand it. The budget narrative should explain how the numbers in the budget were calculated and how each expense is related to the proposed project. The Budget Narrative is the justification of ‘how’ and/or ‘why’ a line item helps to meet the program deliverables. It is also used to determine if the cost in the contract is reasonable and permissible.

The budget should be for the period May 1, 2022 through May 1, 2023.

- Salary Detail – Staff salaries and expenses for temporary/contract staff should be entered by position type in the appropriate section. For employed staff and temporary/contract staff, enter the average number of hours to be worked per week for each position type on the project.
- Summary – Detailed cost breakdown for the project and all sources of funding identified for the project.
- Narrative – Expanded details for specific line items in the budget.

Funds may not be used for purchase of land or buildings, nor may extensive renovations be completed with these funds. Equipment, such as computers, may be purchased with these funds if the cost is less than \$5000.00.

The applicant agency shall use the budget template found in ATTACHMENT A to create the Line Item Budget.

J. Supporting Documents (5 points) (not inclusive in the 10-page limit)

- 1) An organizational chart identifying the personnel who will be assigned to work on this project.
- 2) Letters of support from key partners, including any proposed sub awardees.
- 3) Applicable Terms and Conditions (select and attach the appropriate Terms and Conditions for your organization type from Appendix A).
- 4) Applicable Certifications from Appendix A.
- 5) Other documents outlined above.

Submit the complete Application, including signature of authorized representative, to RFA.responses@dhhs.nc.gov no later than 5:00 pm EST March 20, 2022.

13.0 EVALUATION CRITERIA AND SCORING

PHASE I: INITIAL QUALIFYING CRITERIA

The applicant’s proposal must meet all 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	Application received by the deadline specified in the RFA			
2	Proposal includes all required affirmative statements, assurances and certifications signed by the applicant’s responsible representative, as described in Appendix A of the RFA			
3	Included in those certifications, the applicant states that it is not excluded from receiving funds through an LME-MCO due to restrictions related to the federal debarment list, etc.			
4	Applicant meets eligibility requirements as stated in Section 2.0			
5	Applicant meets the minimum Qualification Requirements as described in Section 5.5			

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 of North Carolina. 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. DMH/DD/SAS will consider scores, organizational capacity, and distribution among catchment areas, and variety of quality improvement plans in determining awards. Please note that applicants not meeting the eligibility requirements or any of the minimum or mandatory requirements as stated in Phase I: Initial Qualifying Criteria will not be scored.

Evaluation Criteria	Score
Proposal Summary	5 points
Organizational Background and Qualifications	5 points
Assessment of Need / Approach to the Project	10 points
Project Description and Narrative	25 points
Collaboration and Community Support	20 points
Potential Impact	10 points
Organizational Stability	10 points
Line-Item Budget/Budget Narrative	10 points
Supporting Documentation	5 points
Total Possible Score	100 points

ATTACHMENT A
LINE-ITEM BUDGET AND BUDGET NARRATIVE (SAMPLE).

CATEGORY	ITEM	NARRATIVE	AMOUNT
SALARY/WAGE			
FRINGE BENEFITS			
OTHER			
SUPPLIES MATERIALS			
EQUIPMENT			
TRAVEL			
RENT			
UTILITIES			
ADVERTISING			
DUES AND SUBSCRIPTIONS			
STAFF DEVELOPMENT			
PROFESSIONAL SERVICES			
SUB CONTRACTORS			

APPENDIX A: CERTIFICATIONS AND ASSURANCES

1. Conflict of Interest
 - a. [Conflict of Interest Acknowledgement and Policy](#)
(non-governmental agencies)
2. [State Grant Certification – No Overdue Tax Debts](#)
(non-governmental agencies)
3. [IRS Tax Exemption Letter](#) (if not already electronically on file) and [IRS Tax Exemption Verification Form \(Annual\)](#) (Non-Profit Contractors)
4. [Federal Certifications](#)
5. [State Certifications](#)
6. [FFATA Subawardee Reporting Form](#)

CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY

State of _____
County _____

I, _____, Notary Public for said County and State, certify that
_____ personally appeared before me this day and acknowledged
that he/she is _____ of _____
[name of Organization]

and by that authority duly given and as the act of the Organization, affirmed that the foregoing Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the _____ day of _____, _____.

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

(Official Seal)

Notary Public

My Commission expires _____, 20 ____

Instruction for Organization:

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

Name of Organization

Signature of Organization Official

Conflict of Interest Policy Example

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

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

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

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

The Board member or other governing person, officer, employee, or agent;

Any member of their family by whole or half blood, step or personal relationship or relative-in-law;

An organization in which any of the above is an officer, director, or employee;

A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

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

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

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

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

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

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

Approved by:

Name of Organization

Signature of Organization Official

Date

State Grant Certification – No Overdue Tax Debts

Grantee/Contractor 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.

Note: If you have a contract that extends more than one state fiscal year, you will need to obtain an updated certification for each year of the contract.

Entity's Letterhead

[Date of Certification (mmddyyyy)]

To: State Agency Head and Chief Fiscal Officer

Certification:

We certify that the **[insert organization's name]** does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143C-6-23(c) is guilty of a criminal offense punishable as provided by N.C.G.S. 143C-10-1b.

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.

(Notary Signature and Seal)

My Commission Expires: _____

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-(919)807-4795

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

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 and 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: _____

FEDERAL CERTIFICATIONS

The undersigned states that:

He or she is the duly authorized representative of the Contractor named below;

He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:

The Certification Regarding Nondiscrimination;

The Certification Regarding Drug-Free Workplace Requirements;

The Certification Regarding Environmental Tobacco Smoke;

The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and

The Certification Regarding Lobbying;

He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;

[Check the applicable statement]

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

OR

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

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

Signature

Title

Contractor Name

Date

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

I. Certification Regarding Nondiscrimination

The Contractor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended

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

II. Certification Regarding Drug-Free Workplace Requirements

The Contractor certifies that it will provide a drug-free workplace by:

Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

Establishing a drug-free awareness program to inform employees about:

The dangers of drug abuse in the workplace;

The Contractor's policy of maintaining a drug-free workplace;

Any available drug counseling, rehabilitation, and employee assistance programs; and

The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

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);

Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:

Abide by the terms of the statement; and

Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

Notifying the Division within ten days after receiving notice under subparagraph (d)(ii) from an employee or otherwise receiving actual notice of such conviction;

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:

Taking appropriate personnel action against such an employee, up to and including termination; or

Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and

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

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

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

False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

III. Certification Regarding Environmental Tobacco Smoke

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

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

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

Instructions

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

By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.

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 Division or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.

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.

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.

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 Division or agency with which this transaction originated.

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.

A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

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.

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 Division or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

Certification

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.

Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

V. Certification Regarding Lobbying

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

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.

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.

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.

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.

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.

Identify the status of the covered Federal action.

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.

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.

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.

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.

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.

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."

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.

(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).

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.

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.

Check the appropriate boxes. Check all boxes that apply. If other, specify nature.

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.

Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.

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>For Material Change Only:</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>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</p>	<p>b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):</p> <p>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</p>	
<p>11. Amount of Payment (check all that apply):</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 _____ Value _____</p>		
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 (attach Continuation Sheet(s) SF-LLL-A, if necessary):</p>		
<p>15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No: _____ Date: _____</p>	
<p>Federal Use Only</p>		<p>Authorized for Local Reproduction Standard Form - LLL</p>

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
- 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
- G.S. 143-48.5: 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
- G.S. 143-59.2: 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
- G.S. 143B-139.6C: 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
- (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:
1. He or she is a duly authorized representative of the Contractor named below;
 2. He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
 3. 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.