

# REQUEST FOR APPLICATIONS

**THIS IS A RE-POST. PREVIOUS APPLICANTS MUST REAPPLY IN ORDER TO BE CONSIDERED FOR FUNDING.**

**RFA #: DMH22-004BG-RFA**

<b>RFA Title</b>	Substance Use Disorder Services for Individuals with Intellectual & Developmental Disabilities		
<b>RFA Posted</b>	April 8, 2022		
<b>Questions Due</b>	April 29, 2022 by 5:00 pm EST		
<b>Applications Due</b>	May 31, 2022 by 5:00 pm EST		
<b>Anticipated Notice of Award</b>	June 17, 2022		
<b>Anticipated Performance Period</b>	July 1, 2022 – March 14, 2023		
<b>Service</b>	I/DD & SUD services		
<b>Issuing Agency</b>	Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS)		
<b>E-mail Applications and Questions to</b>	DMH/DD/SAS 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 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**

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## **1.0 OVERVIEW**

The Intellectual & Developmental Disabilities and Substance Use Disorder grant will be funded through the Substance Abuse and Mental Health Services Administration (SAMSHA) COVID emergency relief funding, in accordance with the Coronavirus Response and Relief Supplement Appropriations Act 2021, provided via the Substance Abuse Prevention and Treatment Block Grant (SABG) 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). The COVID-19 Relief Supplemental funding provided via the SABG is available through March 14, 2023. The SABG 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 substance use disorder (SUD).

NCDHHS' 2021-2023 Strategic Plan<sup>1</sup> 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 substance use 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 substance use disorder (SUD) treatment services.

### **1.1 PURPOSE**

The overarching goal of this initiative is to provide quality treatment services for individuals with a substance use disorder and intellectual disability in traditional, non-segregated, inclusive settings. The primary purpose of this I/DD/SUD grant is to identify and support treatment providers that have an interest in expanding their services to meet the needs of individuals with an intellectual and/or developmental disability and co-occurring SUD.

Applicant agencies that are awarded funding will be expected to expand their services to offer clinically appropriate SUD treatment services specifically for the I/DD population. Successful models will promote system integration, interdisciplinary collaboration, and the development of tailored treatment for individuals with I/DD and other cognitive impairments. Working across the wide variation of intellectual and adaptive capacities of individuals with I/DD and other cognitive impairments, considering social support and risk factors, and working to integrate individuals receiving a variety of I/DD care arrangements, applicant agencies will improve treatment access and outcomes for those who have co-occurring I/DD and SUD. Applicant agencies will work within their communities to identify and overcome barriers to SUD treatment access for people with I/DD, to develop and aid referral networks, and to promote cross-system collaboration between I/DD and SUD treatment providers. Where appropriate, applicant agencies will work with I/DD provider agencies and other support systems to increase screening and early identification of SUDs within the I/DD population.

Grant funds are available to enhance existing services or add services that are specifically designed to engage the I/DD population. Grant funds may be used for the training of applicant agencies in areas necessary to provide appropriate services to the I/DD population, i.e., Adaptive CBT, Adaptive DBT, Trauma-informed care, Crisis planning for members of the I/DD population, and SUD screening and assessment for individuals with an intellectual and/or developmental disability.

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

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

## **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.

Data on prevalence rates of co-occurring substance use disorders and intellectual and developmental disabilities (I/DD) and other cognitive impairments (including, but not limited to, borderline intellectual functioning, autism spectrum disorders, and traumatic brain injury) are limited. The field of addiction medicine has done very little to focus on the population of people with I/DD and other cognitive impairments, and there are only a small number of papers published in addictions journals which focus on identification and treatment of substance use disorder (SUD) specifically among people with I/DD or other cognitive impairment. The little data available suggests the risk of having a substance-related disorder among people who use substances with I/DD is comparatively high. Because of lack of systemic screening and assessment of substance use disorders for people with I/DD or cognitive impairment, substance use is often overlooked, and substance use disorders may remain undetected. People with I/DD or other cognitive impairments are less likely to seek help for a substance use disorder, and even when they do, the resources that are helpful for the general public fall short of meeting their needs. This coupled with other barriers in accessing care, results in people with I/DD stopping SUD services prematurely.

System integration, interdisciplinary collaboration, and the development of tailored treatment for individuals with I/DD and other cognitive impairments are advised to improve treatment access and outcomes for those who have developed SUD. Within such an approach, the wide variation of intellectual and adaptive capacities of individuals with I/DD and other cognitive impairments, their social support and risk factors, and the variety in I/DD care arrangements need to be taken into account. Communities should identify and work to overcome barriers to treatment access, to aid referral, and to promote cross-system collaboration between I/DD and addiction treatment providers. In addition, providers and communities should be aware of the possibility of I/DD and other cognitive impairment among patients with SUD and pay close attention to high-risk groups to aid early identification of SUDs.

## **2.0 ELIGIBILITY**

Applicant agencies may currently serve either the I/DD population or the SUD population, or both.

If currently licensed as a provider of SUD services in the state of North Carolina, the provider must be in good standing with DMH/DD/SAS and the Division of Health Service Regulation (DHSR), and not currently subject to any investigative or corrective actions. Applicants are further required to

have a current state-funded contract with one or more LME-MCOs and must include, at minimum, affirmation from the LME-MCO of its agreement and support of the proposal.

Applicant agencies must demonstrate partnership with other appropriate agencies if serving only either I/DD or SUD populations, or include as part of their proposal the manner in which they will become proficient in the development and delivery of services for individuals with I/DD and co-occurring SUD.

**Eligibility is open to non-profit providers only.**

SABG funds, including these Supplemental funds, must be utilized for individuals who are uninsured or under-insured with the inability to afford the cost of treatment services and care.

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 SABG grant. As per the SABG grant, this includes completion of NC-TOPPS.

### **3.0 AWARD INFORMATION**

The maximum award for this RFA is \$400,000 per site for up to ten (10) sites for the period of July 1, 2022 through March 14, 2023. 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 ten (10) 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:** 1B08TI083540-01

**Federal Award Date:** March 11, 2021

**Subaward Period of Performance:** July 1, 2021 – March 14, 2023

**Amount of Federal Funds Obligated by this Action:** \$4,000,000

**Total Amount of Federal Funds Obligated to the Subrecipient:** \$400,000 per site

**Total Amount of the Federal Award:** \$42,171,280

**Federal Award Project Description:** “The SABG program allows states and territories to plan, implement and evaluate activities to prevent, treat and help more people recover from substance use disorder. 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 substance use disorder services.”<sup>2</sup>

**Federal Awarding Agency:** SAMHSA

**Pass-through Entity:** LME-MCOs

**DUNS #:** 8097853630000

**CFDA Number:** 93.959

**CFDA Name:** Substance Abuse Prevention and Treatment Block Grant, Coronavirus Response and Relief Supplement Appropriations Act, 2021

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

### **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 Unique Entity Identifier number, which replaced the DUNS numbering system effective 04.04.22. Please see <https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/iae-systems-information-kit/unique-entity-identifier-update> for additional information. Additional information about FFATA is available at <https://www.fsrs.gov/>.

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

I/DD: Intellectual and Developmental Disability

DHHS: Department of Health and Human Services

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

FSR: Financial Status Report

SUD: Substance use disorder

EHR: Electronic Health Record

CCA/DA: Comprehensive Clinical Assessment / Diagnostic Assessment

CBT: Cognitive Behavioral Therapy

DBT: Dialectical Behavior Therapy

### **5.0 SCOPE OF WORK**

#### **5.1 PROGRAMMATIC REQUIREMENTS**

Successful applicants for these funds will have the following expectations:

- Provide SUD clinical treatment and recovery support services specifically to individuals with an I/DD
  - o Provide an appropriate SUD Comprehensive Clinical Assessment/Diagnostic Assessment (CCA/DA).
  - o Implement outreach services to specifically engage and target the population of focus
  - o Use the CCA/DA results to determine the most appropriate SUD services and ASAM level of care.
  - o Provide appropriate SUD services to the individual in inclusive settings and/or facilitate referral and admission to the appropriate level of care.
  - o Provide or connect to recovery services and supports, such as peer supports, mutual aid, etc., that are appropriate and accessible.
  
- Educate family/caregivers on substance use and I/DD
  - o Provide educational materials on substance use and SUD to families/caregivers.
  - o Provide appropriate information and referral for recovery services and supports specifically for family members/caregivers.
  
- Comply with reporting requirements outlined in section 5.4 of this RFA

#### **5.2 POPULATION SERVED**

SUD services must be available to any eligible individual within the successful applicant agency/organization service area. Eligible individuals include uninsured or under-insured individuals with a substance use disorder as well as a co-occurring diagnosis of mild to moderate intellectual disability/cognitive impairment, borderline

intellectual functioning and/or Autism Spectrum Disorder, or other identified intellectual or developmental disability.

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

### **5.3 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 SABG COVID-19 Supplement funding, CFDA: 93.959.

### **5.4 REPORTING REQUIREMENTS**

As stated above, successful applicants must have a current contract with an LME-MCO for the purposes of billing and reporting. Funds will be allocated to the LME-MCO and further earned by the successful applicant either through non-Unit Cost Reimbursement (non-UCR) or Unit Cost Reimbursement (UCR), or a combination of non-UCR and fee for service mechanisms.

Grantees will be required to provide quarterly reporting on progress toward meeting program goals. For clients served with this funding, grantees will be expected to report: 1) number of individuals served 2) number of individuals by I/DD diagnosis 3) Client demographics (gender/age/race) 4) Primary substance addressed 5) Percent of individuals abstinent from substance use three months post intake to services

For individuals engaged in SUD treatment services provided by a SUD agency, the treatment provider is required to submit data to the North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS) and to comply with the pre-set intervals for submitting updates.

#### **North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS)**

NC-TOPPS is a web-based system for gathering outcome and performance data on behalf of consumers with mental health and substance use disorders in North Carolina's public system of treatment services. NC-TOPPS provides reliable information that is used to measure the impact of treatment and to improve service and management quality throughout the service system.

NC-TOPPS was launched in 1997 as a partnership between the federal government and the state to implement a system for monitoring and evaluating substance use disorder treatment services. In 2005, mental health services were added, and the system was moved to a web-based format.

NC-TOPPS is based on face-to-face interaction between a consumer and a qualified professional (QP) with the objective of augmenting the clinical assessment process and providing information for the consumer's treatment plan. NC-TOPPS information is gathered through a series of interviews over the course of an episode of care: the period that begins with the initiation of services and ends with the termination of services, as defined in the consumer's treatment plan, or by a lapse in services of more than sixty days.

Initial, Update and Episode Completion Interviews are designed to assist in assessing the effectiveness of treatment. QPs conducting interviews use the NC-TOPPS web-based system to compile data on consumer outcomes such as symptom reduction, employment, education, retention, housing, family support and criminal justice. Recovery Follow-Up Interviews are optional, but available to conduct an interview with a consumer at any time after an episode of care.

More information can be found at <https://nctopps.ncdmh.net/dev/GettingStartedWithNCTOPPS.asp>.

## **5.5 QUALIFICATIONS AND CAPACITY**

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 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 March 15, 2022 and ends March 14, 2023. These applications will be supported with funds from the SABG COVID-19 Supplement funding. 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**

Funds for the I/DD/SUD grant will be awarded to the LME-MCO that has responsibility for services in the county in which the applicant is located.

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:

- Administration and review of an appropriate SUD CCA/DA.
- Provision of appropriate SUD treatment services.
- Provision of recovery services and supports.
- Education on substance use and I/DD to family members/caregivers.

Other services, such as those provided by a physician, PA, or NP, including approved Evaluation and Management (E&M) codes, may be billed separately and outside the proposed budget.

Additionally, services provided to an individual with insurance (Medicaid/Medicare and/or commercial insurance etc.) should be billed to that payor.

Applicants should note in their budget the total number of uninsured and/or under-insured individuals to be served.

Applicants may use these grant funds to provide training to their staff team on working with individuals with co-occurring I/DD and SUD. 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 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 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 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 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 March 4, 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 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 Human Services.

**E. Assessment of Need/s (Problem Statement) (10 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 - SUD 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 (25 points)**

- 1) Describe your proposed project. This should include detail on the proposed SUD services for individuals experiencing I/DD, the CCA/DA that will be used, the types of SUD services to be offered and why they have been chosen, 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 health 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. Organizational Sustainability (10 points)**

Describe how the project will contribute to the capacity of your organization or your community to address substance use in the I/DD population. Applicants must describe how the enhancements, improvements, or increases achieved during the project may be sustained past the funding term. Describe obstacles that may affect your organization's ability to sustain this program after the grant cycle and potential solutions to these identified challenges.

**J. 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 July 1, 2022 through March 14, 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, as well as the mechanism for billing; i.e., non-UCR or UCR or both.
- 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.**

**K. 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](mailto:RFA.responses@dhhs.nc.gov) no later than 5:00 pm EST on Tuesday, May 31, 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			
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## 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.

<b>Evaluation Criteria</b>	<b>Score</b>
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
<b>Total Possible Score</b>	<b>100 points</b>

## 14.0 RESOURCES

SAMHSA TIP 29: Substance Use Disorder Treatment for People with Physical and Cognitive Disabilities:

<https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4078.pdf>

Singh, N. (ed). (2016). Handbook of Evidence-Based Practices in Intellectual and Developmental Disabilities. Springer International Publishing. ISBN: 9783319265834 3319265803 3319265814 9783319265810.

<https://link.springer.com/book/10.1007/978-3-319-26583-4>

Bhatt, N. V., & Gentile, J. P. (2021). Co-occurring intellectual disability and substance use disorders. *AIMS public health*, 8(3), 479–484. <https://doi.org/10.3934/publichealth.2021037>

Kiewik, M., VanDerNagel, J., Engels, R., & Jong, C. (2017). Intellectually disabled and addicted: A call for evidence based tailor-made interventions. *Addiction*. 112. 10.1111/add.13971.

McLaughlin, D., Taggart, L., Quinn, B. & Milligan, V. (2009). The experiences of professionals who care for people with intellectual disability who have substance-related problems. *J Subst Use*. 12. 133-143. 10.1080/14659890701237041.

Slyter, EM. Demographic and clinical characteristics of people with intellectual disabilities with and without substance abuse disorders in a Medicaid population. (2010). *Intellect Dev Disabil.* 48(6):417-31. doi: 10.1352/1934-9556-48.6.417. PMID: 21166548.

VanDerNagel, J., van Duijvenbode, N., Ruedrich, S., Ayu, A.P. & Schellekens, A.F.A (2018) The Perception of Substance Use Disorder Among Clinicians, Caregivers and Family Members of Individuals With Intellectual and Developmental Disabilities, *Journal of Mental Health Research in Intellectual Disabilities*, 11:1, 54-68, DOI: 10.1080/19315864.2017.1390712

Veronica Holyfield. ["We Need to Step Up Care for the IDD Population."](#)

**Attachment A: Line Item Budget Proposal**

<b>Budget Categories</b>	<b>Narrative/Justification</b>	<b>Budget Amount 7.01.22 – 3.14.23</b>
<b>NON-UCR</b>		
<b>Human Resources</b>		
Salary/Wages (Include # of FTEs and position descriptions)		
Fringe Benefits		
HR/Other		
<b>Operational Expenses/Capital Outlays</b>		
<b>Supplies and Materials</b>		
Furniture		
Other		
<b>Equipment</b>		
Communication		
Office		

IT			
Assistive Technology			
Medical			
Other			
<b>Travel</b>			
Provider Staff			
<b>Utilities</b>			
Gas			
Electricity			
Telephone			
Water			
Other			
<b>Repairs and Maintenance</b>			
<b>Staff Development (Provider Staff Only)</b>			
<b>Media/Communication/Public Affairs</b>			
Advertising			
Audiovisual presentations/multimedia/tv/radio presentations			
Publications			
Public service announcements and ads			
Reprints			
Text translation into another language			

Websites and web materials			
<b>Rent</b>			
Office Space			
Equipment			
Furniture			
Vehicles			
Other			
<b>Professional Services</b>			
Legal			
IT			
Accounting			
Payroll			
Security			
<b>Other</b>			
Audit Services			
Service Payments			
Insurance and Bonding			
Not Otherwise Classified			
<b>Subcontracting and Grants</b>			
<b>Total Budgeted NON-UCR Expenditures</b>			
<b>Total Budget to be Billed (UCR)</b>			
<b>GRAND TOTAL BUDGET</b>			

**Appendix A**

**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).

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Name of Organization

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Contractor's Authorized Agent

---

Date

---

Printed Name of Contractor's Authorized Agent

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Title

---

Signature of Witness

---

Date

---

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.

---

**Signature**

**Title**

---

**Provider Name**

**Date**

**[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> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<p>2. Status of Federal Action:</p> <input type="checkbox"/> a. Bid/offer/application <input type="checkbox"/> b. Initial Award <input type="checkbox"/> c. Post-Award	<p>3. Report Type:</p> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change  <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> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier (if known) _____  <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  <i>(if individual, last name, first name, MI):</i></p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	<p>b. Individuals Performing Services <i>(including address if different from No. 10a.) (last name, first name, MI):</i></p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	
<p>11. Amount of Payment <i>(check all that apply):</i></p> <p>\$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned</p>	<p>13. Type of Payment <i>(check all that apply):</i></p> <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____	
<p>12. Form of Payment <i>(check all that apply):</i></p> <input type="checkbox"/> a. cash <input type="checkbox"/> b. In-kind; specify: Nature _____ Value _____		
<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 <i>(attach Continuation Sheet(s) SF-LLL-A, if necessary):</i></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>

**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.