



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Public Health

## Request for Applications

RFA # A415

### *NC Breast and Cervical Cancer Control Program*

**FUNDING AGENCY:** North Carolina Department of Health and Human Services  
Division of Public Health  
Chronic Disease and Injury Section  
Cancer Prevention and Control Branch

**ISSUE DATE:** May 20, 2025

**DEADLINE DATE:** June 20, 2025

**INQUIRIES and DELIVERY INFORMATION:**

Direct inquiries concerning this RFA to:

Heather Dolinger

[Heather.Dolinger@dhhs.nc.gov](mailto:Heather.Dolinger@dhhs.nc.gov)

919-707-5306

**Applications will be received until 5pm on June 20, 2025**

Electronic copies of the application are available at

<https://bcccp.dph.ncdhhs.gov/breastcancer.htm>

Send all applications electronically as indicated below:

**Email Address:** [Heather.Dolinger@dhhs.nc.gov](mailto:Heather.Dolinger@dhhs.nc.gov)

**IMPORTANT NOTE:** Indicate agency/organization name and RFA number in the subject line of the email, along with the RFA deadline date.

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## **I. INTRODUCTION**

The purpose of this Request for Applications (RFA) is to solicit applications to contract with the NC Breast and Cervical Cancer Control Program (NC BCCCP) to provide breast and cervical cancer screening services, diagnostic services, and/or patient navigation only services to eligible patients, ages 21 to 64. (See “ELIGIBILITY” for details.)

### **Program Goals and Objectives:**

#### **Goals**

1. Reduce mortality and morbidity due to breast and cervical cancers in NC women
2. Increase early detection of breast and cervical cancer among high-risk, underserved women
3. Expand community-based breast and cervical cancer screening and diagnostic services to low income, medically underserved women
4. Ensure access to medically appropriate services for women diagnosed with cancer or precancer

#### **Objectives**

1. Increase the number of screening tests and follow-up of abnormal findings of breast and cervical cancers
2. Improve the screening knowledge, attitudes, and practices regarding breast and cervical cancers among the general population in NC
3. Improve the clinical screening detection practices for breast and cervical cancers
4. Ensure optimal screening and diagnostic follow-up procedures
5. Ensure appropriate medical treatment referral and support services

Monitor the distribution and determinants of the incidence and mortality of breast and cervical cancers

## **ELIGIBILITY**

1. Public and private non-profit agencies may apply and must provide medical services in a facility capable of performing physical examinations, clinical breast examinations (CBEs), and cervical cancer screenings.
2. Applicants must have a referral resource for mammograms and follow-up diagnostic services.
3. Applicants must demonstrate the ability to reach eligible patients ages 40 years and older for NC BCCCP breast cancer screening services and eligible patients ages 21 to 64 years for cervical cancer screening services.
4. Applicants must demonstrate the ability to document patient records, enter patient data into the State’s integrated database, and attend trainings as required.
5. Applicants must provide patient tracking, patient navigation, and follow-up of abnormal CBE, abnormal mammogram, and/or abnormal cervical cancer screening results by the stated timeline guidance.
6. Applicants must designate a representative to oversee the clinical operations and serve as liaison (coordinator/navigator) with the NC BCCCP staff.

7. Applicants must be a licensed facility under the most recent Clinical Laboratory Improvement Amendments (CLIA) and Mammography Quality Standards Act (MQSA) regulations or contract with a licensed facility.

This RFA is targeting public and private non-profit agencies who shall offer the stated services to special priority populations (African American, Native American, and Latine) and the general public in accordance with Centers for Disease Control (CDC) federal funding guidance

***Local Health Departments are not eligible to apply for this funding opportunity.***

## **FUNDING**

The Cancer Prevention and Control Branch (CPCB) receives federal funding from the CDC to carry out program activities for the NC BCCCP. Funding shall be available from a combination of federal and state dollars.

CPCB anticipates federal funding availability of \$1,328,550 and State funding availability of \$969,510 for continuation of NC BCCCP Screening Projects.

**Each contracted provider shall be funded for a twenty (20) month period, beginning October 1, 2025. Year one funding will be for 8 months (October 1, 2025 - May 31, 2026); and year two will be for 12 months (June 1, 2026 - May 31, 2027).**

**The total funding available for each fiscal year shall be approximately \$1,149,030. CPCB anticipates awarding 10 to 17 BCCCP contracts with each contract ranging from \$30,000 to \$200,000 annually.**

Funding shall be available each year, contingent upon program performance and availability of funds. These funds do not include funding amounts allocated to applicants. Additional state and/or federal funds may be available based on annual funding allocations from the CDC and/or state legislature or specialty groups.

Source of the funding: 100% federal funding

### **Federal Grant Information:**

Name: Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations

CFDA: 93.898

Award #: NU58DP007121

Type: Cooperative Agreement

Department: Centers for Disease Control and Prevention

If awarded federal pass-through funds, Applicant as well as all SubGrantees of the Applicant must certify the following whenever applying for funds, requesting payment, and submitting financial reports:

“I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.”

## II. **BACKGROUND**

The goal of NC BCCCP is to reduce the morbidity and mortality of breast and cervical cancers in North Carolina residents by providing breast and cervical cancer screening and/or diagnostic services.

NC BCCCP funds Local Health Departments and community health agencies to establish and maintain a breast and cervical cancer screening program in their locales. There are 79 of 100 counties in North Carolina that have an active screening program that provides NC BCCCP services. NC BCCCP is designed as a screening program and does not provide funds for treatment. However, patients enrolled in NC BCCCP prior to diagnosis may be eligible to receive Breast and Cervical Cancer Medicaid (BCCM) to cover acute treatment services as well as maintenance therapies for breast and cervical cancers, eligible precancerous breast and cervical lesions, and for reconstruction surgeries. Additionally, patients who are diagnosed outside of NC BCCCP with breast and/or cervical cancer and/or precancerous lesions and who meet NC BCCCP eligibility may receive patient navigation-only services by a BCCCP provider to assist with application for BCCM.

In the United States, breast cancer is the most commonly diagnosed cancer in women. It is the leading cause of cancer death in Hispanic women and the second most common cause of cancer death among white, Black, Asian/Pacific Island, and American Indian/Alaska Native women.<sup>1</sup> In 2021, the U.S. incidence of breast cancer was 129.4 per 100,000 women and the mortality rate was 19.3 per 100,000 women.<sup>2</sup> In 2024, an estimated 310,720 new cases of invasive breast cancer are expected to be diagnosed among U.S. women, as well as an estimated 56,500 cases of in situ breast cancer. In 2024, approximately 42,250 U.S. women are expected to die from breast cancer. Only lung cancer accounts for more cancer deaths.<sup>3</sup> In North Carolina, an estimated 12,724 new female breast cancer cases (in-situ cases included) will be diagnosed in 2024, resulting in 1,544 deaths.<sup>4</sup>

Cervical cancer, once the leading cause of death for women in the U.S., has significantly decreased in incidence and mortality since the mid-1970s due to an increase in Pap tests being conducted. Between 2016 and 2020, the incidence of cervical cancer was 7.7 per 100,000 women.<sup>5</sup> While cervical cancer incidence and mortality continue to decrease, both are considerably higher among Hispanic and non-Hispanic Black women. In 2024, an estimated 13,820 new cases are expected to be diagnosed, with an estimated 4,360 women expected to die from cervical cancer.<sup>6</sup> In North Carolina, an estimated 418 cervical cancer cases will be diagnosed in 2024 resulting in 137 deaths.<sup>7</sup>

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<sup>1</sup> U.S. Cancer Statistics Working Group, U.S. Cancer Statistics Data Visualization Tools, 2024

<sup>2</sup> National Cancer Institute SEER Stat Fact Sheets, Female Breast Cancer, 2024, <https://seer.cancer.gov/statistics>

<sup>3</sup> American Cancer Society Cancer Facts and Figures, 2024

<sup>4</sup> N.C. State Center for Health Statistics, 2024

<sup>5</sup> American Cancer Society Cancer Facts and Figures, 2024

<sup>6</sup> American Cancer Society Cancer Facts and Figures, 2024

<sup>7</sup> N.C. State Center for Health Statistics, 2024

The most recent available data shows 130,352 uninsured women are eligible for breast cancer screening and diagnostic follow-up and 261,417 uninsured women are eligible for cervical cancer screening and diagnostic follow-up in North Carolina.<sup>8</sup>

NC BCCCP began in North Carolina in 1992 and continues to provide services to underserved individuals in North Carolina. Funding is received through a competitive grant from the CDC. This program was the first chronic disease screening program funded in the United States.

The NC BCCCP program provides approximately 11,000 breast and cervical screenings annually for uninsured patients ages 21-75. And each year, approximately 300 patients diagnosed with cancer receive treatment through BCCM. If these services were not offered through contracts, then these screenings and treatment would not be available for low income and minority patients who are at the most risk for developing late-stage breast or cervical cancer.

The CDC encourages its funded recipients to adopt a combination of five Evidence-Based Interventions (EBIs) identified in the Guide to Community Preventive Services [Community Guide] <http://www.thecommunityguide.org/index.html>) as effective methods in increasing breast and cervical cancer screening to reduce cancer mortality rates.

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<sup>8</sup> SAHIE 2021

### III. SCOPE OF SERVICES

#### BCCCP PROGRAM ELIGIBILITY

Patients with a family unit income below 250% of the Federal Poverty Level (FPL), who are uninsured or underinsured, and who do not have Medicare Part B or Medicaid are eligible to receive services.

##### A. **Priority Populations**

1. The priority population for **NC BCCCP mammography services** is patients with low income (family unit income below 250% of the FPL) who have not been screened in the last year and who are between the ages of 40 and 64.
2. The priority population for **NC BCCCP cervical cancer screening services** is patients with low income (family unit income below 250% of the FPL) who have never or rarely ever been screened (no cervical cancer screening in the last ten years) and who are between the ages of 21 and 64.
3. The priority population for **NC BCCCP services** is individuals who are defined as disproportionately burdened populations. While all segments of society are affected by cancer, there are certain populations that are disproportionately burdened by an increased risk of cancer or by the lack of adequate healthcare options for prevention and/or treatment. Special emphasis is placed on targeting efforts to achieve health equity by recruiting patients disproportionately affected by cancer, including patients who are of an ethnic minority.

**B.** Disproportionately burdened populations may be identified by factors such as race, ethnicity, gender, geography, socioeconomic status, health literacy, screening rates, and cancer incidence and mortality.**Eligible Populations**

1. Patients 21 to 64 years of age with gross incomes that are below 250% of the FPL (according to the Federal Poverty Guidelines) and who are uninsured or underinsured, may be eligible for breast and cervical cancer screening and/or diagnostic services, subject to the limitations and exceptions listed below:
  - a. Patients enrolled in Medicare (Part B) and/or Medicaid programs are not eligible for NC BCCCP-funded services.
  - b. Patients receiving Family Planning (Title X of the Public Health Service Act) services are not eligible for NC BCCCP-funded services that are available through Title X funding.
2. Eligible patients ages 21 to 39 with an undiagnosed breast or cervical abnormality may receive NC BCCCP-funded diagnostic services **if no other source of healthcare reimbursement is available**.

#### FUNDING GUIDELINES AND RESTRICTIONS

1. The Grantee shall request reimbursement at a capitated rate of \$325 per patient who receives at least one NC BCCCP-funded clinical service (mammogram, CBE, Pap test, Pap test with high-risk human papillomavirus (hrHPV) co-test, primary hrHPV screening, or diagnostic service) for up to the total number of patients specified in the proposed budget (see budget template on page 33 of the RFA). Each patient is only counted once.



2. The Grantee will be reimbursed at a rate of \$50 for each unduplicated patient who receives patient navigation-only services to apply for BCCM. Patients newly diagnosed with cancer (within three months of date of BCCM application receipt by the local Department of Social Services (DSS)) can be navigated by a provider to BCCCP to apply for BCCM for up to the total number of patients specified in the proposed budget.
3. The total funds awarded from NC BCCCP shall be maintained by the Grantee in a separate budget cost center to assure proper auditing of expenditures. Funding allocations are based on performance measures as stated in the Performance Monitoring/Quality Assurance Plan Section.
4. Monies shall be allocated to ensure the achievement of contracted allocation numbers and payment for NC BCCCP-approved services rendered by outside medical providers through subcontracts. These may include but are not limited to surgical consultations, follow-up for abnormal results, and diagnostic procedures. (Refer to the most current NC BCCCP Services Fee Schedule <https://bcccp.dph.ncdhhs.gov/providers.htm>). The Grantee must hold sufficient funds to complete the screening, follow-up, and/or diagnostic services for each patient served.
5. Only services listed on the NC BCCCP Services Fee Schedule are reimbursable with program funds.
6. The Grantee shall submit Contract Expenditure Reports (CERs) by the 10<sup>th</sup> of each month requesting reimbursement for services rendered in the preceding month. If the Grantee does not render services in the preceding month, the Grantee shall submit a CER requesting \$0.
7. Funds must be expended within the timeframes specified in the contract.
8. NC BCCCP funds shall not be used to reimburse for treatment services. Payment to a subgrantee using NC BCCCP funds is limited to those screening and diagnostic services listed in the current NC BCCCP Services Fee Schedule.

## **PAYMENT FOR SERVICES**

1. The payment to subgrantees for any service described in Section III, Scope of Services may not exceed the prevailing Medicare allowable fee for the service. NC BCCCP Services Fee Schedules will be provided to the participating Grantee by NC BCCCP.
2. NC BCCCP funds may only be used for payment after all other third-party payment sources (including private insurance but not Medicare Part B and Medicaid) provide evidence of partial or non-payment of eligible services provided by NC BCCCP. NC BCCCP is the payer of last resort.
3. Patients whose gross incomes are less than or equal to 100% of the FPL cannot be charged for any services covered through NC BCCCP. Participants should be notified of any possible charges prior to committing to the procedure.
4. A flat fee may not be charged for NC BCCCP services to any patient enrolled in NC BCCCP.
5. Services to any patient enrolled in NC BCCCP may be charged according to a sliding fee scale for patients whose gross incomes are between 101% and 250% of the FPL.

## **CONTRACT BUDGET ADJUSTMENTS**

1. The number of patients served in compliance with performance indicators shall be determined by the number of patients that have a breast and/or cervical service paid partially or in full with NC BCCCP funds.
2. To retain the baseline budget for the following fiscal year, a NC BCCCP Grantee must screen 100% of their allocated number of patients and expend 100% of the funds awarded each year.
3. Performance will be monitored on a routine basis, including at the midpoint of each fiscal year to evaluate whether the Grantee is meeting their screening allocations. Grantees that are unable to meet designated allocations shall receive technical assistance. If performance does not improve, Grantees may be evaluated for placement on “high risk status.” In addition, funding adjustments may be made in the Grantee’s budget. If a Corrective Action Plan (CAP) is required, the Grantee shall have 60 days to submit and implement the plan.
4. Grantees exceeding their allocated numbers and complying with performance indicators may qualify to receive additional funds (if available).

## **PROGRAM COMPONENTS AND ACTIVITIES**

Grantees may provide services in their own locations, satellite sites, or through subgrantee agreements with other Grantees. Subgrantees must follow the same guidance for quality of services and follow-up as the original Grantee. These services are divided into primary strategies (Health System Changes and Provider-Focused Activities, Community-Clinical Linkages to Aid Patient Support, and Environmental Approaches for Sustainable Cancer Control) and cross-cutting strategies (External Partnerships, Cancer Data and Surveillance, and Program Monitoring and Evaluation), along with BCCM, and Professional Development. Expected activities for each strategy are described in more detail below.

**Health Systems Changes and Provider-Focused Activities:** Grantees are expected to work at both the individual level and the population level by:

- 1) Providing direct **clinical services** and support to eligible patients and,
- 2) Working to enhance clinical service delivery among appropriate patient population through implementation of evidence-based interventions.

**Community-Clinical Linkages to Aid Patient Support:** Coordination of services among health systems, communities, and public health using community-based and/or clinic-based health workers to increase access to clinical care and promote health behaviors.

**Environmental Approaches for Sustainable Cancer Control:** Promoting health and support healthy behaviors in states, communities, and smaller settings such as worksites and businesses. Environmental approaches can involve one group or a group of organizations making changes in policies and physical surroundings that makes healthy choices simple, convenient, and affordable for all.

**Cancer Data and Surveillance:** Data should be utilized for program planning and ongoing monitoring of services provided by the program. Use of data is a critical step for all primary strategies (Health System Intervention, Community-Clinical Linkages, and Environmental Approaches). Data can be highly valuable for program monitoring, program improvement, quality assurance and evaluation, as well as for communicating program efforts and successes to the public, legislators, and advocates.

**Program Monitoring and Evaluation:** Evaluation, or the systematic collection of information about how a program operates and its impact, is an important part of program management. A good

evaluation allows for the monitoring of program implementation to demonstrate the success of programmatic activities in achieving outcomes, and to identify areas for improvement.

**Quality Assurance/Quality Improvement:** Quality assurance and quality improvement (QA/QI) supports the quality of clinical service delivery. QA is the process of monitoring the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. QI is the commitment and approach used to continuously improve every process in every part of an organization, with the intent of meeting and exceeding customer expectations and outcomes.

**Breast and Cervical Cancer Medicaid (BCCM):** The NC BCCCP is a screening program and does not provide funds for treatment. However, patients enrolled in NC BCCCP and provided with at least one screening and/or diagnostic service prior to diagnosis may be eligible to apply for and receive BCCM to cover acute treatment services for breast and cervical cancers and eligible precancerous breast and cervical findings for which treatment is planned, and for reconstruction surgeries. Additionally, patients who are diagnosed outside of NC BCCCP with breast and/or cervical cancer and/or precancerous lesions and who meet NC BCCCP eligibility criteria may enroll in NC BCCCP and receive patient navigation-only services by an NC BCCCP provider to apply for BCCM.

**Professional Development:** Includes clinical education and program updates for healthcare Grantees and healthcare professionals.

## CLINICAL PROTOCOLS/PERFORMANCE STANDARDS

The Grantee shall adhere to the following:

### A. Breast Screening

1. Protocols for breast cancer screening and follow up shall be in accordance with *NC BCCCP and Women's Health Breast Screening Manual: A Guide for Health Departments and Providers* (DHHS, December 2021) available on the NC BCCCP website at: <https://bcccp.dph.ncdhhs.gov/providers.htm>
2. All eligible patients shall receive breast cancer screening services (CBE and/or age-appropriate mammogram) based on the guidelines under heading "Eligible Population: Section C" of Performance Requirements of the awarded contract.
3. NC BCCCP funds can be used to reimburse CBEs for symptomatic patients under the age of 40. If the findings of the CBE are evaluated as abnormal, including a discrete mass, nipple discharge, and skin or nipple changes, a patient can be provided a diagnostic mammogram and a referral for a surgical consultation.
4. NC BCCCP funds can be used to screen asymptomatic patients under the age of 40 if they are considered to be at high risk for developing breast cancer (see definition of "high risk" below).
5. NC BCCCP funds may be used to reimburse for mammograms for patients ages 65 to 75 if no other source of funding is available.
6. All patients should undergo a risk assessment to determine if they are at high risk for developing breast cancer. NC BCCCP funds can be used for annual screening among patients who are considered high risk for breast cancer. Patients at high risk include those who have a known genetic mutation such as BRCA 1 or 2, first-degree relatives (mother, sister, daughter) with premenopausal breast cancer or known genetic mutations, a history of radiation treatment

to the chest area before the age of 30 (typically for Hodgkin's lymphoma), and a lifetime risk of 20% or more for development of breast cancer based on risk assessment models that are largely dependent on family history. Some experts recommend that patients who are identified as high-risk be screened with both an annual mammogram and an annual magnetic resonance imaging (MRI) of the breast. NC BCCCP providers should counsel patients about these recommendations and options available through the program.

#### B. Cervical Screening

1. Protocols for cervical cancer screening and follow up shall be in accordance with *The Cervical Screening Manual: A Guide for Health Departments and Providers* (DHHS, December 2020) available on the NC BCCCP website at: <http://bcccp.ncdhhs.gov/providers.htm>.
2. At least 35% of all enrolled patients ages 30 and above who are screened for cervical cancer have never been screened or not screened within the last ten years. The priority ages for cervical cancer screening are patients between the ages of 21 and 64.
3. For patients under age 30 with no abnormal findings, the screening interval for cervical cytology is every three years. Patients ages 30 to 65 may be screened with cervical cytology alone every three years, co-testing with cervical cytology and hrHPV test every five years, or primary hrHPV test alone every five years.
4. All patients should undergo a risk assessment to determine if they are at high risk for cervical cancer. Patients who are at high risk for cervical cancer need to be screened more frequently than average risk patients. NC BCCCP funds can be used for annual screening among patients who are considered high risk for cervical cancer. This includes patients with Human Immunodeficiency Virus (HIV) infection, patients who have had an organ transplantation, patients who may be immunocompromised from another health condition, or patients who had diethylstilbestrol (DES) exposure in utero.
5. NC BCCCP funds cannot be used for cervical cancer screening in patients with total hysterectomies (i.e., those without a cervix), unless the hysterectomy was performed because of cervical neoplasia or invasive cervical cancer, or if it was not possible to document the absence of neoplasia or reason for the hysterectomy. A one-time pelvic exam is permitted to determine if a patient has a cervix. A pelvic exam using NC BCCCP funds should not be provided in the absence of cervical cancer screening.
6. Patients who have had a total hysterectomy for Cervical Intraepithelial Neoplasia (CIN) disease should undergo cervical cancer screening for 20 years after the hysterectomy even if that screening continues beyond the age of 65.
7. Patients who have had cervical cancer should continue screening indefinitely as long as they are in reasonable health, which is determined by the presiding physician or at the discretion of the provider based on current recommendations and practices.
8. Patients who have had a supracervical hysterectomy remain eligible for cervical cytology.

#### C. Tobacco Screening and Cessation Support

The Grantee is required to assess the tobacco use status of every patient screened by NC BCCCP and refer those who use a form of tobacco to a tobacco cessation program such as QuitlineNC, or document patient's refusal for referral.

#### D. Colorectal Cancer Screening Status

The Grantee shall assess each patient aged 45 and above for their colorectal cancer screening status. See NC BCCCP Colorectal Cancer Screening Information and Assessment Policy, effective May 29, 2015, revised June 2, 2021, in the NC BCCCP Program Manual available on the NC BCCCP website: <https://bcccp.dph.ncdhhs.gov/programmanual.htm>.

E. Insurance Status

The Grantee shall assess all patients seeking to be enrolled in NC BCCCP for insurance status at each visit. Uninsured patients must be referred to available insurance options, such as the Health Insurance Marketplace (i.e., HealthCare.gov). If the patient's visit does not occur during open enrollment, the patient must be provided information about how to enroll at the next opportunity.

F. Follow-Up and Patient Navigation

1. Patient navigation is defined by the CDC as, "individualized assistance offered to clients to help overcome healthcare system barriers and facilitate timely access to quality screening and diagnostics as well as initiation of treatment services for patients who are diagnosed with cancer." All patients enrolled in NC BCCCP should receive patient navigation services.
2. Grantees shall establish services to assist patients eligible for NC BCCCP-paid clinical services in overcoming barriers to complete screening, diagnostic services, and initiation of cancer treatment and to support low-income patients (the priority population) but who have other payment sources (e.g., state funds, Medicaid) for screening in overcoming barriers to complete screening, diagnostics, and initiation of cancer treatment.
3. Patient navigation for patients served by the Grantee's BCCCP must include the following activities:
  - a. Assessment of individual patient barriers to cancer screening, diagnostic services, and initiation of cancer treatment;
  - b. Patient education and support;
  - c. Resolution of patient barriers (e.g., transportation, translation services) to the extent possible;
  - d. Patient tracking and follow-up to monitor patient progress in completing screening, diagnostic testing, and initiating cancer treatment;
  - e. A minimum of two (but preferably more) contacts with the patient due to the centrality of the patient-navigator relationship; and 6) Collection of data to evaluate the primary outcomes of cancer screening and/or diagnostic testing, final diagnosis, and treatment initiation if needed.
4. Patients who need screening shall receive assessment for patient navigation and assistance to access screening services, whether by enrollment in Grantee's BCCCP or referral to a non-BCCCP provider.
5. When follow-up services are required, the Grantee shall use previously received NC BCCCP funds to pay for or provide the diagnostic services listed on the most current NC BCCCP Services Fee Schedule up to a maximum of \$2,000 per patient. Fee schedules are updated annually and sent via email to BCCCP navigators and can be found on the NC BCCCP website at: <https://bcccp.dph.ncdhhs.gov/programmanual.htm>. The Grantee must hold sufficient NC BCCCP funds to complete the screening, follow-up, and/or diagnostic services for each patient served.

6. The Grantee shall assure that a referral system for the diagnosis and treatment of all abnormal findings is in place. The Grantee shall designate a primary person who shall be responsible for implementing a protocol that ensures all patients receive follow-up services or medical treatment when required. Cross training is strongly encouraged. Follow-up of an abnormal screening test must be completed within 60 days of the patient's abnormal breast or cervical cancer screening result.
7. Patients having an abnormal breast or cervical cancer screening result shall receive patient navigation and be referred for assessment of the following findings:
  - a. CBE result of discrete palpable mass, serous or bloody nipple discharge, nipple or areolar scaliness, or skin dimpling or retraction;
  - b. Mammogram result of Category IV (suspicious abnormality, biopsy should be considered) or Category V (highly suggestive of malignancy); and/or
  - c. Cervical cytology result of Low-Grade Squamous Intraepithelial Lesions (LSIL), Atypical Cells of Undetermined Significance (ASC-US) with positive HPV, Atypical Squamous Cells Cannot Exclude High-Grade Lesions (ASC-H), High-Grade Squamous Intraepithelial Lesions (HSIL), Squamous Cell Carcinoma (SCC), Abnormal Glandular Cells (AGC) including Atypical Glandular Cells of Undetermined Significance (AGUS) or adenocarcinoma.
8. At least three attempts must be made to locate and inform the patient of abnormal screening results. The last attempt must be by certified letter. Written documentation of all attempts must be included in the patient's medical record.
9. For all abnormal CBEs, mammograms, and/or cervical cytology results, the following information shall be documented in the patient's medical record:
  - a. Patient contact information (number and date of attempts made to follow up);
  - b. Follow-up appointment information (date, follow-up provider, and follow-up location);
  - c. Date referral was made; and
  - d. Results of all referrals, including the report from the provider.
10. Patient Navigation-Only to Apply for BCCM–non-NC BCCCP screening Patient Navigation Only: BCCM Application for Individuals Not Screened within BCCCP.

Patients meeting NC BCCCP eligibility requirements who are diagnosed with a breast or cervical cancer (or breast or cervical precancerous lesion) outside of NC BCCCP shall receive patient navigation (PN) only services by an NC BCCCP provider to apply for BCCM. The diagnosis must be within three months of application receipt by the local DSS. Patients who receive PN-only services to apply for BCCM will count as a PN-only allocation. Reporting PN-only services requires that the "Patient Navigation-Only Form" be completed and report to NC BCCCP.
11. Standing Orders

All standing orders or protocols developed for nurses in support of this program must be written in the NC Division of Public Health (NC DPH) Public Health Nursing Professional Development Unit (PHNPDU) format. The Grantee shall have a policy in place that supports nurses working under standing orders.

#### G. Implementation of Evidence-Based Interventions (EBIs)

1. Grantees should work to increase the overall number of patients screened, improving clinic-level breast and cervical cancer screening rates, and strengthen the delivery of cancer screening services. To do this, NC BCCCP will partner with Grantees to conduct a comprehensive assessment of the Grantee's healthcare delivery system. The assessment will include breast and cervical cancer screening rates, data/electronic health record (EHR) functionality, patient/health system process flow, policies/standing orders for cancer screening, provider/health system adherence to clinical cancer screening guidelines, community health worker/support services and use of EBIs or other strategies that support cancer screening. NC BCCCP, in partnership with the Grantee healthcare system, will use these data to identify priority populations and to identify appropriate interventions for implementation.
2. *The Community Guide* serves as a resource to help select interventions to improve health and prevent disease in your community, community organization, or healthcare organization. The descriptions of EBIs recommended for increasing breast and/or cervical cancer screening rates can be found at <https://www.thecommunityguide.org/topic/cancer>.

#### H. Community-Clinical Linkages

1. To enhance internal Grantee referrals to NC BCCCP, the Grantee shall provide in-reach activities to ensure that Grantee clinics and personnel are aware of NC BCCCP eligibility guidelines, the Grantee's appropriate contact person, and how to refer a potentially eligible patient to the appropriate contact person.
2. The Grantee shall conduct appropriate recruitment and outreach strategies to reach patients who have never been screened for breast and cervical cancer as well as populations who are most at risk.
3. The Grantee may use community-based and/or clinic-based health workers/lay advisors, native language speakers, or health educators for community outreach to identify patients for screening, provide patient education about risk factors and preventive health behaviors, and address barriers to care. The goal is to link patients to community resources, medical homes, or healthcare systems/clinics for cancer screening, diagnostic, genomics, and/or treatment resources.

The Grantee will return all recruitment data and surveys by the required deadline as requested by the NC BCCCP Program Director.

#### I. Environmental Approaches

1. The Grantee will use available data sources to identify priority communities and implement environmental approaches. This will require engaging community partners such as cancer coalitions and community champions. The focus is to educate and inform employers and community-based organizations in priority communities about ways to help increase breast and cervical cancer screening rates among low-income patients by making screening services accessible and facilitating healthy lifestyles that reduce cancer risk. The goal is to have employer and organizational policies in place that increase access to screening and improve health behaviors.
2. The Grantee will track environmental approach policies developed and outcomes of having these policies in place.



## J. Professional Development

1. The Grantee shall participate in educational opportunities provided or recommended by NC BCCCP as appropriate.
2. The Grantee's BCCCP staff must attend:
  - a. All scheduled statewide conference calls as indicated; and
  - b. At least one of the NC BCCCP trainings offered twice a year. For newly hired staff, the staff member must attend the first biannual NC BCCCP Orientation training following the date of hire. Web-based trainings and/or traditional face-to-face trainings will be available.
3. All registered nurses without advanced practice certification who perform clinical examinations for the Grantee's NC BCCCP must enroll in and complete the Physical Assessment of Adults Course. This course is conducted by the University of North Carolina Gillings School of Global Public Health and is co-sponsored by the NC DPH. Evidence of the satisfactory completion of a comparable course of study may be substituted for this requirement with the approval of the Public Health Nursing and Professional Development Unit (PHNPDU). Proof of this certification must be on file with the contracting agency.
4. Policies and procedures must be in place for assuring the competency of nurses and the documentation of competency for each nurse performing clinical examinations. See *North Carolina Nurse Practice Act* at: <https://www.ncbon.com/laws-rules-nursing-practice-act>.
5. All staff performing CBEs are encouraged to use the vertical strip method. Training is available through <https://mammacare.org>.

## **REPORTING REQUIREMENTS**

### **A. Frequency and due dates**

All BCCCP data including initial screening or diagnostic service, follow-up of abnormal results, and treatment disposition shall be recorded by the Grantee in Med-IT, the state-assigned data collection system, in a timely manner as follows:

1. BCCCP patient data shall be entered into the Med-IT no later than the 10<sup>th</sup> of each month for the previous month's screenings.
  - a. All newly hired NC BCCCP staff must contact their nurse consultant within two months of hire date to arrange necessary trainings based on their NC BCCCP role. Please refer to Reporting Requirements, Paragraph 3, on the *Staff Change Notification Form*.
2. No Grantee shall withhold data input on any patient pending the completion of follow-up.

Even if there are abnormal findings requiring follow-up, the screening data should be entered by the 10<sup>th</sup> of the month as noted above (A.1.). All test results including follow-up, diagnosis, and treatment shall be updated as soon as received and according to NC BCCCP timelines. Diagnostic disposition must be entered within 60 days of the abnormal breast or cervical cancer screening result. Treatment disposition must be entered within 60 days of the diagnostic disposition date for breast cancer, cervical cancer, HSIL, CIN2/3, or CIS of the cervix.
3. When NC BCCCP staff at the Grantee's facility are assigned or vacated from a role (including the Contract Administrator, Nursing Director/Supervisor, NC BCCCP Navigator, Health Educator, or Financial Contact), the State's NC BCCCP is to be advised of the name and contact information of that person within one month using the *Staff Change Notification Form*



available for download at: <https://bccccp.dph.ncdhhs.gov/linksandresources/Manuals/Section10-Forms/1001-Staff-Change-Notification-Form.pdf>.

#### B. Format

1. Breast and cervical data screens shall be completed and sent to the NC BCCCP electronically for every patient who receives clinical services (mammogram, CBE, cervical cytology, hrHPV test, or diagnostic service) and follow-up services using the state-assigned data system.
2. The Grantee shall complete and submit the *Patient Navigation-Only Form* to NC BCCCP for every patient who receives patient navigation-only services to apply for BCCM.
3. Program data received by NC BCCCP shall determine whether the Grantee is meeting contract allocations and performance measures.

#### C. Data Source

1. Minimum Data Elements (MDEs) are inclusive of CDC required data fields which are entered into the State-assigned data system.
2. Monthly Provider Progress Reports are provided to each Grantee to report performance and identify individual cases requiring follow-up or correction by the Grantee. All patients with abnormal findings or data errors remain on the monthly data reports for two program years until follow-ups are completed or errors are corrected. Monthly error reports are also available through Med-IT for each Grantee if data entry mistakes are made that prevent patient records from being processed. These errors will not be removed from error reports until the patient records are corrected.

### PERFORMANCE INDICATORS AND BENCHMARKS

#### Outcomes:

Individual service goals are set with each Grantee based on capacity, prior service allocations, successful outcome results in compliance with CDC performance indicators, and continued NC BCCCP funding.

Screening, subsequent diagnostic services, and treatment (if needed) are expected to: reduce mortality and morbidity due to breast and cervical cancers in NC patients; increase early detection of breast and cervical cancer among high-risk, underserved patients; expand community-based breast and cervical cancer screening and diagnostic services to low income, medically underserved patients; and ensure access to medically appropriate services for patients diagnosed with cancer or pre-cancer.

#### Service Quality:

All Grantees of the NC BCCCP shall use evidenced-based program guidance to meet contract requirements. All Grantees shall be held to standards for accomplishment of performance indicators and number of patients contracted to be served. Inability to meet set program performance allocations or adherence to procedures/protocols could result in the Grantee being subject to loss of NC BCCCP funds. The performance indicators to be met are announced in the awarded contract to assure that the minimum goals to be attained for the year are outlined.

Precise deliverables of the awarded contract are listed in the table below. The allocation number is the minimum required number of patients served. Exceeding this number is encouraged based on funding

resources. The patients served in NC BCCCP may receive either breast services, cervical services, or both.

Indicator Type	Program Performance Indicator	CDC Minimum Standard
Screening Goal	Total number of patients (allocated targets) served	100%
Budget Expenditures	Reimbursement requested for each patient served and equals amount of allocated funds awarded	100%
Breast Cancer Screening Performance Indicators	Abnormal screening results with complete follow-up	≥ 90%
	Abnormal screening results: Time from screening to diagnosis ≥ 60 days	≤ 25%
	Treatment started for breast cancer	≥ 90%
	Breast cancer: Time from diagnosis to treatment ≥ 60 days	≤ 20%
Cervical Cancer Screening Performance Indicators	Initial screening: Patients ages 30 years and older who have never or rarely ever (greater than 10 years) been screened	≥ 35%
	Abnormal screening results with complete diagnostic work-up	≥ 90%
	Time from abnormal screening results to diagnosis ≥ 60 days	≤ 25%
	Treatment started - HSIL, CIN2/3, CIS, invasive carcinoma	≥ 90%
	Time from diagnosis to treatment ≥ 60 days	≤ 20%

## GRANTEE RESPONSIBILITIES FOR QUALITY ASSURANCE

### A. Cervical Screening and Follow-up:

Laboratories must be certified under the most recent version of the Clinical Laboratory Improvement Amendments (CLIA). The latest version of the Bethesda System is required for reporting the results of cervical cytology. See the *Cervical Screening Manual: A Guide for Health Departments and Providers*, DHHS December 2020 available on the NC BCCCP website at: <https://bcccp.dph.ncdhhs.gov/linksandresources/CervicalScreeningManual-2020-12.pdf>

### B. Breast Screening and Follow-up:

Mammography Quality Standards Act (MQSA) certification is required for all mammography facilities. When contracting with any mammography facility, the Grantee shall ensure that the facility is accredited under the Mammography Quality Standards Act (MQSA) regulations. See *NC BCCCP and Women's Health Breast Screening Manual: A Guide for Health Departments and Providers*, DHHS July 2022 available on the NC BCCCP website at: <https://bcccp.dph.ncdhhs.gov/providers.htm>.

### C. The Grantee shall maintain clinical records for each patient receiving NC BCCCP services as part of the patient's individual medical record.

### D. The Grantee shall audit a random sample of at least five NC BCCCP patient records using the *BCCCP Clinical Record Review Tool* (available on the NC BCCCP website at: <https://bcccp.dph.ncdhhs.gov/programmanual.htm>) at least once annually to check for compliance with program requirements.

### E. Grantee Responsibilities for Process and Outcome Evaluations:

The Grantee shall respond to NC BCCCP evaluation requests in a timely manner. This includes completing evaluation surveys, focus groups, interviews, and other data collection methods as outlined in the CDC and NC BCCCP Evaluation Plans.

## **NC BCCCP PROGRAM RESPONSIBILITIES FOR MONITORING**

NC BCCCP staff will conduct a risk assessment of the Grantee and risk categories will be determined prior to the release of this contract and reassessed at least annually. Each Grantee will be categorized as low risk or high risk and will be notified by NC BCCCP staff about its categorization prior to the start of this contract. A Grantee's risk category can change at any time and will be reassessed if irregularities are noted. The frequency and intensity of monitoring techniques applied will be directly proportional to the level of risk assigned. A Grantee categorized as low risk will receive a detailed monitoring event approximately every two years. A Grantee categorized as high risk will be notified by letter of the high-risk assessment and a specific date for corrective action and details about the monitoring plan will be defined in the letter. A Grantee categorized as high risk will receive a monitoring event at least annually.

The purpose of the monitoring event is to verify and document timeliness and adequacy of follow-up, quality of services, efficiency of operations, and compliance with program requirements. The monitoring event will be conducted on-site at the Grantee's facility if possible. Alternatively, a remote monitoring event may be conducted if travel to the Grantee's site is not possible. NC BCCCP staff will provide advance notice to the Grantee of the date and time of the monitoring event. NC BCCCP staff will review the Grantee's program performance indicators using data submitted to the State-assigned data system monthly and provide technical assistance as needed. NC BCCCP staff will provide the Grantee with more frequent technical assistance if there are indications of problems meeting performance requirements or if requested by the Grantee.

## **CONSEQUENCES OF INADEQUATE PERFORMANCE**

- A. Failure to meet allocations or request reimbursement as expected may result in reduced allocations and funding.
- B. If any monitoring event uncovers deficits, NC BCCCP staff will work with the Grantee to correct identified deficits.
  - 1. Serious ongoing deficits will require CAP.
  - 2. Persistent failure to meet program requirements will result in termination of the Contract.
- C. Grantees that withdraw or are terminated from the NC BCCCP are required to:
  - 1. Notify the NC BCCCP Program Director of the Grantee's intent to terminate in a letter written on the Grantee's letterhead and signed by the Contract Signature Authority, which includes the effective date of the termination with a minimum of 30 days' notice.
  - 2. Grantees that lose NC BCCCP funding should identify resources for follow-up for patients with abnormal findings in their communities within 30 days from the date of agreement termination.
  - 3. Identify resources in the community and refer patients who have abnormal findings found prior to termination of the Grantee's NC BCCCP.
  - 4. Notify all current Grantee NC BCCCP participants of closure of the program and offer them assistance to find alternative providers of screening services.

5. Continue to monitor monthly Provider Progress Reports and provide follow-up or corrected information until all cases are closed out.
  6. Maintain all Grantee NC BCCCP records and program manuals according to the Grantee's retention schedule.
- D. With termination, all remaining allocated NC BCCCP funds will remain with NC DPH.

#### **IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS**

**1. Award or Rejection**

All qualified applications will be evaluated, and award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by 06/26/2025.

**2. Cost of Application Preparation**

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

**3. Elaborate Applications**

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

**4. Oral Explanations**

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

**5. Reference to Other Data**

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

**6. Titles**

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

**7. Form of Application**

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

**8. Exceptions**

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

**9. Advertising**

In submitting its application, agencies and organizations agree not to use the results 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 requirements, terms, and conditions of a contract shall be passed through to all organizations performing programmatic work on behalf of the agency as the agency's subawardee. Documentation of each proposed subcontractor or subgrantee shall be submitted as part of the application.

Agencies and organizations shall also ensure that subcontractors are not on the state's Suspension of Funding List available at: <https://www.osbm.nc.gov/stewardship-services/grants/suspension-funding-memos>.

## **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. Contract**

The Division will issue a contract to the recipient of the RFA funding ("Grantee"). Expenditures can begin immediately upon receipt of a completely signed contract.

## V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

The following is a general description of the process by which applicants will be selected for funding for this project.

### 1. **Announcement of the Request for Applications (RFA)**

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on 05/20/2025:

<http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities> and may be sent to prospective agencies and organizations via direct mail, email, and/or the Program's website.

### 2. **Distribution of the RFA**

RFAs will be posted on the Program's website <https://bcccp.dph.ncdhhs.gov/breastcancer.htm> and may be sent via email to interested agencies and organizations beginning 05/20/2025.

### 3. **Bidder's Conference / Teleconference / Question & Answer Period**

All prospective applicants are encouraged to attend a Bidder's Conference on 05/27/2025 from 2:00pm – 3:00pm time by calling (984) 204-1487 and using phone conference ID: 472 396 177#. As an addendum to this RFA, a summary of all questions and answers will be mailed, by 06/05/2025, to agencies and organizations sent a copy of this Request for Applications or will be placed on <https://bcccp.dph.ncdhhs.gov/breastcancer.htm> website.

### 4. **Applications**

Applicants shall email a PDF version of the full application to the email address listed on the cover sheet of this RFA.

### 5. **Format**

The application must be typed, single-sided on 8.5" x 11" paper with margins of 1". Line spacing should be single-spaced. The font should be easy to read and no smaller than an 11-point font.

### 6. **Space Allowance**

Page limits are clearly marked in each section of the application. Refer to *VIII.3 Applicant's Response* for specifics.

### 7. **Application Deadline**

All applications must be received by the date and time on the cover sheet of this RFA. Faxed applications **will not** be accepted in lieu of the emailed PDF version.

### 8. **Review of Applications**

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the subject matter. Staff from applicant agencies may not participate as reviewers. The committee will review each application for completeness, content, experience with similar projects, ability of the agency's or organization's staff, benefit to the State, etc. The State reserves the right to conduct site visits as part of the application review and award process. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency

reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

#### **9. Request for Additional Information**

At their option, the application reviewers 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 reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

#### **10. Audit**

Please be advised that successful applicants may be required to have an audit in accordance with [09 NCAC 03M .0205](#). Per 09 NCAC 03M .0205 (amended effective retroactive to July 1, 2024), there are two reporting levels established for recipients and subrecipients receiving grants. Reporting levels are based on the allocated funds from all grants disbursed through the State of North Carolina during the entity's fiscal year. The reporting levels are:

- 1) Level I – A recipient or subrecipient that receives, holds, uses, or expends grants in an amount less than the dollar amount requiring audit as listed in the Code of Federal Regulations 2 CFR 200.501(a) within its fiscal year.
- 2) Level II - A recipient or subrecipient that receives, holds, uses, or expends grants in an amount of equal to or greater than the dollar amount requiring audit as listed in 2 CFR 200.501(a) within its fiscal year.

The dollar amount requiring audit listed in 2 CFR 200.501(a) is herein incorporated by reference, including subsequent amendments and editions, and can be accessed free of charge at <https://www.ecfr.gov/>.

Level II grantees shall have a single or program-specific audit prepared and completed in accordance with Generally Accepted Government Auditing Standards, also known as the Yellow Book G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status.

#### **11. Assurances**

The contract may include assurances that the successful applicant would be required to execute prior to receiving a contract as well as when signing the contract.

#### **12. Additional Documentation to Include with Application**

All applicants are required to include documentation of their tax identification number.

Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the agency's 501(c)(3) tax-exempt status. (This letter normally includes the agency's tax identification number, so it would also satisfy that documentation requirement.)

In addition, those private non-profit agencies are to provide a completed and signed page verifying continued existence of the agency's 501(c)(3) status. (An example of this page is provided in section *VIII.8 Verification of 501(c)(3) Status*.)

#### **13. Federal Certifications**

Agencies or organizations receiving Federal funds shall be required to execute Federal Certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco



Smoke, Debarment, Lobbying, and Lobbying Activities. A copy of the Federal Certifications is included in this RFA for your reference (see Appendix A). Federal Certifications should NOT be signed or returned with application.

**14. Unique Entity Identifier (UEI)**

All grantees receiving federal funds must have a Unique Entity Identifier (UEI) which is issued by the federal government in [www.SAM.gov](http://www.SAM.gov). If your agency does not have a UEI, please use the online registration at [www.SAM.gov](http://www.SAM.gov) to receive one free of charge.

**15. Additional Documentation Prior to Contract Execution**

Contracts require more documentation prior to contract execution. After the award announcement, agencies will be contacted about providing the following documentation:

- a. Documentation of the agency's Unique Entity Identifier (UEI).

If your agency does not have a UEI, please use the online registration at [www.SAM.gov](http://www.SAM.gov) to receive one free of charge.

Contracts with private non-profit agencies require additional documentation prior to contract execution. After the award announcement, private non-profit agencies will be contacted about providing the following documentation:

- b. A completed and signed statement which includes the agency's Conflict of Interest Policy. (A reference version appears in Appendix A.)
- c. A completed, signed, and notarized page certifying that the agency has no overdue tax debts. (A reference version appears in Appendix A)

All grantees receiving funds through the State of North Carolina are required to execute Contractor Certifications Required by North Carolina Law. A copy of the certifications is included in this RFA for your reference (see Appendix A). Contractor Certifications should NOT be signed or returned with application.

Note: At the start of each calendar year, all agencies with current DPH contracts are required to update their contract documentation. These agencies will be contacted a few weeks prior to the due date and will be provided the necessary forms and instructions.

**16. Registration with NC Secretary of State**

Private non-profit applicants must also be registered with the North Carolina Secretary of State to do business in North Carolina or be willing to complete the registration process in conjunction with the execution of the contract documents. (Refer to: [https://www.sosnc.gov/divisions/business\\_registration](https://www.sosnc.gov/divisions/business_registration))

**17. Registration in NC e-Procurement via NC Electronic Vendor Portal (eVP)**

Successful applicants (excepting Local Health Departments, which are exempt from this requirement) must be registered in NC eProcurement via the Electronic Vendor Portal (eVP) in order to receive reimbursement payments. This registration does not change your organization's grantee status or how the organization will be treated by DPH. If this is the agency's first award as an NCDHHS grantee, email [dph.contractdocs@dhhs.nc.gov](mailto:dph.contractdocs@dhhs.nc.gov) for instructions on how to register.

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

**Data Reporting Requirement**

The Grantee shall complete and submit to the Division, the Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement form within 10 State Business Days upon request by the Division when awarded \$25,000 or more in federal funds. A reference version appears in Appendix A.

**19. Sudan Divestment Act**

The Sudan (Darfur) Divestment Act of 2007, as amended, requires State agencies to divest from investments in companies that are engaged in certain activities in Sudan. Any organization identified engaging in investment activities in Sudan (Darfur), as determined by appearing on the Final Divestment List created by the NC Department of the State Treasurer, is ineligible to contract with the State of North Carolina or any political subdivision of the State. Refer to NC General Statutes Chapter 147 Article 6D.

**20. Iran Divestment Act**

The Iran Divestment Act of 2015, as amended, prohibits State agencies from investing in or contracting with individuals and companies engaged in certain investment activities in Iran. Any organization identified engaging in investment activities in Iran, as determined by appearing on the Final Divestment List created by the NC Department of the State Treasurer, is ineligible to contract with the State of North Carolina or any political subdivision of the State. Refer to NC General Statutes Chapter 147 Article 6E.

**21. Boycott Israel Divestment Policy**

The Divestments from Companies Boycotting Israel Act of 2017, as amended, prohibits State agencies from making investments in, and contracts with, companies that are engaged in a boycott of Israel, as defined by this Act. Any organization that boycotts Israel, as determined by appearing on the Final Divestment List created by the NC Department of the State Treasurer, is ineligible to contract with the State of North Carolina or any political subdivision of the State. Refer to NC General Statutes Chapter 147 Article 6G.

**22. Application Process Summary Dates**

05/20/2025: Request for Applications released to eligible applicants

05/27/2025: Bidder's Conference/Teleconference

06/02/2025: End of Q&A period. All questions due in writing by 5pm.

06/05/2025: Answers to questions released to all applicants as an addendum to the RFA.

06/20/2025: Applications due by 5pm

06/26/2025: Successful applicants will be notified

10/01/2025: Contract begins

## VI. PROJECT BUDGET

### Budget and Justification

Applicants must submit a budget, which requires a line item budget for each year of funding and a narrative justification.

### Narrative Justification for Expenses

A narrative justification must be included for every expense listed in the budget. Each justification should show how the amount on the line item budget was calculated, and it should be clear how the expense relates to the project.

### Travel Reimbursement Rates

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the “Change in IRS Mileage Rate” memorandum to be found on OSBM’s website when there is a change in this rate. The current state mileage reimbursement rate is **\$0.70** cents per mile.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. However, please be advised that reimbursement rates periodically change. The Division of Public Health will only reimburse for rates authorized in North Carolina Department of Health and Human Services Travel Policy. Effective July 1, 2021, the Department of Health and Human Services (DHHS) shall utilize GSA State/City Standard Travel Per Diems as the maximum allowable statutory rate for meals and lodging (subsistence). The following schedule (effective October 1, 2024) shall be used for reporting allowable subsistence expenses incurred while traveling on official state business:

**Current Rates for Travel and Lodging**

<b>Meals</b>	<b>In State</b>	<b>Out of State</b>
Breakfast	\$16.00	\$16.00
Lunch	\$19.00	\$19.00
Dinner	\$28.00	\$28.00
<i>Total Meals Per Diem Per Day</i>	<i>\$63.00</i>	<i>\$63.00</i>
<b>Lodging</b> ( <i>Maximum rate per person, excludes taxes and fees</i> )	\$110.00 + taxes/fees	\$110.00 + taxes fees
<b>Total Travel Allowance Per Day</b>	<b>\$173.00</b>	<b>\$173.00</b>
Mileage	\$0.70 per mile/regardless of distance	

### Audits

Per 09 NCAC 03M .0205 (amended effective retroactive to July 1, 2024), there are two reporting levels established for recipients and subrecipients receiving grants. Reporting levels are based on the allocated funds from all grants disbursed through the State of North Carolina during the entity’s fiscal year. The reporting levels are:

- 1) Level I – A recipient or subrecipient that receives, holds, uses, or expends grants in an amount less than the dollar amount requiring audit as listed in the Code of Federal Regulations 2 CFR 200.501(a) within its fiscal year.

- 2) Level II - A recipient or subrecipient that receives, holds, uses, or expends grants in an amount of equal to or greater than the dollar amount requiring audit as listed in 2 CFR 200.501(a) within its fiscal year.

The dollar amount requiring audit listed in 2 CFR 200.501(a) is herein incorporated by reference, including subsequent amendments and editions, and can be accessed free of charge at <https://www.ecfr.gov/>.

Level II Grantees are required to submit a “Yellow Book” audit. Only Level II Grantees may include audit expenses in the budget. Audit expenses shall be prorated based on the ratio of the grant to the total grant funds received by the entity. The chart below details the Level II audit threshold amounts from all grants disbursed through the State of North Carolina during the entity’s fiscal year:

If the Grantee’s Fiscal Year End (FYE) Date is:	The following audit thresholds apply for that fiscal year end:		
	Federal	State Local Government	State Non-Government (nonprofits)
Any 2024 FYEs through May 31, 2025	\$750,000	\$500,000	\$500,000
June 30, 2025 through August 31, 2025	\$750,000	\$500,000	\$750,000
September 30, 2025 and after	\$1,000,000	\$750,000 or \$1,000,000*	\$1,000,000
*Local government remains \$500,000 but is expected to change for fiscal years beginning on or after October 1. Amount to be determined.			

### Indirect Cost

Per 2 CFR § 200.68 Modified Indirect Cost (MTCD) excludes charges for patient care, therefore, indirect cost is not allowed.

## **VII. EVALUATION CRITERIA**

### **SCORING OF APPLICATIONS**

Applications shall be scored based on the responses to the four application content areas. Each content area shall be scored on a scale of 1 to 4 based on the scale below:

- |          |                  |  |
|----------|------------------|--|
| <b>1</b> | <b>POOR</b>      | Applicant only marginally addressed the application area.        |
| <b>2</b> | <b>AVERAGE</b>   | Applicant adequately addressed the application area.             |
| <b>3</b> | <b>GOOD</b>      | Applicant did a thorough job of addressing the application area. |
| <b>4</b> | <b>EXCELLENT</b> | Applicant provided a superior response to the application area.  |

Each content area will be weighted and the score of 1 to 4 will be multiplied by the assigned weight of the content area. (If the content area has a weight = 10 and it is rated 4 (excellent) the total will be 40 points.) The highest total score is 100 points. The scoring procedure is described below:

**1. Determination of Need and Local/County/Regional Services:**

Weight = 5, Total maximum points = 20

Score distribution: 5 = poor; 10 = average; 15 = good; 20 = excellent

**2. Capacity Statement/Sustainability:**

Weight = 12.5, Total maximum points = 50

Score distribution is: 5 = poor; 10 = average; 15 = good; 20 = excellent

**3. Strategic Plan and Budgetary Efficiency:**

Weight = 5, Total maximum points = 20

Score distribution is: 10 = poor; 20 = average; 30 = good; 40 = excellent

**4. Letters of Commitment and Support:**

Weight = 2.5, Total maximum points = 10

Score distribution: 5 = poor; 10 = average; 15 = good; 20 = excellent

**Each of the content areas will be scored according to the numerical values stated above.**

## **VIII. APPLICATION**

### **Application Checklist**

The following items must be included in the application. Please assemble the application in the following order:

1. **Cover Letter**
2. **Application Face Sheet**
3. **Applicant's Response/Form**
  - a. **\_\_\_ Letters of Commitment or Statements of Support**
4. **Project Budget**
  - i. Include a budget in the format provided. Indirect cost is not allowed.
5. **SubContractor/SubGrantee Information (if applicable)**
- IRS Documentation:*

  6. **IRS Letter Documenting Your Organization's Tax Identification Number**  
(public agencies)  
  
or  
  
**IRS Determination Letter Regarding Your Organization's 501(c)(3)  
Tax-exempt Status** (private non-profits)
  7. **Verification of 501(c)(3) Status Form** (private non-profits)

## **1. Cover Letter**

The application must include a cover letter, on agency letterhead, signed and dated by an individual authorized to legally bind the Applicant.

Include in the cover letter:

- the legal name of the Applicant agency
- the RFA number
- the Applicant agency's federal tax identification number
- the Applicant agency's Unique Entity Identifier (UEI)
- the closing date for applications.

## 2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with the NC Breast and Cervical Cancer Control Program including the signature of the individual authorized to sign “official documents” for the agency. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA # A415 are truthful, and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator: Name: Title:	Telephone Number: Fax Number: Email Address
7. Agency Status (check all that apply):  <input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	9. Agency UEI:
10. Agency’s URL (website):	
11. Agency’s Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Amount of Funding Requested	
15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #14)      Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document, and I am authorized to represent the applicant. “I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.”	
16. Signature of Authorized Representative:	17. Date



### 3. Applicant's Response

#### **Determination of Need and Local/County/Regional Services (20% of Score)**

*You may use up to four (4) pages for this section (not including attachments). Applicants should completely address the items in each subsection below; subsections that are not addressed or are only partially addressed will receive fewer or no points. These instructions and subsections may be deleted to maximize space.*

1. Provide a description of why your agency/organization is a good candidate for funding to implement the Breast and Cervical Cancer Screening Program. Include the following required items: description of the agency and its purpose, brief history (how, when, and why the agency was established), mission statement, and an organizational chart.
2. Describe the county or area you will be serving. Include information about the populations, who live there, the size and geographic diversity of the area, poverty level in the county, and any other factors that may impact your activities (e.g., urban/rural, transportation, industry and economic conditions, recent events, etc.).
3. Describe the need for breast and cervical cancer services in your community. Include data on screening rates, breast and cervical cancers and cardiovascular issues for women ages 40-64 (if applicable). Include limitations of the data, social norms you are aware of that may promote or prevent cancer screenings, and anything else that may indicate a need for creating or enhancing breast and cervical cancer services.

#### **Capacity Statement/Sustainability (50% of Score)**

*You may use up to six (6) pages for this section (not including attachments). Applicants should completely address the items in each subsection below; subsections that are not addressed or are only partially addressed will receive fewer or no points. These instructions and subsections may be deleted to maximize space.*

1. Describe the current activities, services, and experience of your agency that are applicable to implementation of the Breast and Cervical Cancer Program. Explain how your staff will meet the demands of required program activities.
2. Describe your plans to use subgrantees (if applicable) and provide information on the capacity of organizations to successfully implement the tasks assigned to them.
3. Describe your screening and data delivery capacity for this program.
4. Describe the roles played by the organization's leaders and staff, including Board members and volunteers, in community mobilization efforts to promote breast and cervical cancer screenings. Discuss the ways that your current strategies to raise awareness regarding breast and cervical cancer, recruitment of women, especially minority and special populations, and engage community members beyond simply attending an annual event.
5. Describe the collaborative efforts with any other agency with which you have regarding breast and cervical cancer screenings efforts. Describe community-based resources, outreach capacity for referral and follow-up.
6. Provide a description of the evaluation plan you will use to measure and monitor progress

toward meeting program goals and objectives. Include your self-monitoring process for program, data reporting and medical records.

7. Describe how your program will be managed, including information on the skills and experiences of program staff. Provide a complete staffing plan describing each existing or proposed position by title, percentage of time/effort on the project, and a brief job description for the position. In all cases it should be clear whom each staff member will supervise as well as who will supervise him or her.
8. Describe how CDC BCCCP data requirements are managed and complied with, and how CDC surveillance protocols are followed.
9. Describe your plans to attend required training(s).

#### **Strategic Plan/Budgetary Efficiency (20% of Score)**

*You may use up to two (2) pages for this section (not including budget sheet). Applicants should completely address the items in each subsection below; subsections that are not addressed or are only partially addressed will receive fewer or no points. These instructions and subsections may be deleted to maximize space.*

Applicants must complete a program budget that lists all screenings for the proposed program budget. A minimum of 100% of funds is for direct services.

1. Outline your agency's experience in administering grant funds.
2. Is there cost sharing (office covers breast self-examinations and office visits)?
3. Are there other sources of funds used to support the program? Please describe the other sources of funding and how these funds are utilized.

#### **Letters of Commitment (10% of Score)**

Letters of Commitment should be included from any agency or community organization integral to the success or implementation of the proposed activities. Examples of such agencies include those that will provide clinical services, outreach services, financial support, meeting space, transportation, access to participants or comparison group members, or services to participants beyond the scope of the applicant agency. Letters of support from local health departments are strongly encouraged to facilitate service provision.

#### 4. Project Budget

##### NC Breast and Cervical Cancer Control Program (NC BCCCP)

Contract Budget

October 1, 2025 through May 31, 2027

Complete the following budget. NC BCCCP has a capitated rate of \$325 per patient served.

##### PATIENT SERVICES:

Breast & Cervical Services funds requested (\$325 x # of service targets): \$ \_\_\_\_\_

Patient Navigation only services funds requested  
(\$50 x non-BC service targets): \$ \_\_\_\_\_

Total NC BCCCP funds requested: \$ \_\_\_\_\_

## **5. SubContractor/SubGrantee Information**

In accordance with 09 N.C. Administrative Code 03M.0703, Required Contract Provisions, the Applicant must provide the required information for every subcontractor and subgrantee included in the Project Budget. If the Applicant has no subcontractor and subgrantee, indicate that in the first line under "Name." If the Applicant plans to have subcontractors or subgrantees but they are unknown at this time, that must be indicated in the first line under "Name" for as many as are planned. When they are known, this information shall be submitted to the Division for review prior to the Applicant contracting with the entity. Attach additional pages as necessary.

NOTE: If awarded federal pass-through funds, subgrantees must certify to the Applicant whenever applying for funds, requesting payment, and submitting financial reports:

"I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812."

**SubContractor/SubGrantee Name:**

**Position Title (if applicable):**

**EIN or Tax ID:**

**Street Address or PO Box:**

**City, State and ZIP Code:**

**Contact Name:**

**Contact Email:**

**Contact Telephone:**

**Fiscal Year End Date (for organizations):**

**Is this organization functioning as a pass-through entity "SubGrantee" of the Applicant?**

**Is this organization functioning as a vendor "SubContractor" of the Applicant?**

**SubContractor/SubGrantee Name:**

**Position Title (if applicable):**

**EIN or Tax ID:**

**Street Address or PO Box:**

**City, State and ZIP Code:**

**Contact Name:**

**Contact Email:**

**Contact Telephone:**

**Fiscal Year End Date (for organizations):**

**Is this organization functioning as a pass-through entity "SubGrantee" of the Applicant?**

**Is this organization functioning as a vendor "SubContractor" of the Applicant?**



## **6. IRS Letter**

### ***Public Agencies:***

Provide a copy of a letter from the IRS which documents your organization's tax identification number. The organization's name and address on the letter must match your current organization's name and address.

### ***Private Non-profits:***

Provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization's name and address on the letter must match your current organization's name and address.

This IRS determination letter can also satisfy the documentation requirement of your organization's tax identification number.

## 7. Verification of 501(c)(3) Status Form

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

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I, \_\_\_\_\_, hereby state that I am \_\_\_\_\_ of \_\_\_\_\_  
(Printed Name) (Title)  
\_\_\_\_\_ ("Organization"), and by that authority duly given  
(Legal Name of Organization)  
and as the act and deed of the Organization, state that the Organization's status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

I understand that the penalty for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature)

# **Appendix A Forms for Reference**

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Do **NOT** complete these documents at this time **nor return them** with the  
RFA response.  
They are for reference only.

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## **FEDERAL CERTIFICATIONS**

*The word "Contractor" in the following Federal Certifications includes Grantees.*

### **The undersigned states that:**

1. He or she is the duly authorized representative of the Contractor named below;
2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, 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 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.
5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

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**Signature**

---

**Title**

---

**Contractor Legal Name**

---

**Date**

**[This Certification must be signed by a representative of the Contractor who is authorized to sign contracts.]**

## **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**

1. **The Contractor certifies** that it will provide a drug-free workplace by:
  - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - b. Establishing a drug-free awareness program to inform employees about:
    - (1) The dangers of drug abuse in the workplace;
    - (2) The Contractor's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
    - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
  - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
    - (1) Abide by the terms of the statement; and
    - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
  - e. **Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or** otherwise receiving actual notice of such conviction;

- f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
- (1) taking appropriate personnel action against such an employee, up to and including termination; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
- 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):
- Street Address No.1:
- 
- City, State, Zip Code:
- 
- Street Address No.2:
- 
- City, State, Zip Code:
- 
3. Contractor 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 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 [Grantee].]

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 Nonprocurement 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**

- a. **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.
- b. 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:

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 [grantees] 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.

**Disclosure of Lobbying Activities**  
**(Approved by OMB 0348-0046)**

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

<b>1. Type of Federal Action:</b> <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	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. Bid/offer/application <input type="checkbox"/> b. Initial Award <input type="checkbox"/> c. Post-Award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change  <b>For Material Change Only:</b> Year _____ Quarter _____ Date of Last Report: _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, (if known)  Congressional District (if known) _____		<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>  Congressional District (if known) _____
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number (if applicable) _____	
<b>8. Federal Action Number (if known)</b>	<b>9. Award Amount (if known) :</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>  <i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i>	<b>b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):</b>  <i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i>	
<b>11. Amount of Payment (check all that apply):</b>  \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	<b>13. Type of Payment (check all that apply):</b> <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: _____	
<b>12. Form of Payment (check all that apply):</b> <input type="checkbox"/> a. cash <input type="checkbox"/> b. In-kind; specify: Nature _____ Value _____		
<b>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):</b>  _____		
<b>15. Continuation Sheet(s) SF-LLL-A attached:</b> <div style="float: right;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No         </div>		



<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>

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

## **CONFLICT OF INTEREST POLICY**

### **CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY**

State of \_\_\_\_\_

County \_\_\_\_\_

I, \_\_\_\_\_ hereby state that I am the \_\_\_\_\_  
(Printed Name) (Title)

of \_\_\_\_\_ ("Organization"), and by that authority  
(Legal Name of Organization)

duly given and as the act and deed of the Organization, state that the following Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. I understand that the penalty  
(Day of Month) (Month) (Year)

for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(Day of Month) (Month) (Year)

\_\_\_\_\_  
(Signature)

#### ***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

Reference only — Not for signature

\_\_\_\_\_  
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:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

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

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

and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

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

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

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

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

Approved by:

---

Name of Organization

---

Signature of Organization Official

---

Date

## **NO OVERDUE TAX DEBTS CERTIFICATION**

### State Grant Certification – No Overdue Tax Debts<sup>1</sup>

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To: State Agency Head and Chief Fiscal Officer

#### **Certification:**

We certify that the \_\_\_\_\_  
[Organization's full legal 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-101(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 Second Authorizing Official],  
respectively, of \_\_\_\_\_  
[Agency/Organization's full legal name] of \_\_\_\_\_ [City] in the State 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.

Reference only — Not for  
signature

Board Chair

Reference only — Not for  
signature

Title

Date

Signature

Title of Second Authorizing Official

Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Reference only — Not for signature

\_\_\_\_\_  
Notary Signature and Seal

Notary's commission expires \_\_\_\_\_, 20\_\_.

<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.”

## **CONTRACTOR CERTIFICATIONS**

### **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 word "Contractor" includes Grantees. 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:
  - (a) He or she is a duly authorized representative of the Contractor named below;
  - (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
  - (c) 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.

## **FFATA Form**

### **Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement** NC DHHS, Division of Public Health Grantee Information

#### **A. Exemptions from Reporting**

- Entities are **exempted** from the entire FFATA reporting requirement if **any** of the following are true:
  - The entity has a gross income, from all sources, of less than \$300,000 in the previous tax year
  - The entity is an individual
  - If the required reporting would disclose classified information
- Entities who are not exempted for the FFATA reporting requirement may be exempted from the requirement to provide executive compensation data. This executive compensation data is **required only if both** are true:
  - More than 80% of the entity's gross revenues are from the federal government **and** those revenues are more than \$25 million in the preceding fiscal year
  - Compensation information is not already available through reporting to the U.S. Securities and Exchange Commission.

By signing below, I state that the entity listed below **is exempt** from:

The **entire** FFATA reporting requirement:

- ☐ as the entity's gross income is less than \$300,000 in the previous tax year.
- ☐ as the entity is an individual.
- ☐ as the reporting would disclose classified information.

**Only executive compensation data reporting:**

- ☐ as at least one of the bulleted items in item number 2 above is not true.

Reference only — Not for signature

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Entity \_\_\_\_\_ Date \_\_\_\_\_

#### **B. Reporting**

- FFATA Data** required by all entities which receive federal funding (except those exempted above) per the reporting requirements of the *Federal Funding Accountability and Transparency Act* (FFATA).

Entity's Legal Name \_\_\_\_\_ Contract Number \_\_\_\_\_

☐ Active UEI registration record is attached

An active registration with UEI is required

Entity's UEI \_\_\_\_\_

Entity's Parent's UEI  
(if applicable) \_\_\_\_\_

##### **Entity's Location**

street address \_\_\_\_\_

city/st/zip+4 \_\_\_\_\_

county \_\_\_\_\_

##### **Primary Place of Performance for specified contract**

Check here if address is the **same** as Entity's Location ☐

street address \_\_\_\_\_

city/st/zip+4 \_\_\_\_\_

county \_\_\_\_\_

- Executive Compensation Data** for the entity's five most highly compensated officers (unless exempted above):

Title	Name	Total Compensation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____



**Confirmation of Registration and Login NC Electronic Vendor Portal (eVP) and eProcurement**

Grantees and contractors under contract with the NC DHHS Division of Public Health must be registered in the NC Electronic Vendor Portal (eVP) to receive reimbursements and payments. When registering, grantees must choose NC eProcurement as their registration type. There is no fee to register.

Please note that grantees and contractors **must login to NC eVP at least once a year** to keep your account active and out of inactive status.

In order to avoid payment delays, please provide your eVP Customer Number below and confirm that you have logged in to eVP to keep your account active. When you login to eVP, your Customer Number can be found on your Main Page and also under the Company Information Tab.

**Confirmed by:**

---

**eVP Customer Number**

---

**Name of Organization**

---

**Signature of Organization Official**

---

**Date**

**End of Document. Page left intentionally blank.**