



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Social Services

REQUEST FOR APPLICATION DSS-2026-02 Enhanced Emergency Care

State Fiscal Year 2026-2028 Enhanced Emergency Care

Application Deadline	Friday, January 30, 2026 by 5:00 PM (EST)		
Funding Title	Enhanced Emergency Care		
Funding Agency	Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment		
Estimated Funding available	\$5,575,000		
Catalogue of Federal Domestic Assistance CFDA No.	N/A		
RFA issuing Agency	North Carolina Department of Health and Human Services, Division of Social Services		
RFA Posted	December 30, 2025		
Technical Assistance Webinar	N/A		
Period of Performance	April 1, 2026 through March 31, 2028		
E-mail Applications and Questions to	Mary Mackins	Email	Mary.Mackins@dhhs.gov

Direct all inquiries to:

NC Department of Health and Human Services

Division of Social Services

Mary Mackins

820 S. Boylan Ave

Raleigh, NC 27603

Mary.Mackins@dhhs.nc.gov

The Request for Application (RFA) announces the availability of funding based on the Notice of Funding Opportunity (NOFO), authorizing legislation and/or the budget. The RFA requests all the pertinent information and requirements for an applicant to assess their eligibility, competency, and interest in the funding opportunity.



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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Section A -- Funding Opportunity

1. Purpose of Funding Opportunity

North Carolina continues to face a critical shortage of safe, appropriate, and licensed placements for children and youth entering foster care, particularly those with complex behavioral health needs. Data from May through October 2025 reveal that **Regions 02, 05, and 03 account for more than 70% of all documented cases of children without placement statewide**, with Region 02 alone representing over 30% of the total (Reference Att. C – NC Child Welfare Services Regional Map). These regions consistently experience the highest rates of placement gaps, resulting in children remaining in inappropriate settings such as county DSS offices or hospital emergency departments for extended periods. This practice not only exposes children to additional trauma but also strains local resources and diverts staff from essential casework responsibilities.

The concentration of need in these regions underscores the urgency of establishing Enhanced Emergency Care (EEC) facilities strategically located in **Regions 02, 05, and 03**. EEC facilities provide 24-hour, trauma-informed, short-term residential care for up to 90 days, designed to stabilize children and youth while permanent, family-based placements are secured. Without these facilities, counties in high-need regions lack viable options for immediate placement, perpetuating cycles of instability and increasing the risk of negative outcomes such as behavioral escalation, educational disruption, and delayed permanency planning.

Investing in EEC facilities in these top three regions is essential to achieving the Division's goals of reducing inappropriate placements, improving child well-being, and strengthening system capacity. These facilities will serve as placements of last resort, ensuring that children in crisis receive timely, therapeutic care in environments that prioritize safety and healing. By addressing the most acute regional gaps, North Carolina can significantly reduce the number of children sleeping in offices or hospitals, advance trauma-informed care practices, and align with statewide behavioral health transformation initiatives. This targeted approach will maximize impact, promote equity across regions, and support measurable improvements in placement stability and permanency outcomes.

This initiative aligns with North Carolina's behavioral health system transformation, funded through the historic \$835 million behavioral health investment, with \$80 million specifically allocated to child welfare stabilization and emergency placement services. Funding is for a two-year implementation period and three facilities will be established—one in the western region, one in the eastern region, and one in the central region. Each facility will receive \$1.8 million in start-up funding. In addition, the program will leverage public-private partnerships, coordinated care planning, and evidence-based services to meet urgent needs while supporting long-term placement stability. EEC facilities will be located strategically across the state, with the long-term goal of establishing at least one facility in each of the seven regions.

2. Background

North Carolina faces an urgent need for immediate, safe, and appropriate placements for children and youth entering foster care, particularly those with complex behavioral health needs. Many counties are unable to secure appropriate licensed placements at the point of entry, resulting in children remaining in inappropriate settings such as DSS offices or emergency departments. Statewide data indicate that an average of 16 children per week in DSS custody are boarding in county offices, often sleeping in non-residential spaces. This practice increases trauma exposure, strains county resources, and diverts staff from core casework.

To address this, the Enhanced Emergency Care (EEC) model was developed, evolving from the former *Placement First Plus* program and incorporating best practices from behavioral health crisis stabilization, therapeutic foster care, and intensive case management. EEC facilities will be licensed as Emergency Residential Child Care (group homes) under North Carolina Division of Health and Human Services, Division of Social Services (Division) and will provide 24-hour, trauma-informed, short-term placements—serving as placements of last resort—while working toward safe, permanent, family-based settings.

Strategic Alignment:

- Advances the NC Child and Family Services Plan by increasing placement stability and reducing the use of inappropriate placements. The NC Child and Family Services Plan emphasizes cross-system collaboration, trauma-informed service delivery, and increasing access to high-quality, family-based care for children in foster care. EEC directly supports these objectives by providing a structured, short-term placement option that prioritizes permanency planning and reduces reliance on non-family settings.
- Coordinates with Medicaid Transformation and Tailored Plan implementation to ensure behavioral health needs are addressed. Through this alignment, EEC placements can integrate behavioral health services funded by Medicaid, ensuring that children with complex needs receive timely, coordinated care while reducing system fragmentation.

3. Scope of Work (see attached document for complete scope)

Program Overview

EEC serves children and youth who meet specific eligibility criteria and are referred through an established, standardized process to ensure timely access and appropriate placement.

Eligible:

- Be ages 9–17 at the time of referral.
- Be in the legal custody of a County DSS.
- Lack a safe and appropriate family-like placement at the time of referral.
- Have experienced placement instability or be at imminent risk of placement disruption.
- Present with behavioral, emotional, or mental health needs that require short-term stabilization in a structured, trauma-informed environment.

Not Eligible:

- Youth under age 9 or over age 17 at the time of referral.
- Youth whose needs require immediate psychiatric hospitalization or a higher level of care than EEC can provide.
- Youth with acute medical needs that cannot be met in a residential care setting.

Referral Information:

It is the responsibility of the Grantee to obtain the following information, including but not limited to, in order to make an informed decision regarding acceptance:

1. **Completed EEC Referral Form**
 - Grantee-approved or Division-approved template.
 - The referral form must contain space to detail the efforts made to seek alternative placement.
2. **Placement History**
 - Including reasons for prior placement disruptions.
3. **Current Behavioral Health Assessments**, including:
 - Comprehensive Clinical Assessment (CCA).
 - Psychological or psychiatric evaluations, if available.
 - Standard Trauma-Informed Assessment (if available).
4. **Education Records**
 - Including current school placement, IEP/504 Plan (if applicable).
5. **Medical Information**
 - including current medications, allergies, and primary care Grantee(s).

6. Court Orders

- legal documents impacting placement, visitation, or services.

The Grantee must document the reason(s) for not accepting a child or youth into the facility and submit this information on a monthly basis to the Division.

Services Provided: There are two phases to EEC – Stabilization phase and Transitional phase.

Stabilization Phase:

Within the first 30 days, a comprehensive assessment will be completed to determine the needs of the child or youth. Once the appropriate services are identified, referrals will be made promptly to initiate service delivery. It is essential that each EEC facility is in an area with a sufficient number of qualified behavioral health providers to ensure services can begin as quickly as possible. Services may include, but are not limited to:

Mental Health Services

- Services will be individualized to address the specific needs of the child or youth.
- Clinical assessment of mental health needs, as necessary.
 - The Standard Trauma-Informed Assessment will be utilized when available.
 - A copy of the current Comprehensive Clinical Assessment (CCA) will be required to determine whether any additional assessments are needed.
- Care Management services.
- Behavioral health services.
 - If the child or youth has an established provider(s), virtual service delivery to maintain this therapeutic relationship is acceptable and encouraged.
- Evidence-based behavioral health therapies.
- Crisis intervention services, including mobile crisis team response.
- Medication management services.

Educational Supports

- Strategies will be prioritized to maintain the child or youth's school of origin. The Grantee is required to follow the provisions established under Every Student Succeeds Act.
 - Virtual options with the child or youth's current school should be considered to prevent additional disruption.
- Coordination of educational testing and/or educational support services, as necessary.

Transitional Phase:

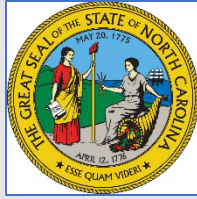
Transition planning begins on the first day of placement. These services are designed to facilitate a successful move to a lower level of care, such as the home of a relative, a foster family, a therapeutic or adoptive family, an independent living arrangement, or another community-based setting.

- To support transition planning, Child and Family Team (CFT) meetings will be held weekly. The team will include the child or youth, DSS caseworker, EEC caseworker, previous or potential placement provider (kinship, family, therapeutic), Care Manager, and any additional identified supports.
- Services to assist in the transition may include, but are not limited to:
 - Family Finding services.
 - Permanency Support services.
 - Services designed to support the child or youth's adjustment and integration into the family and community.
- All services implemented are intended to promote the stability of the placement following discharge from the EEC program.

Outcomes:

The implementation of Enhanced Emergency Care services will support measurable improvements across multiple child welfare performance domains, including:

- Reduced inappropriate placements, ensuring fewer children sleep in DSS offices, emergency departments, or other non-residential sites.
- Increased transition to family-like settings, including kinship, foster, therapeutic, or adoptive care, which promotes emotional security and resilience.
- Improved behavioral and emotional well-being, reflecting successful therapeutic engagement and evidence-based care.
- Enhanced permanency planning, with earlier connection to permanent placements and reduced time to permanency.
- Preserved family continuity, including sibling unity and frequent quality visits between children, parents, and siblings.
- Better physical, mental health, and educational outcomes.
- Greater system coordination, strengthening collaboration across child welfare, behavioral health, and education systems, while embedding trauma-informed practices across teams.



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Section B-- Application and Submission Specifications

1. Application Content & Format

Applications must be typed and presented with the same topic headings and in the same order as set forth in Section C of this RFA. All applications must include a cover page. The cover page shall include:

- A. The applicant's County name and address
- B. Title of the Project
- C. Name and contact information of the authorized agency official
- D. The website of the agency

2. Application Deadline

One complete application, including all attachments must be received no later than 5:00 PM (EST) on Friday, January 30, 2026. The application must contain the signature of an authorized official of the applicant's agency electronic signature. Applications received after 5:00 p.m. will be classified as late and will not be considered for funding. Faxed or paper applications will NOT be accepted. Please send your application via email to mary.mackins@dhhs.nc.gov

The Subject line of the email should read "RFA Number DSS-2026-02, Enhanced Emergency Care Application / (Name of the agency)"

3. Written Questions

All inquiries regarding the funding opportunity must be submitted via email to mary.mackins@dhhs.nc.gov by Wednesday, January 14, 2026 at 5:00PM (EST). The Subject line of the email should read "RFA Number DSS-2026-02, Enhanced Emergency Care Questions / (Name of the agency)" DSS will post responses to questions by Friday, January 16, 2026 at 5:00PM (EST). DSS will post responses to <https://www.ncdhhs.gov/about/grant-opportunities/social-services-grant-opportunities>

4. Who Can Apply

- Grantees must hold a current NC DHHS license for residential child care (group home) issued through the Division of Social Services (DSS).
- If not licensed in North Carolina, grantees must be able to meet licensing requirements to be a licensed residential child care facility (group home) in home.
- If the Grantee has not been accredited for three years or longer from either the Council on Accreditation (COA), The Joint Commission (TJC), The Commission on Accreditation of Rehabilitation Facilities (CARF), or The Council on Quality and Leadership (CQL), an Accreditation Attestation Statement must be signed indicating that accreditation will be achieved within three (3) years of licensure. Failure to achieve accreditation in three years (3) will result in revocation of license.
- Selection will prioritize Grantees with demonstrated capacity to deliver trauma-informed, clinically supported care, and the evidence-based practices.
- Geographic distribution will be considered to meet the goal of having at least one EEC facility in each region.

5. Contractual Services

Contractual services for purchases of goods or services may be allowed in order to achieve the goals of the project. Subawards for subrecipients may also be allowed. The budget narrative should include justification for the contractual services or subawards.

6. Application Selection and Scoring

An evaluation/selection committee will review and score all applications received by 5:00 PM on October 31, 2025. Agencies will be selected by the Division of Social Services. The Division of Social Services will ensure that the necessary infrastructure exists within selected agencies to fully implement the Enhanced Emergency Care facility. Geographic distribution and the inclusion of small, medium, and large counties will be considered to the extent possible.

Scoring chart is provided below:

A. Proposal Summary	10 POINTS
B. Organization Background and Qualifications	10 POINTS
C. Need(s) Assessment (Problem Statement)	10 POINTS
D. Applicants approach to the problem	20 POINTS
E. Project Narrative	20 POINTS
F. Budget and Narrative	20 POINTS
G. Supporting Documentation	10 POINTS
<u>TOTAL</u>	<u>100 POINTS</u>

7. Required Documentation

Upon approval of the application, the following documents will be required:

- A. Signed State and Federal Certifications
- B. Conflict of Interest Policy
- C. Certification of No Overdue Taxes
- D. Completed and Signed Intellectual Property Statement (Attachment A)
- E. Documentation of the agency's Unique Entity ID (UEI) number. To register for a UEI number please follow the instructions on the www.SAM.gov website.
- F. Registration with North Carolina e-Procurement
- G. Upon award, all agencies are required to be registered as a vendor (at no cost) in the NC e-Procurement system. Please visit <https://eprocurement.nc.gov>, click on Vendor Login and scroll down to "Register". For questions/guidance, please contact the e-Procurement Help Desk at 888-211-7440.

8. NC DHHS Division of Social Services, Child Welfare reserves the right to:

- A. Modify the application and budget after consulting with the applicant. Items that may be modified include, but are not limited to goals, costs, performance, and reporting requirements.
- B. Allow or disallow budget amendments during the performance period of the project.
- C. Monitor the program based on the Division's Subrecipient Monitoring plan.
- D. Implement any change or requirement mandated by State or Federal government during the life of the project.

9. Applicant Financial Capacity

Applicants must have the financial capacity to operate without reimbursement for at least 90 days of the project period. Applicant funded through this grant must submit all requests for payment and expenditure reports by the 10th of each month following the month of service.

10. Period of Performance

April 1, 2026 – March 31, 2028

11. Cost

EEC is funded through the \$835 million statewide behavioral health investment, with \$80 million dedicated to child welfare stabilization and emergency services. The Division of Social Services has been appropriated \$5,575,000 in non-recurring funds to develop the EEC. Funding is for a two-year period.

Rate Structures & Reimbursement Methodologies:

Three facilities will be established—one in the western region, one in the eastern region, and one in the central region. Each facility will receive \$1.8 million in start-up funding.

Grantees delivering Enhanced Emergency Care will also receive the Cost-Modeled Residential Rate, which significantly exceeds the standard board rate:

- Ages 9–12: \$4,598/month
- Ages 13 and up: \$4,692/month

This Cost-Modeled Rate is set through a structured annual cost-finding and rate-setting process and communicated directly to counties through the Dear County Director Letter.

12. Cost Reimbursement

Allowable and appropriate costs must be reasonable and necessary to provide the services. Upon execution of the contract, the Subrecipient must submit via email one signed DSS-1571 III (Administrative Costs Report) to via email to nc.privateagency.notifications@dhhs.nc.gov by the 20th of each month for services provided in the preceding month. The email subject line must read: *Enhanced Emergency Care – [Name of Agency] – [Month]*. Please note that the person preparing the invoice must be different from the person authorized to sign it. The DSS-1571 III reports must be accompanied by supporting general ledger documentation. DSS-1571 III reports must be submitted even when no services are provided in a given month. Failure to submit monthly reports may delay receipt of reimbursement. DSS will have no obligation for payments based on expenditure reports submitted later than 30 days after termination or expiration of the contract period. All payments are contingent upon fund availability.

13. Match Requirement

No match requirement



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Section C – Performance Monitoring

1. Program Data Collection

The State will provide a format for program data collection, analysis of the data, and reports to be used for continuous quality improvement. The performance measures and the data to collect is located under the Contract Deliverables and the Performance Monitoring and Quality Assurance sections.

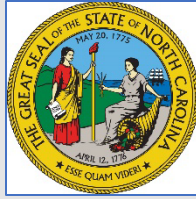
2. Monitoring

The Division shall monitor any Contracts resulting from this RFA according to the [NC DHHS/DSS Sub recipient Monitoring Plan](#). This includes compliance with federal areas under the [CFR Title 2 Part 200](#). After the review, the Program Consultant will send a formal written monitoring report letter to the Subrecipient's Executive Director and Board Chair which contains recommendations and corrective action findings, if applicable. If the Subrecipient remains in non-compliance status, the contract may be terminated due to failure to meet the terms and conditions of the contract.

Audit Requirements:

The Subrecipients will be responsible for meeting the following audit requirements.

- [PART 200—UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS](#)
- [§ 159-34. Annual independent audit; rules and regulations.](#)
- [SUBCHAPTER 03M – UNIFORM ADMINISTRATION OF STATE AWARDS OF FINANCIAL ASSISTANCE](#)
- [DHHS-58 Program Compliance Supplement](#)



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Section D – Application Contents and Instructions

Guidance to a successful application:

Cover Page

Cover Letter: (page limit=1)

Proposal Summary: (page limit=20)

Proposal Summary must include:

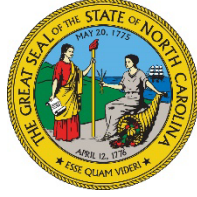
- A. Clearly demonstrate the agency's understanding of the guidelines and criteria for the Adoption Promotion Program.
- B. How the agency will provide services outlined in **Scope of Work**
- C. Clearly demonstrate the agency's willingness to partner with County Department of Social Services to implement and provide services under the Adoption Promotion Program
- D. Clearly describe the agency's plan for providing services and identifying specific examples under each of the identified categories outlined in **Scope of Work**
- E. Clearly demonstrate the agency's willingness to participate in ongoing technical assistance and quarterly meetings.

Organization Background and Qualifications.

Potential Grantees must submit a complete application package containing all required documentation and supporting evidence. Incomplete submissions will not be considered for selection. All application materials must be submitted by the deadline indicated in the solicitation and must include:

- Mission and goal of the organization
 - Brief overview of the history of the organization
 - A brief overview of the organization's experience with providing the service (organization's past achievements and accomplishments and evidence of its impact)
- A brief overview of the organization's experience with providing the service (organization's past achievements and accomplishments and evidence of its impact)
- Brief overview of organization's experience of working with DHHS or other funding agencies including:
 - The length of the organization receiving Federal or State funding;
 - The services that the organization provided;
 - Successes and some challenges.
- Licensure and Accreditation Documentation:
 - Proof of the current NC DHHS residential child care (group home) license.
 - If not currently licensed, a signed Accreditation Attestation Statement acknowledging the requirement to obtain licensure within the specified timeframe and to operate in compliance with all applicable NC Administrative Rules and child welfare policy.
- Program and Service Description
 - A detailed narrative describing the proposed Enhanced Emergency Care program, including service philosophy, use of evidence-based practices (e.g., The Sanctuary Model, Ukeru®), and approaches to trauma-informed care.
- Description of stabilization and transition services, including coordination with county DSS, care coordination teams, and behavioral health Grantees.

- **Staffing Plan and Qualifications**
 - Organizational chart and job descriptions for all positions assigned to the EEC program.
 - Documentation of staff qualifications, licenses, certifications, and training in required evidence-based models.
 - Plan for maintaining required staffing ratios (minimum 2:6 during wake hours and 1:6 during sleep hours) and ensuring 24-hour supervision.
 - Qualifications/background on organization's Board of Directors and Key Staff:
 - Brief bio of all board members and the key staff;
 - Any criminal convictions of any of the board members and key staff;
 - Any regulatory sanctions levied against any of the board members and key staff;
 - Any regulatory investigations pending against any of the board members and key staff; Note: The Department may reject a proposal solely on the basis of this information.
 - Any of the Contractor's directors, partners, proprietors, officers, or employees or any of the proposed project staff that are related to any DHHS employees; Note: If such relationships exist, identify the related individuals, describe their relationships, and identify their respective employers and positions.
 - Assurance that the applicant is not debarred or on the suspension of funding list;
 - Other major funding sources.
- **Facility Information**
 - Physical address, description, and layout of the facility, including safety features, accessibility, and compliance with fire, health, and safety codes.
 - Capacity and bedroom configurations to ensure compliance with NC Administrative Code.
- **Policies and Procedures**
 - Copies of the agency's policies and procedures manual
- **Process for working with County DSS and Care Coordination to facilitate stabilization, service delivery, and discharge planning.**
 - Description of how the Grantee will coordinate Medicaid-covered services under Tailored Plans.
- **Performance and Quality Assurance**
 - Plan for collecting and reporting data on program performance, including length of stay, discharge outcomes, and child/family satisfaction.
 - Process for implementing Continuous Quality Improvement (CQI) measures in response to DHHS or County DSS feedback.
- **Financial Documentation**
 - Evidence of financial stability, such as audited financial statements for the last two years or equivalent documentation.
 - Budget proposal showing anticipated expenses and alignment with the cost-model rate structure.
- **References**
 - Contact information for at least two agencies or organizations for which similar services have been provided, including a description of services delivered and outcomes achieved.



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ATTACHMENT A

Accreditation Attestation Statement

(Required for Residential Child-Care Facilities)

Instructions:

- This form must be completed and submitted with the agency's Request for Financial Assistance (RFA) proposal.
- The Executive Director (or equivalent authorized officer) must sign this attestation.
- Failure to submit a completed, signed attestation may result in the proposal being deemed non-responsive.
- Agencies should retain a copy for their records.

Agency Information

Agency Legal Name:	
Doing Business As (if applicable):	
Facility Name (if different):	
Facility Address:	
NC DSS License Number (if issued):	
RFA Reference Number:	

Statement of Attestation

As required by N.C. Gen. Stat. §§ 131D-10.3 and 131D-10.7, and pursuant to 10A NCAC 70I .0202, the undersigned agency attests that:

1. Licensure & Accreditation Requirement

- If the agency is not accredited by a nationally recognized accrediting body (COA, TJC, CARF, or CQL) at the time of licensure, the agency shall obtain full accreditation within three (3) years of the effective date of licensure.
- Failure to obtain and maintain accreditation within this timeframe shall result in revocation of the residential facility license.

2. Compliance & Reporting

- The agency shall provide DSS with documentation of accreditation status at initial approval, during the three-year progression period, and upon renewal of licensure.
- The agency shall notify DSS immediately of any change in accreditation status, including suspension, denial, or revocation.

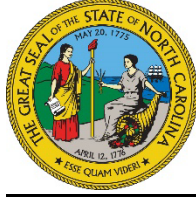
3. Technical Assistance for Newly Licensed Agencies

- Agencies newly licensed in North Carolina to provide residential services will receive targeted technical assistance from DSS to support accreditation efforts.
- Technical assistance may include accreditation readiness consultation, training, progress reviews, and referral to external resources.

4. Certification of Understanding

- By signing this attestation, the agency acknowledges its understanding of and commitment to the requirements outlined above and accepts that noncompliance may result in adverse licensure actions, including revocation.

Authorized Signature Executive Director (or Authorized Officer) Name:	
Title:	
Phone:	
Email:	
Signature:	
Date:	



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ATTACHMENT B

LINE-ITEM BUDGET AND BUDGET NARRATIVE (SAMPLE)

YEAR 1

To be funded:

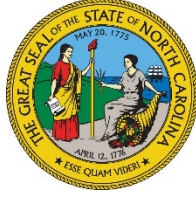
CATEGORY	ITEM	NARRATIVE	AMOUNT
SALARY/WAGE			
FRINGE BENEFITS			
OTHER			
SUPPLIES MATERIALS			
EQUIPMENT			
TRAVEL			
RENT			
UTILITIES			
ADVERTISING			
DUES AND SUBSCRIPTIONS			
STAFF DEVELOPMENT			
PROFESSIONAL SERVICES			
CONTRACTUAL SERVICES			
INDIRECT COST/ADMINISTRATIVE EXPENSE			
CONTRACT VALUE			

Contractor match, if applicable:

CATEGORY	ITEM	NARRATIVE	AMOUNT
CONTRACTOR MATCH	STAFF SALARIES AND FRINGE	IN KIND	
MATCH			

SUBTOTAL CONTRACT VALUE YR 1: _____

(Add match, if applicable and contract value)



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LINE-ITEM BUDGET AND BUDGET NARRATIVE (SAMPLE)

YEAR 2

To be funded:

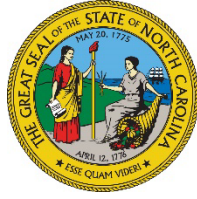
CATEGORY	ITEM	NARRATIVE	AMOUNT
SALARY/WAGE			
FRINGE BENEFITS			
OTHER			
SUPPLIES MATERIALS			
EQUIPMENT			
TRAVEL			
RENT			
UTILITIES			
ADVERTISING			
DUES AND SUBSCRIPTIONS			
STAFF DEVELOPMENT			
PROFESSIONAL SERVICES			
CONTRACTUAL SERVICES			
INDIRECT COST/ADMINISTRATIVE EXPENSE			
CONTRACT VALUE			

Contractor match, if applicable:

CATEGORY	ITEM	NARRATIVE	AMOUNT
CONTRACTOR MATCH	STAFF SALARIES AND FRINGE	IN KIND	
MATCH			

SUBTOTAL CONTRACT VALUE YR 2: _____

TOTAL CONTRACT VALUE YR 1 & 2: _____



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ATTACHMENT C



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Division of Social Services

North Carolina Child Welfare Services Regional Map

