



# Request for Applications



RFA # 300

## Early Intervention Services and Family Support

**FUNDING AGENCY:** North Carolina Department of Health and Human Services,  
Division of Public Health  
WCH / Early Intervention Branch

**ISSUE DATE:** September 29, 2014

**DEADLINE DATE:** November 24, 2014

**INQUIRIES and DELIVERY INFORMATION:**

Direct all inquiries concerning this RFA to:

Sherry Franklin, Quality Improvement Unit Manager at 919-707-5520 or

[Sherry.Franklin@dhhs.nc.gov](mailto:Sherry.Franklin@dhhs.nc.gov) or Anne Marie Lester, Quality Improvement Planner/Evaluator at 828-694-7975, x 326 or [AnneMarie.Lester@dhhs.nc.gov](mailto:AnneMarie.Lester@dhhs.nc.gov)

**Applications will be received until 5:00 pm on Monday, November 24, 2014.**  
Electronic copies of the application are available by request.

Send all applications directly to the funding agency address as indicated below:

**Mailing Address:**

NC Division of Public Health  
Early Intervention Branch  
1916 Mail Service Center  
Raleigh, NC 27699-1916

**Street/ Hand Delivery Address:**

5605 Six Forks Road  
Building 3, 2<sup>nd</sup> Floor  
Raleigh, NC 27609

**IMPORTANT NOTE:** Indicate agency/organization name and RFA number on the front of each application envelope or package, along with the RFA deadline date.

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## **I. INTRODUCTION**

Under Part C of IDEA (Individuals with Disabilities Education Act), the Early Intervention (EI) Branch in the Women's and Children's Health Section of the Division of Public Health (DPH) is the lead agency for services to young children aged birth to 3 years with developmental delays or disabilities who reside in North Carolina. A statewide system of early intervention services is mandated in federal legislation of Part C of IDEA. In NC, the local lead agencies for the EI program are Children's Developmental Services Agencies (CDSAs). In state fiscal year 2012-2013, the statewide Early Intervention program received 20,938 referrals and enrolled 19,914 children. The EI program is also called the Infant Toddler Program.

The North Carolina Infant-Toddler Program (NC ITP) has a strong commitment to increasing family and community involvement. The NC ITP is also committed to providing support to enhance the capacity of families to meet their child's needs and enhance their development. NC ITP strives to connect families with the appropriate resources.

## **II. BACKGROUND**

In September 2011, new federal regulations were issued guiding the Individuals with Disabilities Education Act, the federal legislation governing the NC ITP. An overarching philosophy for the federal legislation under which the early intervention program is funded is family involvement and partnership. States must strive to ensure a family-centered, culturally diverse approach in the creation of policies and procedures and in service delivery. Part C of IDEA requires that services are made available to eligible children and their families. These services are provided through a variety of mechanisms. These services will enable children and families to meet child and family outcomes and activities outlined on the child's Individualized Family Service Plan (IFSP).

### **III. SCOPE OF SERVICES**

Please note that the applicants will address the Program's specific questions in a later section of this RFA: *VII.3 Applicant's Response*. This section, *III. Scope of Services*, is where the Program is to elaborate on what is required.

The major goals of this initiative include creating family leadership and partnership opportunities, a reimbursement mechanism that is available to all CDSAs to address three of the required early intervention services and to reimburse families and vendors for activities that build strong family partnerships within the Infant Toddler Program. The NC ITP is seeking applicants who demonstrate the ability to carry out all of the following activities:

- create family leadership and partnership activities;
- create and maintain efficient and effective statewide reimbursement mechanisms to ensure families and vendors are paid in a timely manner.

Details are as follows:

- a) Create, implement, and maintain a mechanism to ensure that families are reimbursed for authorized respite and transportation services. The contractor will directly reimburse families who have paid for these services. The target timeline for reimbursement is within two weeks of receiving the request for reimbursement from the CDSA. The request must include the family's or vendor's contact information and the amount approved for reimbursement. The contractor will also directly reimburse vendors for authorized assistive technology devices that are exceptions to the Assistive Technology (AT) Loan Program to ensure that these devices are made available to children enrolled in the North Carolina Infant-Toddler Program in a timely manner.

These three services are defined as follows:

**Assistive Technology Device** refers to any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability or delay. **Assistive Technology Service** means any service that directly assists an infant or toddler with a disability or delay in the selection, acquisition, or use of an assistive technology device.

**Respite Services** refers to a time-limited, intermittent family support service that enables parents to participate in or receive other early intervention services in order to meet the outcomes on the child's and family's Individualized Family Service Plan. Examples include the parent participating in sign language classes in order to assist the child in developing communication skills, meeting with a psychologist to design appropriate behavioral management strategies when the child is exhibiting inappropriate behavior, attending Individualized Family Service Plan meetings and reviews, and obtaining counseling or psychological services for the parent in order to support the development of the child per the service plan.

**Transportation** and related costs include the cost of travel (e.g., mileage reimbursement, travel by taxi, common carrier, other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under the Infant-Toddler Program and the child's family to receive early intervention services.

- b) Create, implement, and maintain family leadership, support and partnership strategies that engage families in all aspects of the program. These activities can include: family leadership trainings, development of materials to address family outcomes, organizing stakeholder involvement as required by the U.S. Department of Education Office of Special Education Programs and other family support methodologies. Involving families will improve service design and delivery and ultimately improve outcomes for the children and families served.
- c) Create, implement, and maintain a mechanism through which families can be reimbursed for family partnership activities. These activities include: family leadership trainings, participating as a team member in focused monitoring visits, participating in orientation and desk audits prior to a focused monitoring site visit, assisting with policy development, participating as a member of an interview team, facilitating meetings, assisting in the development of family interview tools, designing family related materials, facilitating or participating in family focus or stakeholder groups, and evaluating family centered practices across the early intervention program. Involving families is expected to improve service design and delivery and ultimately improve outcomes for the children and families served. Reimbursable activities include family stipend, mileage, meals and conference registrations.
- d) In addition, the NC ITP is responsible for responding to formal complaints filed by families. Mediation and hearings are required to resolve complaints. The contractor will create, implement, and maintain a mechanism to reimburse mediators and hearing officers for their time and per diem costs.

The funding period for the contract awarded through this competition will begin on June 1, 2015 and end on May 31, 2018. The maximum funding for all activities included in this RFA is \$191,000 per fiscal year. Funds will be available annually for three fiscal years to the selected contractor based on satisfactory performance and continuing availability of funds. Travel cost must be computed at rates per current State regulations.

The Applicant(s) shall submit an application for all of the activities listed below:

- Create, implement, and maintain a reimbursement mechanism to reimburse families for transportation and respite services;
- Create, implement, and maintain a reimbursement mechanism to pay vendors for authorized assistive technology devices;
- Create, implement, and maintain family leadership and partnership activities;

- Create, implement, and maintain a reimbursement mechanism to pay families, mediators and hearing officers for family partnership activities, mediation and hearings.

Private Non-Profit and Public agencies are eligible to submit applications for this RFA.

#### **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 Friday, December 19, 2014.

**2. Decline to Offer**

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

**3. Cost of Application Preparation**

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

**4. Elaborate Applications**

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

**5. Oral Explanations**

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

**6. Reference to Other Data**

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

**7. Titles**

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

**8. Form of Application**

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

**9. Exceptions**

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

**10. Advertising**

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

**11. Right to Submitted Material**

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

**12. Competitive Offer**

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

**13. Agency and Organization's Representative**

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

**14. Subcontracting**

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

**15. Proprietary Information**

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

**16. Participation Encouraged**

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

**17. Contract**

The Division will issue a contract to the recipient of the RFA funding. 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 09/29/2014:

<http://www.ncdhhs.gov/grantopportunities/currentopportunities.htm> and may be sent to prospective agencies and organizations via direct mail, email, and/or the Program's website.

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

RFA will be posted on the Program's website [www.bearly.nc.gov](http://www.bearly.nc.gov) and may be sent via email to interested agencies and organizations beginning 09/29/2014.

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

All prospective applicants are encouraged to attend a Teleconference on Tuesday, October 14, 2014 from 10:00 AM – 12:00 PM by phone at 919-733-2438.

All questions about the RFA must be submitted to [Sherry.Franklin@dhhs.nc.gov](mailto:Sherry.Franklin@dhhs.nc.gov), (919) 707-5520, by 10/27/14. As an addendum to this RFA, which will be a summary of all questions and answers, from the teleconference, will be available at the Program website, [www.bearly.nc.gov](http://www.bearly.nc.gov) on 11/03/2014.

### 4. **Applications**

Applicants shall submit an original and five (5) copies of the application. All copies shall include the required attachments. In addition to the paper copies, applicant organizations shall submit an electronic version of the application, line item budget and budget narrative as an excel document, in an email attachment to [Sherry.Franklin@dhhs.nc.gov](mailto:Sherry.Franklin@dhhs.nc.gov). Electronic submission will not be accepted in lieu of an original. Faxed applications will not be accepted.

### 5. **Original Application**

The original application must contain original documents, and all signatures in the original application must be original. Mechanical, copied, or stamped signatures are not acceptable. The original application should be clearly marked "original" on the application face sheet.

### 6. **Copies of Application**

Along with the original application, submit five (5) photocopies of the application in its entirety. Copies of the application should be clearly marked "copy" on the application face sheet.

### 7. **Format**

The application must be typed, single-side 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.

**8. Space Allowance**

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

**9. Application Deadline**

All applications must be received by the date and time on the cover sheet of this RFA. Faxed or emailed applications ***will not*** be accepted in lieu of the original and required number of hard copies. Original signatures are required. Note: If the US Postal Service is used, allow sufficient time for delivery to the funding agency by 5:00 PM, close of business, on 11/24/2014.

**10. Receipt of Applications**

Applications from each responding agency and organization will be logged into the system and stamped with the date received on the cover sheet.

**11. 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.

Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. 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.

**12. 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.

**13. Audit**

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status.

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used online at [www.NCGrants.gov](http://www.NCGrants.gov).

There are 3 reporting levels which are determined by the total direct grant receipts from

all State agencies in the entity's fiscal year:

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$500,000

Level 3: \$500,000 or more

Level 3 grantees are required to submit a "Yellow Book" Audit done by a CPA. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

**14. 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.

**15. 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, signed, and notarized page verifying continued existence of the agency's 501(c)(3) status. (An example of this page is provided in section *VII.7 Verification of 501(c)(3) Status*.)

**16. Federal Certifications**

Agencies or organizations receiving Federal funds would 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.

**17. System for Award Management Database (SAM)**

All grantees receiving federal funds must be actively registered in the federal government's System for Award Management (SAM) database, (formerly known as Central Contractor Registration (CCR)), or be willing to complete the registration process in conjunction with the award (see [www.sam.gov](http://www.sam.gov)). To maintain an active SAM record, the record must be updated no less than annually.

**18. 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. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign contracts. (A reference version appears in Appendix B.)

- b. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign expenditure reports. (A reference version appears in Appendix C.)
- c. Documentation of the agency's DUNS number. Documentation consists of a copy of communication (such as a letter or email correspondence) from Dun & Bradstreet (D&B) which indicates the agency or organization's legal name, address, and DUNS number. In lieu of a document from D&B, a copy of the agency or organization's SAM record is acceptable.

If your agency does not have a DUNS number, please use the D&B online registration (<http://fedgov.dnb.com/webform>) to receive one free of charge. (DUNS is the acronym for the Data Universal Numbering System developed and regulated by D&B.)

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:

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

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 F). 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.

#### **19. Registration with 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. (See [www.secretary.state.nc.us/corporations](http://www.secretary.state.nc.us/corporations).)

#### **20. Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement**

The Contractor 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 G.

**21. Application Process Summary Dates**

09/29/2014: Request for Applications released to eligible applicants.

10/14/2014: Bidder's Conference / Teleconference.

10/27/2014: End of Q&A period. All questions due in writing by 5pm.

11/03/2014: Answers to Questions released to all applicants, as an addendum to the RFA.

11/24/2014: Applications due by 5pm.

12/19/2014: Successful applicants will be notified.

06/01/2015: Contract begins.

## **VI. 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 = 5, Total maximum points = 20

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

**3. Strategic Plan:**

Weight = 10, Total maximum points = 40

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

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

Weight = 5, Total maximum points = 20

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.**

## VII. APPLICATION

### Application Checklist

The following items must be included in the application. Please use a binder clip at the top left corner on each copy of the application and assemble the application in the following order:

1. \_\_\_ **Cover Letter**
2. \_\_\_ **Application Face Sheet**
3. \_\_\_ **Applicant's Response/Form**
4. \_\_\_ **Project Budget**  
Include a budget as explained.  
Indirect costs are allowed and shall not exceed 10%.
5. \_\_\_ **Indirect Cost Rate Approval Letter**  
  
*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)  
  
and
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 DUNS number
- the closing date for applications.

## 2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with Early Intervention Services and Family Support, 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 # 300 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 DUNS Number:
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 #12)      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.	
16. Signature of Authorized Representative:	17. Date

### **3. Applicant's Response**

#### **I Abstract (One page)**

Include a one-page abstract that briefly describes your proposal, including what kind of agency is applying, services that will be offered, the location of your proposed activities, and any other information helpful in providing an overview.

#### **II Program Plan (Eight page max)**

Write a summary of how the agency will respond to all items identified in the *Scope of Services* on pages 6-7 of this document. Include measurable goals, activities, and a timeline.

1. Determination of Need and Statewide Services
  - a. Demonstrate knowledge of child development and evidence-based best practice of early intervention (EI) services.
  - b. Demonstrate knowledge of respite, transportation, Assistive Technology (AT), family partnership activities, and mediation in Early Intervention.
  - c. Demonstrate knowledge of family support, family engagement and supporting families as leaders.
2. Capacity Statement and Sustainability
  - a. Describe your experience with reimbursement systems for the services listed above in II.1.b., especially with infants and toddlers with disabilities and their families.
  - b. Describe your experience creating opportunities, materials, trainings, and strategies to engage families in systems planning and taking on leadership roles.
3. Activities
  - a. Describe your proposed statewide reimbursement system for specified Infant Toddler Program services. Provide copies of forms and tracking tools.
  - b. Describe how you will ensure timely reimbursement.
  - c. Describe how you will track expenditures.
  - d. Describe the strategies you will use to create opportunities for family leadership and partnership activities.
4. Describe the Measurable Goals for this contract.
5. Provide a Timeline for implementing the contract.

#### **III Agency Ability (Five page max)**

Summarize the agency's structure, background, goals, and experience:

- Explain when, how, and why the organization was started.
- Describe the agency's mission statement and/or statement of goals, purpose, and philosophy and how these relate to the proposal.
- Describe the agency's history with operating reimbursement systems.
- Describe the agency's history with supporting families of children with special needs, incorporating shared leadership strategies into your work with families, and implementing strategies to facilitate families' involvement in planning and decision-making.
- Describe any partnerships with the North Carolina Infant Toddler Program.
- Describe agency's ability to partner and communicate effectively with families of children with disabilities and vendors.
- Discuss significant events in your agency's history (if pertinent).
- Describe your agency's organizational structure and how this contract will fit within it and who will supervise the staff responsible for carrying out this contract.
- Describe the staff that will be carrying out activities. Link staff members to the specific activities they will conduct. Give staff qualifications including education, experience and

significant accomplishments.

- Describe how you will ensure compliance with EI Branch and funding requirements.

**IV Evaluation (Two page max)**

Summarize the agency's evaluation plan:

- Describe how you will document the activities of your project (gather, process data).
- Describe the plan to evaluate the effectiveness of the activities.

**V Please be sure to include all attachments listed in the Application Checklist**

#### 4. Project Budget

Applicants **must** complete a program budget and a budget justification narrative that lists all expenses for all activities for the following budget periods: June 1, 2015 – May 31, 2016; June 1, 2016 – May 31, 2017; and June 1, 2017 – May 31, 2018. The maximum budget for each of these budget periods is \$191,000.

Applicants are required to use the Microsoft Excel Open Window Budget Worksheet for the application budget. **The budget must be submitted as an Excel document on the electronic copy of the proposal documents. Do not remove any of the formulas in the Excel document.**

**The Open Window Budget Worksheet can be downloaded at the following link:**

<http://publichealth.nc.gov/employees/forms/contracts/openWindow/OpenWindowBudgetWorksheet-rev111513.xls>

Guidance for the main budget categories is found below:

##### **A. Personnel**

Provide staff names (if known), position title, and a brief description of the positions that shall be funded with grant funds in the justification narrative section.

##### **B. Travel**

Identify name and titles of staff for whom travel is proposed, briefly explain the purpose of the travel and how it relates to the action plan, and provide an estimate of mileage and per diem costs showing how those expenses were calculated. (Note: travel must be computed at rates no higher than the current State regulations).

**Mileage shall be based on rates located on the North Carolina Office of State Budget and Management's (OSBM) web page at:**

[http://www.osbm.state.nc.us/files/pdf\\_files/BudgetManual.pdf](http://www.osbm.state.nc.us/files/pdf_files/BudgetManual.pdf)

##### **C. Supplies**

Supplies listed in the supply line item **must** be itemized. For example, 5 boxes of pens @ \$5.00 each = \$25.00; 2 boxes of copy paper @ \$50 each = \$100.

##### **D. Operating Expenses**

Operating expenses generally include costs for AT equipment. Applicants should include the costs of utilities and telephone services only when directly related to program activities. Cost for the purchase or rental/lease and maintenance of equipment may be included.

## 5. Indirect Cost Rate Approval Letter

If indirect cost is requested, appropriate documentation is required.

Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. The indirect cost rate shall not exceed 10 percent (10%) of the total direct cost. If indirect costs are requested, a current indirect cost rate letter from the cognizant federal agency must be included with the applicants budget.

In situations where a non-governmental entity does not receive funds directly from a federal agency and where no federal cognizant agency is designated, an indirect cost rate may be established using criteria and cost principles outlined in the applicable federal circular. Under these conditions, a person or firm, preferably one knowledgeable of this subject should establish the rate. This person or firm should not be associated with the audit firm that conducts an audit of the entity's records. Once a rate has been established, this person or firm should certify in writing to the non-governmental entity that the rate has been established in accordance with the applicable federal circular and that the documentation should be maintained and made available to any auditor requesting such information. The entity should also provide a copy of the letter to any and all agencies with whom they contract and from whom they wish to claim reimbursement of indirect costs.

Depending upon the type of organization, the following federal circulars/regulations apply:

State, Local and Indian Tribal Governments	2 CFR Part 225 & ASMB C-10
Educational Institutions	OMB Circular A-21
Hospitals	45 CFR Part 74
Private Non-Profit Organizations	2 CFR Part 230
For Profit Organizations (other than hospitals)	48 CFR Part 31

## 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**

**Verification of 501 (C) (3) Status**

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

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

\_\_\_\_\_  
Signature of Chairman, Executive Director, or other authorized official

\_\_\_\_\_  
Title of above signed authorized official

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

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

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

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The Appendices are provided as a reference only.

Applicants are **not to complete** these documents at this time **nor return them** with the RFA response.

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APPENDIX A: **FEDERAL CERTIFICATIONS**

**The undersigned states that:**

- (a) He or she is the duly authorized representative of the Contractor named below;
- (b) 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;
- (c) He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
- (d) [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.
- (e) The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

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**Signature**

**Title**

---

**Contractor [Organization's] 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.]

- 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 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**

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

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

**APPENDIX B: LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS**

**Letter from Board President/Chairperson Identifying  
Individuals as Authorized to Sign Contracts**

---

I, \_\_\_\_\_, Board President/Chairperson of  
\_\_\_\_\_ [Agency/Organization's legal name] hereby identify  
the following individual(s) who is (are) authorized to sign **Contracts** for the organization named above:

Printed Name	Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Reference only — Not for signature

Signature	* Title	Date
	<i>* Indicate if you are the Board President or Chairperson</i>	

The fiscal year of the above named agency runs from months \_\_\_\_\_ to \_\_\_\_\_.

**APPENDIX C: LETTER TO IDENTIFY INDIVIDUALS TO SIGN EXPENDITURE REPORTS**

**Letter from Board President/Chairperson  
Identifying Individuals as Authorized to Sign  
Contract Expenditure Reports**

---

I, \_\_\_\_\_, Board President/Chairperson of  
\_\_\_\_\_ [Organization's legal name] hereby identify the  
following individual(s) who is (are) authorized to sign **Contract Expenditure Reports** for the  
organization/agency named above:

Printed Name	Title	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Reference only — Not for signature

Signature	* Title	Date
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*\* Indicate if you are the Board President or Chairperson*

**APPENDIX D: NOTARIZED STATEMENT AND CONFLICT OF INTEREST POLICY**

**Notarization of Conflict of Interest Policy**

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State of North Carolina, County of \_\_\_\_\_

I, \_\_\_\_\_, Notary Public for said County and State, certify that

\_\_\_\_\_ personally appeared before me this day and

acknowledged that he/she is \_\_\_\_\_  
[title]

of \_\_\_\_\_  
[name of organization]

and by that authority duly given and as the act of the Organization, affirmed that the foregoing  
Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing

body in a meeting held on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

Notary Signature and Seal

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

---

***Instruction for Organization:***

Sign below and attach the organization's Conflict of Interest Policy which is referenced above.

Reference only — Not for signature

\_\_\_\_\_  
Signature of above named Organization Official

## Conflict of Interest Policy

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:

Reference only — Not for signature

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Legal Name of Organization

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Signature of Organization Official

---

Title of Organization Official

---

Date

**APPENDIX E: 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. 143-34(b)**.

**Sworn Statement:**

\_\_\_\_\_ [Name of Board Chair] and  
\_\_\_\_\_ [Name of Second Authorizing Official] being duly sworn, say that we are the Board Chair and \_\_\_\_\_ [Title of 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

Title

Date

Reference only — Not for signature

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.”

## APPENDIX F: CONTRACTOR CERTIFICATIONS

### Contractor Certifications Required by North Carolina Law

#### Instructions

The person who signs this document should read the text of the statutes listed below and consult with counsel and other knowledgeable persons before signing.

- The text of Article 2 of Chapter 64 of the North Carolina General Statutes can be found online at: [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)
- The text of G.S. 105-164.8(b) can be found online at: [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)
- The text of G.S. 143-48.5 (S.L. 2013-418, s. 2.(d)) can be found online at: <http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H786v6.pdf>
- The text of G.S. 143-59.1 can be found online at: [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)
- The text of G.S. 143-59.2 can be found online at: [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)
- The text of G.S. 147-33.95(g) (S.L. 2013-418, s. 2.(e)) can be found online at: <http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H786v6.pdf>

#### Certifications

- (1) Pursuant to **G.S. 143-48.5** and **G.S. 147-33.95(g)**, 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)
- (2) 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.
- (3) 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.
- (4) The undersigned hereby certifies further that:

- (f) He or she is a duly authorized representative of the Contractor named below;
- (g) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
- (h) 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.

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Contractor's Name

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Signature of Contractor's Authorized Agent	Date
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Printed Name of Contractor's Authorized Agent	Title
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Signature of Witness	Title
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Printed Name of Witness	Date
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The witness should be present when the Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.

**APPENDIX G: FFATA Form**

**Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement**

NC DHHS, Division of Public Health Subaward Information

**A. Exemptions from Reporting**

1. 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
2. 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.

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

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

**B. Reporting**

1. **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 SAM registration record is attached

An active registration with SAM is required

\_\_\_\_\_  
Entity's DUNS Number

\_\_\_\_\_  
Entity's Parent's DUNS Nbr  
(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 \_\_\_\_\_

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

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