# APPLICATION

## Application Checklist

The following items must be included in the application. 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 in the format provided.

Indirect costs are allowed.

1. \_ **Indirect Cost Rate Approval Letter** (if applicable)

*IRS Documentation:*

1. \_\_ **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

1. \_\_ **Verification of 501(c)(3) Status Form** (private non-profits)

## Cover Letter

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

Include in the cover letter:

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

## Application Face Sheet

This form provides basic information about the applicant and the proposed project with the North Carolina Climate and Health Program including the signature of the individual authorized to sign “official documents” for the agency. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA #A-394 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:
 |
| 1. Mailing Address (include zip code+4):
2. Address to which checks will be mailed:
 |
| 1. Street Address:
 |
| 1. Contract Administrator:

Name:Title: | Telephone Number:Fax Number:Email Address |
| 1. Agency Status (check all that apply):
 |
| o Public |  | o Private Non-Profit |  | o Local Health Department |
| 1. Agency Federal Tax ID Number:
 | 1. Agency UEI:
 |
| 1. Agency’s URL (website):
 |
| 1. Agency’s Financial Reporting Year:
 |
| 1. Current Service Delivery Areas (county(ies) and communities):
 |
| 1. Proposed Area(s) To Be Served with Funding (county(ies) and communities):
 |
| 1. Amount of Funding Requested
 |
| 1. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed $500,000 for applicant’s current fiscal year (excluding amount requested in #14) Yes o No o
 |
| 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. |
| 1. Signature of Authorized Representative:
 | 1. Date
 |

## Applicant’s Response

*No more than 5 pages for this section.*

**Determination of Need and Local/County/Regional Services (20 points):** Describe the extent of risk from the health impacts from wildfire and prescribed burning smoke, flooding and heat within the applicant’s service area. Describe the applicant’s current services and strategies used to prevent health impacts from extreme heat, smoke and flood exposure.

**Capacity Statement/Sustainability (20 points):** Describe current capacity to address health disparities or health inequities related to climate change in the Sandhills Region, particularly in the counties of Bladen, Hoke, Robeson, Scotland and Sampson. Describe specific staff and other resources currently available for developing, producing, and disseminating educational and promotional materials for use in multiple media formats and languages. Describe applicant’s capacity for conducting community engagement sessions and evaluation workshops, including participant recruitment, meeting logistics and content development. Describe applicant’s history of developing and maintaining stakeholder relationships. Describe applicant’s capacity for collecting and reporting performance measure data to evaluate activities.

**Strategic Plan (40 points):** Describe existing and planned mechanisms for purchasing, storing and distributing educational and promotional materials to specific populations and local regional partners and specific websites within your control where this information is easily accessible to these audiences. Describe existing and planned mechanisms for identifying and strengthening relationships with existing and new stakeholders. Applicants should identify and collaborate with the stakeholders necessary to identify and effectively implement adaptation actions responsive to local needs. This must include representatives from populations disproportionately impacted by climate change. Recipients must cultivate and strengthen relationships with these stakeholders in order to involve them in the planning and development of the adaptation actions, communications, and evaluation.

## Project Budget

## Budget and Justification (20 points)

*No page limit.*

Applicants must complete a budget and budget justification narrative using the Excel spreadsheet provided at <https://epi.dph.ncdhhs.gov/oee/programs/climate.html>

Eligible Expenses

1. Staff salaries and fringe benefits
2. In-state travel not to exceed the state rate. This may include mileage, parking, per diem and lodging
3. Registration costs to present at national conference
4. Travel costs to present at national conference
5. Office supplies
6. Computers for staff working on the project
7. Supplies to implement requirements of this RFA as approved by DPH/OEE Climate and Health Program including but not limited to purchasing of educational and promotional materials for the compound climate hazards of heat, impaired air quality from wildfire and prescribed burning smoke and extreme weather events of flooding and hurricanes

Ineligible Expenses

1. Cash incentives
2. Clinical care except as allowed by law
3. Capital expenses, new construction or renovation of facilities, or furniture/equipment
4. Any type of research
5. Other than for normal and recognized executive-legislative relationships, no funds may be used for:
6. Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
7. The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

## Indirect Cost Rate Approval Letter (if applicable)

## IRS Letter

## *Public Agencies:*

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

***Private Non-profits:***

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

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

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Organization”), and by that authority duly given
 (Legal Name of Organization)

and as the act and deed of the Organization, state that the Organization’s status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)