Request for Applications

RFA # A-394

A-394 Climate Change Adaptation in the Sandhills Region

FUNDING AGENCY: North Carolina Department of Health and Human Services
Division of Public Health
Epidemiology Section/ Occupational and Environmental Epidemiology

ISSUE DATE: September 26, 2022

DEADLINE DATE: October 31, 2022

INQUIRIES and DELIVERY INFORMATION:
Direct all inquiries concerning this RFA to:
Autumn Locklear
919-368-3059
Autumn.Locklear@dhhs.nc.gov

Applications will be received until 5:00pm on 10/31/2022.
Send all electronic applications directly to the funding agency address as indicated below:

Email Address: Autumn.Locklear@dhhs.nc.gov

Only electronic applications will be accepted via email attachment (.xls, .xlsx, .pdf formats), including all required attachments.

IMPORTANT NOTE: Indicate agency name and RFA number on the footer of each page alongside the page number in the application narrative.

Please include your agency name and the RFA number in your email subject line when submitting questions or your application as an attachment.
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I. INTRODUCTION

The primary mission of the N.C. Division of Public Health (DPH), Occupational and Environmental Epidemiology Branch (OEE), is to identify and evaluate occupational and environmental health concerns and provide unbiased evidence-based recommendations to reduce or prevent the incidence and severity of harmful exposures and their health outcomes. The Branch’s work includes informing local health departments, health care providers, other state agencies and the public about the hazard of health impacts from extreme heat, impaired air quality from wildfire and prescribed burning smoke, and extreme flooding events.

North Carolinians are at increasing risk from health impacts from wildfire and prescribed burning smoke, flooding and heat (Rappold 2011, Thie 2015). Health impacts from extreme heat, smoke and flood exposure are preventable and effective prevention techniques are available. The OEE Branch is receiving funds from the Centers for Disease Control and Prevention CDC-RFA-EH21-2101, Environmental Public Health and Emergency Response Program, to implement Building Resilience Against Climate Effects: Implementing and Evaluating Adaptation Strategies that Protect and Promote Human Health. These funds support state strategies to develop health department and community resilience, advance health equity, and generate evidence for use in larger-scale and more widespread adaptation actions designed to protect health from climate-related hazards. The OEE Branch requires the assistance of a local organization in refining, implementing, and evaluating adaptation action plans to reduce illnesses from heat, smoke and flooding in the Sandhills regional counties of Bladen, Hoke, Robeson, Sampson, and Scotland.

The purpose of this RFA is to support local partners in the Sandhills to implement adaptation action and evaluation plans to address the compound climate hazards of impaired air quality, extreme heat, and flooding. This RFA will build regional capacity and expertise in climate change adaptation to support adaptation actions in resource access, communication, and policy. Organizations and agencies applying for these funds must work to strengthen community engagement, build collaborative relationships, and implement culturally relevant and specific evidence-supported strategies. They will purchase and distribute health promotional and educational materials to local partners for the identified compound climate hazards. Funds include travel costs for adaptation action implementation and evaluation.

This RFA will fund one (1) local organization to hire one (1) FTE and complete, by August 31, 2023, 8 monthly local partner meetings, 800 hours documented implementing adaptation actions with local partners, one (1) annual evaluation report with reporting on all performance measures, and one (1) presentation to a national audience.

ELIGIBILITY

This RFA is available to local health departments, nonprofit agencies, and community-based organizations located or serving populations within one of Sandhills region counties of Bladen, Hoke, Robeson, Sampson, or Scotland, that can implement all requirements described in the RFA.

The applicant must:
1. Meet all the requirements described in the Request for Application, including but not limited to work with local partners in the Sandhills region and NC DPH/OEE to refine, implement, and evaluate adaptation
action plans in resource access, communication, and policy; develop, purchase and distribute health educational and promotional materials; and build regional capacity and expertise in climate change adaptation.

2. Demonstrate a clear ability to implement the activities identified in their application as evidenced, in part, by their experience implementing climate change and health adaptation projects in the Sandhills.

3. Demonstrate a history of working with community partners and must indicate a willingness to continue to do so throughout the project period. Applicants are expected to build relationships with both traditional and non-traditional partners on all aspects of their climate and health adaptation efforts.

**FUNDING**

The federal grant that funds this effort is the Centers for Disease Control and Prevention CDC-RFA-EH21-2101 Building Resilience Against Climate Effects: Implementing and Evaluating Adaptation Strategies that Protect and Promote Human Health. The NC DPH OEE Branch will contract with one (1) organization. The funded organization will have the possibility for annual contract renewal as outlined below pending satisfactory performance and funding availability. Applicants must submit a budget for one contract period and apply for renewal annually.

Total available for each award will be as follows for the budget periods:

- January 1, 2023 – August 31, 2023 (Each award not to exceed $102,113) - 8 months
- September 1, 2023 – August 31, 2024 (Each award not to exceed $102,113) - one year
- September 1, 2024 – August 31, 2025 (Each award not to exceed $102,113) - one year

Applicants must specifically identify the county in which they will be located.

Funded organization will be eligible to receive funding for up to three years. The source of funding for this RFA is 100% Federal funding.
II. BACKGROUND

North Carolinians are at increasing risk from health impacts from wildfire and prescribed burning smoke, flooding and heat (Rappold 2011, Thie 2015). North Carolina experiences many days of the year with heat indices in excess of 100°F, resulting in thousands of emergency department visits for Heat-Related Illness (HRI) and injury annually (Fuhrmann 2015, Kovach 2015, Rhea 2012). For example, during the June 2015 heatwave, nearly 1,000 emergency department visits were observed during a 10-day time period, more than 3 times greater than the previous 10 days (Smith 2015). In a CDC publication, North Carolina had the highest rate of occupational-related heat deaths in the United States. Further, the South-Central or Sandhills region of the state has the highest rates of HRI per several recently published peer-reviewed articles. Heat waves and increasing nighttime temperatures increase heat exposure to those outside and those without access to cooling, including farmworkers, youth playing sports, older adults, and low-income earners. Illness from heat can include heat exhaustion, heat stroke, and exacerbation of other conditions, such as kidney disease, diabetes, and heart disease.

In 2016, wildfires in North Carolina burned for months, contributing to poor air quality in the western part of the state. According to an EPA Community Vulnerability Index (Rappold 2017, et al.) of smoke health impacts, the southern US has the second highest smoke exposure (2nd to Western US), due in part to a lack of prescribed burning in some areas and lots of prescribed burning in other areas. Hoke County has the highest amount of smoke exposure, the highest rates of pre-existing conditions (e.g., COPD, diabetes) vulnerable to smoke, and ranks as most vulnerable county according to the EPA Index. Risk factors for health impacts of smoke include economic status, exposure to smoke particulate matter, and pre-existing health conditions such as diabetes or asthma.

Increasing frequency and intensity of precipitation and extreme climatic events, specifically hurricanes, has caused extensive and widespread flooding along the coast and in the southeastern region of NC. Black communities and low-income populations in eastern North Carolina are more likely to live in low-lying flood plains and in substandard housing and experience greater risk of exposure to extreme flooding events. These events can have a myriad of short-term and long-term public health impacts, including storm-related injuries, transportation fatalities, first responder injuries, respiratory impacts, carbon monoxide poisonings due to power outages, exposures to floodwater pathogens and mental health and wellbeing impacts to both children and adults.

The NC Climate and Health Program collaborates with partners to build community resilience against climate change and its impact on public health by implementing adaptation actions, leading climate and health trainings, conducting epidemiological analyses, and providing technical expertise. Previous funding has been used to address health effects from heat and wildfires through heat syndromic surveillance, heat-health alert systems, education campaigns and wildfire health curriculum. The next several years will build on this adaptation work while incorporating climate justice and focusing on flooding effects around the state. Activities respond to Executive Order No. 80, Executive Order No. 246, the NC Climate Risk Assessment and Resilience Plan, and an extensive literature on the health effects of climate change. Much of the program’s adaptation work is focused in the Sandhills region of southeastern North Carolina due to its combination of complex hazards, health conditions, historical injustice, and historical resilience.
III. SCOPE OF SERVICES

Input

The project period for 2023 is January 1, 2023 through August 31, 2023 (8 months). Contracts are subject to annual renewal based on criteria established by the NC Division of Public Health (DPH) including performance and contractual compliance and are contingent upon the availability of funds for this purpose.

This RFA is available to local health departments, nonprofit agencies, and community-based organizations located or serving populations within one of Sandhills regional counties of Bladen, Hoke, Robeson, Sampson, or Scotland; that can implement all requirements described in the RFA. The contractor should have experience in implementing climate change and health adaptation projects in the Sandhills.

Contractor reimbursement will be $102,113.

The applicant must:
1. Meet all the requirements described in the Request for Application, including but not limited to working with local partners in the Sandhills region and NC DPH/OEE to implement adaptation action and evaluation plans in resource access, communication, and policy; develop, purchase and distribute health educational and promotional materials; and build regional capacity and expertise in climate change adaptation.
2. Demonstrate a clear ability to implement the activities identified in their application as evidenced, in part, by their experience implementing climate change and health adaptation projects in the Sandhills.
3. Demonstrate a history of working with community partners and must indicate a willingness to continue to do so throughout the project period. Applicants are expected to build relationships with both traditional and non-traditional partners on all aspects of their climate and health adaptation efforts.

Output

Performance Requirements:
The contractor shall, by February 1, 2023, hire 1.0 FTE who will serve as the Sandhills Regional Adaptation Specialist. During the project period (January 1, 2023-August 31, 2023), the contractor will assist in the implementation and monitoring of the adaptation action and evaluation plans to address heat, impaired air quality from smoke and flooding by performing the following activities:

1. Work with DPH/OEE and local prevention specialists to develop, refine, update, purchase, and distribute health promotional items and educational materials addressing compound climate hazards of heat, impaired air quality, and flooding.

2. Provide 40 hours weekly support to local partners to support increased stakeholder knowledge of climate hazards and associated health effects, resilience and vulnerabilities, and available adaptation action options in resource access, communication, and policy; and among community members increased climate resilience through individual (increased knowledge, access to resources, positive behavior change), and systems level change (social, community, institutional,
or policy system(s)). This should be documented in the contract expenditure reports (CERs) that the contractor submits to the Program Monitor monthly.

3. Assist DPH/OEE and Sustainable Sandhills Regional Adaptation Support contractor in producing and disseminating climate and health educational and promotional materials at outreach and engagement events and public service announcements addressing compound climate hazards of heat, impaired air quality and flooding.

4. Assist DPH/OEE and local partners in collecting evaluation data on adaptation actions (i.e., the heat alert system) in resource access, communication, and policy and implement partners use of process evaluation results to improve/inform their adaption action plans.

5. Identify and cultivate relationships with unduplicated people representing vulnerable populations (e.g., mobile home residents, rural residents, older adults, farmworkers, youth), in each of the targeted counties. Cultivating relationships entails soliciting feedback and local expertise on heat, wildfire and prescribed burning smoke, flooding and climate justice; communicating regularly to build a partnership; and trust building by listening to local concerns and responding to them. The Contractor shall initiate a minimum of six (6) e-mails or phone calls per month. This should be documented in communication logs that the contractor submits to the Program Monitor monthly.

6. Assist DPH/OEE with the creation of the Plans by contributing text relevant to the Adaptation Action and Evaluation Plans and Climate Impact Compendium. Topics to be addressed include adaptation context, adaptation evaluation, current and potential health impacts, affected systems, and adaptive capacity to inform future climate and health work. The contractor will prepare preliminary and final drafts of text that respond to the outline of the plans developed by DPH/OEE.

Performance Standards:

1. Co-host monthly (8) calls with local prevention specialist partners at local health departments, nonprofit agencies, and community-based organizations.

2. Present annually at one (1) national conference.

3. Provide 800 documented hours implementing adaptation actions with local partners at local health departments, nonprofit agencies, and community-based organizations. This should be documented in the contract expenditure reports (CERs) sent to the Program Monitor monthly.

4. Submit one (1) evaluation report annually with reporting on all performance measures identified in collaboration with DPH/OEE, CDC and stakeholders.

5. Attend virtual or in-person quarterly meetings to be held by DPH/OEE in each of the 5 targeted counties (specific location TBD), to assist with relationship cultivation as well as developing criteria for choosing prevention efforts and contributing text to the Adaptation Action and Evaluation Plans and Climate Impact Compendium. Contractor shall sign meeting registration sheets to confirm attendance.
6. Submit a log of e-mails and phone calls electronically with contacts that work with vulnerable populations. Log shall include the method of contact (to include e-mail address or phone number), name of person contacted, and short description of conversation (e.g., suggestions on compound climate hazard prevention efforts, to-dos, action items) to the DPH/OEE Program Monitor monthly.

7. Submit a first draft of the text for the Plans and Climate Compendium electronically, by July 1, 2023, to the DPH/OEE Program Monitor.

8. Submit a final version of the draft for the Plans and Climate Compendium (based on DPH/OEE assessment/input) electronically, by August 15, 2023, to the DPH Program Monitor.

9. Help DPH/OEE staff coordinate virtual or in-person bi-monthly (three per year) community engagement meetings/evaluation workshops in the target Sandhills counties. Assisting may involve outreach to prevention specialist partners and other community stakeholders, coordinating meeting space and other meeting logistics, and helping DPH/OEE staff develop meeting content.

10. Submit a draft of pre and post surveys electronically by March 31, 2023 to the DPH/OEE Program Monitor to measure awareness of heat-health, wildfire and prescribed burning smoke exposure, flood exposure risks, and applicable resources. Work with DPH to refine evaluation surveys.

11. Support DPH/OEE and local prevention specialist partners in coordinating and implementing surveys of contacts with vulnerable populations. Support may involve activities such as sending survey participation requests to contacts with vulnerable populations twice by e-mail or phone call, providing technical support to partners, conducting surveys.

**Outcome**

**Short-term outcomes (Year 1) include:**

1. Increased stakeholder knowledge of impaired air quality, extreme heat, and flooding, and their health effects.
2. Increased stakeholder knowledge of resilience and vulnerabilities, and available adaptation action options in resource access, communication, and policy for reducing negative health outcomes of climate change.
3. Increased stakeholder involvement in the implementation of the adaptation action plans for resources access, communication, and policy.
4. Increased climate resilience through increased knowledge, positive behavior changes, and access to resources among community members in Bladen, Hoke, Robeson, Sampson, and Scotland counties.
5. Increased climate resilience through social, community, institutional, or policy system(s) among the communities in Bladen, Hoke, Robeson, Scotland and Sampson counties.
6. Routine quality improvement and increased effectiveness of adaptation actions demonstrated through evaluation findings and lessons learned. Implement partners use of process evaluation results to improve/inform their adaption action plans.

**Intermediate outcomes (Years 2-3) include:**

1. Reduced adverse health outcomes due to climate change among community members targeted by the adaptation actions.
2. Increased knowledge of adaptation actions that reduce adverse health effects of climate change.
3. Enhanced evidence base for effective climate and health adaptation actions addressing the compound hazards of impaired air quality from wildfire and prescribed burning, extreme heat, and extreme weather events including flooding and hurricanes.

**Service Quality**

The quality-of-service delivery is defined as evidence-informed, coordinated, and collaborative. Services must be culturally and linguistically sensitive; strengths based; and must demonstrate community engagement.
III. 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 November 14, 2022.

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.

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

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.
IV. **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 September 26, 2022:
   
   [http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities](http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities) and may be sent to prospective agencies and organizations via email, and/or the Program’s website.

2. **Distribution of the RFA**
   
   RFAs will be posted on the Program’s website [https://epi.dph.ncdhhs.gov/oee/programs/climate.html](https://epi.dph.ncdhhs.gov/oee/programs/climate.html) and may be sent via email to interested agencies and organizations beginning September 26, 2022.

3. **Question & Answer Period**
   
   Written questions concerning the specifications in this Request for Applications will be received until October 7, 2022. As an addendum to this RFA, a summary of all questions and answers will be placed on [http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities](http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities) by October 12, 2022.

4. **Applications**
   
   Applicants shall email an electronic copy of the signed application and all attachments to Autumn.Locklear@dhhs.nc.gov by 5:00 pm on October 31, 2022 in Excel or PDF format. The Budget must be submitted using the required Excel template. The required Excel template will be posted on the Climate and Health’s Program website at [https://epi.dph.ncdhhs.gov/oee/programs/climate.html](https://epi.dph.ncdhhs.gov/oee/programs/climate.html) and may be sent via email to interested agencies and organizations beginning September 26, 2022. The electronic application must contain signed documents. Faxed applications will not be accepted.

5. **Format**
   
   The application must be typed, on 8.5” x 11” in Portrait page layout with margins of 1”. Line spacing may be single-spaced. The font shall be easy to read and no smaller than 12-point. The pages shall be numbered in the lower right corner. Include section headings outlined in this section (3. Applicant’s Response, page 26). Page limitations are specified for some sections, in cases where they are not, applicants are strongly encouraged to be concise and only include information pertinent to the implementation of Climate Change Adaptation in the Sandhills Region.

6. **Space Allowance**
   
   Page limits are clearly marked in each section of the application. Refer to **VIII.3 Applicant’s Response** for specifics.
7. **Application Deadline**
   All applications must be received by the date and time on the cover sheet of this RFA. Applications must be submitted electronically by 5:00 PM, close of business, on October 31, 2022.

8. **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.

9. **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 State reserves the right to conduct site visits as part of the application review and award process. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

10. **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.

11. **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.

    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.
12. 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.

13. Additional Documentation to Include with Application

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

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

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

14. 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.

15. 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, or be willing to complete the registration process in conjunction with the award (see www.sam.gov). To maintain an active SAM record, the record must be updated no less than annually.

16. 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 A.)

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 A.)

c. Documentation of the agency’s Unique Entity Identifier (UEI). Documentation consists of a copy the agency or organization’s SAM record.

If your agency does not have a UEI, please use the online registration at www.SAM.gov to receive one free of charge.
Contracts with private non-profit agencies require additional documentation prior to contract execution. After the award announcement, private non-profit agencies will be contacted about providing the following documentation:

a. A completed and signed statement which includes the agency’s Conflict of Interest Policy. (A reference version appears in Appendix A.)

b. A completed, signed, and notarized page certifying that the agency has no overdue tax debts. (A reference version appears in Appendix A)

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

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

17. 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. (Refer to: https://www.sosnc.gov/divisions/business_registration)

18. 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 A.

19. Iran Divestment Act
   As provided in G.S. 147-86.59, any person identified as engaging in investment activities in Iran, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to G.S. 147-86.58, is ineligible to contract with the State of North Carolina or any political subdivision of the State.

20. Boycott Israel Divestment Policy
   As provided in Session Law 2017-193, any company that boycotts Israel, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to Session Law 2017-193 is ineligible to contract with the State of North Carolina or any political subdivision of the State.

21. Application Process Summary Dates
   09/26/2022: Request for Applications released to eligible applicants.
   10/07/2022: End of Q&A period. All questions due in writing by 5pm.
   10/12/2022: Answers to Questions released to all applicants, as an addendum to the RFA.
   10/31/2022: Applications due by 5pm.
11/14/2022: Successful applicants will be notified.
01/01/2023: Contract proposed start date.
V. PROJECT BUDGET

Budget and Justification
Applicants must submit a budget, which requires a line-item budget for the first year of funding and a narrative justification.

Applicants must submit a budget for the funding period of January 1, 2023 – August 31, 2023, not to exceed $102,113. Budgets should include a line-item budget and a narrative justification. A narrative justification must be included for each expense listed in the budget. The justification should explain how each line item was calculated and how the expense supports the project. Budgets for years 2 and 3 will be requested during the annual contract renewal process.

Applicants must use the sample budget template provided with this RFA in Excel at https://epi.dph.ncdhhs.gov/oee/programs/climate.html. The form may be modified to remove or add items and categories if needed. Totals should be in whole numbers. The budget must be submitted as an Excel document (.xls or .xlsx file).

Travel Reimbursement Rates
Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the “Change in IRS Mileage Rate” memorandum to be found on OSBM’s website when there is a change in this rate. The current state mileage reimbursement rate is 0.625 cents per mile.

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

The following schedule (effective July 1, 2021) shall be used for reporting allowable subsistence expenses incurred while traveling on official state business:

<table>
<thead>
<tr>
<th>Meals</th>
<th>In State</th>
<th>Out of State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>$13.00</td>
<td>$13.00</td>
</tr>
<tr>
<td>Lunch</td>
<td>$14.00</td>
<td>$14.00</td>
</tr>
<tr>
<td>Dinner</td>
<td>$23.00</td>
<td>$23.00</td>
</tr>
<tr>
<td><strong>Total Meals Per Diem Per Day</strong></td>
<td><strong>$50.00</strong></td>
<td><strong>$50.00</strong></td>
</tr>
<tr>
<td><strong>Lodging (Maximum rate per person, excludes taxes and fees)</strong></td>
<td>$96.00</td>
<td>$96.00</td>
</tr>
<tr>
<td><strong>Total Travel Allowance Per Day</strong></td>
<td><strong>$146.00</strong></td>
<td><strong>$146.00</strong></td>
</tr>
<tr>
<td>Mileage</td>
<td>$0.625 per mile</td>
<td></td>
</tr>
</tbody>
</table>

Other Restrictions (if applicable)
Audits
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. There are 3 reporting levels that 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 an audit. 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.

Indirect Cost
Indirect cost is the cost 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. Regulations restricting the allocation of indirect cost vary based on the funding source.

Indirect cost is allowed on the portion of the sub-award funded by the Centers for Disease Control and Prevention CDC-RFA-EH21-2101, Environmental Public Health and Emergency Response Program to implement Building Resilience Against Climate Effects: Implementing and Evaluating Adaptation Strategies that Protect and Promote Human Health.

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the applicant agency may request up to the federally negotiated rate. The total modified direct cost identified in the applicant’s FNICR shall be applied. A copy of the FNICR must be included with the applicant’s budget.

If the applicant does not have an FNICR, a 10% indirect cost rate (known as the de minimis rate) may be used on the total, modified direct cost as defined in 2 CFR 200.68, Modified Total Direct Cost (MTDC), with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. Applicants must indicate in the budget narrative that they wish to use the de minimis rate, or some part thereof. Applicants who do not wish to claim any indirect cost should enter “No indirect cost requested” in the indirect cost line item of the budget narrative.

Estimated portion of subaward funded by the Centers for Disease Control and Prevention Building Resilience Against Climate Effects: Implementing and Evaluating Adaptation Strategies that Protect and Promote Human Health is as follows for each year:

<table>
<thead>
<tr>
<th>Year</th>
<th>BRACE Grant Funding Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$102,113</td>
</tr>
<tr>
<td>2</td>
<td>$102,113</td>
</tr>
<tr>
<td>3</td>
<td>$102,113</td>
</tr>
</tbody>
</table>
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:

1. **POOR** Applicant only marginally addressed the application area.

2. **AVERAGE** Applicant adequately addressed the application area.

3. **GOOD** Applicant did a thorough job of addressing the application area.

4. **EXCELLENT** 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. **Budget and Budget Justification:** Weight = 5, Total maximum points = 20
   - Score distribution is: 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. 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.
5. _ Indirect Cost Rate Approval Letter (if applicable)

   *IRS Documentation:*
6. ___ IRS Letter Documenting Your Organization’s Tax Identification Number (public agencies)
   
   or

   ___ IRS Determination Letter Regarding Your Organization’s 501(c)(3) Tax-exempt Status (private non-profits)
   
   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 Unique Entity Identifier (UEI)
- the closing date for applications.
2. **Application Face Sheet**

   This form provides basic information about the applicant and the proposed project with the 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:
   3. Mailing Address (include zip code+4):
   4. Address to which checks will be mailed:
   5. Street Address:
   6. Contract Administrator: 
      - Name:
      - Telephone Number:
      - Fax Number:
      - Email Address
   7. Agency Status (check all that apply):
      - Public
      - Private Non-Profit
      - Local Health Department
   8. Agency Federal Tax ID Number:
   9. Agency UEI:
   10. Agency’s URL (website):
   11. Agency’s Financial Reporting Year:
   12. Current Service Delivery Areas (county(ies) and communities):
   13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):
   14. Amount of Funding Requested
   15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed $500,000 for applicant’s current fiscal year (excluding amount requested in #14)
      - Yes □
      - No □

   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

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.
4. **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](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:
   a. 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
   b. 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
5. Indirect Cost Rate Approval Letter (if applicable)
6. IRS Letter

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

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

This IRS determination letter can also satisfy the documentation requirement of your organization’s tax identification number.
7. Verification of 501(c)(3) Status Form

IRS Tax Exemption Verification Form (Annual)

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

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

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

___________________________________
(Signature)
**Appendix A Forms for Reference**

Do **NOT** complete these documents at this time **nor return them** with the RFA response.

They are for reference only.
FEDERAL CERTIFICATIONS

The undersigned states that:

1. He or she is the duly authorized representative of the Contractor named below;

2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
   a. The Certification Regarding Nondiscrimination;
   b. The Certification Regarding Drug-Free Workplace Requirements;
   c. The Certification Regarding Environmental Tobacco Smoke;
   d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
   e. The Certification Regarding Lobbying;

3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;

4. [Check the applicable statement]
   □ He or she has completed the attached Disclosure of Lobbying Activities because the Contractor has made, or has an agreement to make, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;
   OR
   □ He or she has not completed the attached Disclosure of Lobbying Activities because the Contractor has not made, and has no agreement to make, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.

5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

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.


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.
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Type of Federal Action:</td>
<td>2. Status of Federal Action:</td>
<td>3. Report Type:</td>
</tr>
<tr>
<td>□ a. contract</td>
<td>□ a. Bid/offer/application</td>
<td>□ a. initial filing</td>
</tr>
<tr>
<td>□ b. grant</td>
<td>□ b. Initial Award</td>
<td>□ b. material change</td>
</tr>
<tr>
<td>□ c. cooperative agreement</td>
<td>□ c. Post-Award</td>
<td></td>
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<tr>
<td>□ d. loan</td>
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<tr>
<td>□ e. loan guarantee</td>
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<tr>
<td>□ f. loan insurance</td>
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<tr>
<td>4. Name and Address of Reporting Entity:</td>
<td>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</td>
<td></td>
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<tr>
<td>□ Prime</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Subawardee Tier _________, (if known)</td>
<td>Congressional District (if known)</td>
<td>Congressional District (if known)</td>
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<tr>
<td>6. Federal Department/Agency:</td>
<td>7. Federal Program Name/Description:</td>
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<td></td>
<td>CFDA Number (if applicable) ______________________</td>
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<tr>
<td>8. Federal Action Number (if known)</td>
<td>9. Award Amount (if known):</td>
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<td>$</td>
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<tr>
<td>10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):</td>
<td>b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</td>
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<tr>
<td>11. Amount of Payment (check all that apply):</td>
<td>13. Type of Payment (check all that apply):</td>
<td></td>
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<tr>
<td>$ ____________________ □ actual □ planned</td>
<td>□ a. retainer</td>
<td></td>
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<td></td>
<td>□ b. one-time fee</td>
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<td></td>
<td>□ c. commission</td>
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<td></td>
<td>□ d. contingent fee</td>
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<td></td>
<td>□ e. deferred</td>
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<td></td>
<td>□ f. other; specify: _____________________________</td>
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<td>12. Form of Payment (check all that apply):</td>
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<tr>
<td>□ a. cash</td>
<td></td>
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<td>□ b. In-kind; specify: Nature ________________ Value ____________________</td>
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<td>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):</td>
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<tr>
<td>15. Continuation Sheet(s) SF-LLL-A attached:</td>
<td>□ Yes</td>
<td>□ No</td>
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</table>
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.

Signature: _____________________________________________
Print Name: ____________________________________________
Title: _________________________________________________
Telephone No: _______________________ Date: ____________

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
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:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
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<tbody>
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<td></td>
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<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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Reference only — Not for signature

Signature * Title Date

* Indicate if you are the Board President or Chairperson
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 ____________________________________________ [Entity’s legal

name] hereby identify the following individuals who are authorized to sign **Contract

Expenditure Reports** for the entity named above:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
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Reference only — Not for signature

Signature * Title Date

* *Indicate if you are the Board President or Chairperson*
CONFLICT OF INTEREST POLICY

CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY

State of _________________________________

County __________________________________

I, ____________________________ hereby state that I am the _______________________
(Printed Name)       (Title)
of _________________________________________ (“Organization”), and by that authority
(Legal Name of Organization)
duly given and as the act and deed of the Organization, state that the following Conflict of Interest
Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held
on the __________ day of __________, _______. I understand that the penalty
(Day of Month  (Month)  (Year)
for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that
other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for
making perjured and/or false statements or misrepresentations.

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

___________________________________
(Signature)

Instruction for Organization:

Sign and attach the following pages after adopted by the Board of Directors/Trustees
or other governing body OR replace the following with the current adopted conflict of
interest policy.

Name of Organization

Reference only — Not for signature

Signature of Organization Official
Conflict of Interest Policy Example

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors, Trustees, or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

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

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

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

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

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

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

Approved by:

_______________________________________  
Name of Organization

_______________________________________  
Signature of Organization Official

_______________________________________  
Date
NO OVERDUE TAX DEBTS CERTIFICATION

State Grant Certification – No Overdue Tax Debts¹

To: State Agency Head and Chief Fiscal Officer

Certification:
We certify that the [Organization’s full legal name] does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143C-6-23(c) is guilty of a criminal offense punishable as provided by N.C.G.S. 143C-101(b).

Sworn Statement:
_____________________________________________ [Name of Board Chair] and ______________________________________________ [Name of Second Authorizing Official] being duly sworn, say that we are the Board Chair and ___________________________________________________________ [Title of Second Authorizing Official], respectively, of [Agency/Organization’s full legal name] of ___________________________ [City] in the State of ___________________________ [State]; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

Reference only — Not for signature
_____________________________________________ Board Chair
Title ___________________________________________ Date __________

Reference only — Not for signature
_____________________________________________ Signature 
Title ___________________________________________ Date __________

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__.

¹ G.S. 105-243.1 defines: Overdue tax debt – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement.”
CONTRACTOR CERTIFICATIONS

State Certifications
Contractor Certifications Required by North Carolina Law

Instructions: The person who signs this document should read the text of the statutes and Executive Order listed below and consult with counsel and other knowledgeable persons before signing. The text of each North Carolina General Statutes and of the Executive Order can be found online at:

- Article 2 of Chapter 64: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf)
- G.S. 105-164.8(b): [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf)
- G.S. 143-48.5: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html)
- G.S. 143-59.1: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf)
- G.S. 143-59.2: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf)
- G.S. 143-133.3: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html)
- G.S. 143B-139.6C: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf)

Certifications

(1) **Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009),** the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.

(2) **Pursuant to G.S. 143-48.5 and G.S. 143-133.3,** the undersigned hereby certifies that the Contractor named below, and the Contractor’s subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system.”

E-Verify System Link: [www.uscis.gov](http://www.uscis.gov)

(3) **Pursuant to G.S. 143-59.1(b),** the undersigned hereby certifies that the Contractor named below is not an “ineligible Contractor” as set forth in G.S. 143-59.1(a) because:

(a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); and

(b) [check one of the following boxes]

- [ ] Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a “tax haven country” as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; or
- [ ] The Contractor or one of its affiliates has incorporated or reincorporated in a “tax haven country” as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 but the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.

(4) **Pursuant to G.S. 143-59.2(b),** the undersigned hereby certifies that none of the Contractor’s officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.

(5) **Pursuant to G.S. 143B-139.6C,** the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.

(6) The undersigned hereby certifies further that:

(a) He or she is a duly authorized representative of the Contractor named below;

(b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and

(c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.
Contractor’s Name: 

Contractor’s Authorized Agent: 
Signature ___________________________ Date ___________________________
Printed Name ___________________________ Title ___________________________

Witness: 
Signature ___________________________ Date ___________________________
Printed Name ___________________________ Title ___________________________

The witness should be present when the Contractor’s Authorized Agent signs this certification and should sign and date this document immediately thereafter.
FFATA Form

Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement
NC DHHS, Division of Public Health Subawardee 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 UEI ___________________________ Entity’s Parent’s UEI ___________________________
(if applicable)

Entity’s Location ___________________________ Primary Place of Performance for specified contract
   Check here if address is the same as Entity’s Location [ ]

   street address ___________________________ street address ___________________________
   city/st/zip+4 ___________________________ city/st/zip+4 ___________________________
   county ___________________________ county ___________________________

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

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Total Compensation</th>
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<tbody>
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