

Request for Applications

RFA A-391

Building Resilient Inclusive Communities (BRIC)

FUNDING AGENCY: North Carolina Department of Health and Human Services
Division of Public Health
Chronic Disease and Injury Section
Community and Clinical Connections for Prevention and Health Branch

ISSUE DATE: August 16, 2021

DEADLINE DATE: September 27, 2021

INQUIRIES and DELIVERY INFORMATION:

Direct all inquiries concerning this RFA to:

Cindy Stevenson, (919) 707-5239

Cindy.Stevenson@dhhs.nc.gov

Applications will be received until 5:00 pm on September 27, 2021.

Electronic copies of the application are available by request.

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

Email Address: Cindy.Stevenson@dhhs.nc.gov

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

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

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I. INTRODUCTION

The mission of the Community and Clinical Connections for Prevention and Health Branch (CCCPH) is to work with partners to create physical activity and healthy eating opportunities with the goal of reducing obesity, diabetes, heart disease and stroke in North Carolinians of all ages.

CCCPH has been awarded federal funds from the National Association of Chronic Disease Directors (NACDD) in collaboration with the Centers for Disease Control and Prevention through the Building Resilient Inclusive Communities (BRIC) program. These funds support state investments to improve nutrition security, to increase safe and accessible physical activity opportunities, and to increase social connections while ensuring that health equity is central to the implementation of all strategies.

This RFA is to implement local level nutrition and physical activity interventions, focused on policies, systems, and environmental changes that support healthy eating, safe and accessible physical activity, and social connectedness, using an equity approach. Consideration should be given to addressing the needs of populations most at risk for COVID-19. Local organizations applying for these funds must work to mobilize communities, build collaborative relationships, implement culturally relevant and equitable evidence-based interventions.

Key BRIC Aims:

- **Resilience** – comes from strong interconnected partnerships, authentic community engagement and health equity (adapted from Center for Community Resilience).
- **COVID-19** – answers how has/does COVID-19 impact your action steps?
- **Health Equity and Inclusion** – considers partners that serve populations and/or communities most impacted by COVID-19 and other health inequalities.
- **Policy, Systems and Environmental Change (PSE)** – the focus of BRIC is on progress towards PSE level changes within each strategy area.

CCCPH will award funds through this RFA to local agencies and organizations to address two or more of the following strategy areas. Within each strategy area, at least 2 outcomes must be addressed:

Strategy Areas:

- 1) **Nutrition Security**: Improve equitable access to healthy foods through implementing nutrition standards at food banks, pantries, and other key food distribution anchor institutions, including new efforts, partnerships, and/or adaptations to implementation as a result of COVID-19.

Outcomes

- a. Collaborate with food council/coalition/task force on equitable nutrition security for food banks, pantries, and/or feeding sites during COVID-19.
- b. Efforts to increase number of food banks, pantries, or feeding sites in each community selected to adopt nutrition standards due to increase in demand during the COVID-19 pandemic.
- c. Efforts to support the increase in the number of people in communities who receive healthier foods distributed by food pantries, food banks, or other feeding sites, taking into effect how demand has changed during COVID-19.
- d. Efforts to increase number of places providing increased financial access to healthier foods.

- 2) **Physical Activity Access**: Enhance equitable access to safe places for physical activity and

essential travel through plan development and community engagement.

Outcomes

- a. Collaborate with task forces/coalitions that support safe, equitable physical activity during COVID-19.
- b. Progress to support at least one community improvement plan that includes the potential assessment of local community design as it relates to improving safe and equitable access to physical activity (including number of federal, state, or local partners formally engaged) as well as how local demand had changed during COVID-19.
- c. Efforts to support at least two verified changes in the characteristics of each selected community that demonstrate walkability or increased safety for those most at risk for COVID-19 illness and death, taking into effect how local demand has changed during COVID-19.
- d. Efforts to support at least two alternative commuting facilities, programs or services created or enhanced that support equitable access that can be used by the priority population in each community to safely travel to essential services, including jobs, medical appointments, grocery stores or food pantries, taking into effect how local demand has changed during COVID-19.

3) Social Connectedness: Promote opportunities to connect older adults who are socially isolated due to COVID-19 through plan development and community engagement.

Outcomes

- a. Collaborate with task forces/coalitions that support equitable social connectedness during COVID-19.
- b. Efforts to implement new or improved community strategies that emphasize and integrate feasible and innovative social connectedness efforts for older adults at higher risk for severe illness from COVID-19; incorporation of existing networks of community health workers should be encouraged.
- c. Efforts to implement at least two new or improved equitable programs for older adults living in high burden communities that offer on-line and in-person educational, social, creative, and physical activities that encourage personal interactions, regular attendance, and community involvement working in collaboration with existing programs (e.g., mental health or Arthritis Programs, AARP, or other).
- d. Efforts to implement at least two new or improved equitable Intergenerational Mentoring Programs in the community to foster healthy, ongoing, supportive relationships between older adults and youth.

ELIGIBILITY

This RFA is open to organizations and agencies that can implement two or more of the strategies listed above. Funding is open to North Carolina-based private, non-profit organizations, and public or local governmental agencies.

1. The applicant must meet all the requirements described in the Request for Application.
2. Applicants must demonstrate a clear ability to implement the strategies they identified in their application.
3. The applicant must demonstrate a history of working with community partners and must indicate a willingness to continue to do so throughout this project period. Applicants are expected to build relationships with both traditional and non-traditional partners on all aspects of their physical activity, nutrition, and social connectedness efforts.

- a. Collaborations with public and private partners from multiple sectors are required to maximize resources, reach, and impact.
 - b. Applicants must submit with their application a letter of commitment (LOC) from key collaborations. LOCs should describe the scope of work and contributions from each key partner for work to be conducted. LOCs should clearly describe the partners' level of participation and their anticipated contribution to overall program strategies and activities.
4. The applicant must demonstrate a willingness to engage in the required training and preparation to complete project deliverables.
 5. The applicant must work with the CCCPH designated technical assistance providers for each of the strategies they choose.
 6. The applicant may be required to participate in a national evaluation for all BRIC funded states to include process and outcomes data.

Funds from this award may not be used to supplant other funds. Strategies developed to accomplish outcomes may build from other current programs and/or activities. The selected contractors and key partners are required to participate in both the National and CCCPH's Annual BRIC Partner Meetings.

FUNDING

The CCCPH Branch will provide \$250,500 in total funding through contracts for up to 3 organizations. Funded organizations will have one year to implement activities for this initiative. One to three contracts may be awarded.

The budget period:

- January 1, 2022 – December 31, 2022 (The total funding for this initiative is \$250,500).

Source of the funding: 100% Federal Funding

Federal Grant Information:

Name: Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

CFDA: 93.421

Award #: 5-NU38OT000286-3

Type: Contract

Department: National Association of Chronic Disease Directors

This program is authorized under sections 301 and 317(k)(2) of the Public Health Service Act [42 USC 241(a) and 247(b)(k)(2), as amended].

II. BACKGROUND

Poor nutrition and low levels of physical activity affect overall health and are significant risk factors for obesity and other chronic diseases. Obesity affects 78.6 million (35%) American adults and 12.7 million (17%) American children and costs the nation approximately \$147 billion in annual health care costs. The burden of obesity and other chronic diseases negatively affects our nation's businesses, economy, and military readiness.

Obesity and other chronic diseases such as diabetes and heart disease are significant risk factors for severe complications due to COVID-19. North Carolina also has a higher proportion of demographic groups that are at greater risk for chronic disease prevalence and complications of COVID-19, compared to other states. Black North Carolinians represent approximately 21% of the total population (8th highest among all states), and persons living in poverty represent 16.8% of the state's population. North Carolina also reports an above average rate of persons with disabilities (11.7%).

The COVID-19 pandemic has increased food insecurity across the United States. Prior to the pandemic, North Carolina reported above the national average in rates of food insecurity (17% of population). Among SNAP participants, North Carolina reports near the national average in proportion of SNAP participants with less access to grocers (1% of total state population). The state is below the national average in food banks per capita.

The COVID-19 pandemic has also demonstrated inequities in safe, accessible spaces for physical activity. The closure of schools, playgrounds, recreation facilities, and other public spaces during COVID-19 further limited access for physical activity opportunities. North Carolina ranks 10th among states in lower access to spaces for physical activity (76% access) and near the national average in rates of violent crime. Violent crime rates can further reduce a resident's likelihood of seeking opportunity for physical activity.

Social isolation is a growing public health concern that has increased due to COVID-19. Social isolation directly impacts a person's physical, mental, and emotional health and is caused by the lack of significant social connections interpersonally and within the greater community. Social isolation is linked to an increased risk of death from all causes. In 2004, nearly 25% of adults in the United States said that they had zero people in their network with whom they could discuss important matters (up from 10% in 1985). According to the National Institute of Mental Health, in 2019, 51.5 million (one in five) American adults were living with a mental illness. This number is expected to increase as COVID-19 has negatively impacted mental health and has increased anxiety-related disorders.

While North Carolina is near the national average in factors for social isolation, residents report below average rates of frequent connection with family and friends (40%) and meaningful connection with neighbors (44%). North Carolina's rates of centers for community engagement (i.e., recreation centers, community centers, senior centers) is lower than the national average as is access to internet (79%), potentially reducing the ability for residents to maintain meaningful connection with increased physical distancing resulting from COVID-19.

III. SCOPE OF SERVICES

Input

Funding is open to North Carolina-based private, non-profit organizations, and public or local governmental agencies.

The project period is January 1, 2022, through December 31, 2022. The CCCPH Branch will offer \$250,500 in total funding through contracts with up to 3 organizations. Funded organizations will have one year to implement activities for this initiative. One to three contracts may be awarded.

The budget period:

- January 1, 2022 – December 31, 2022 (The total funding for this initiative is \$250,500).
- Funded organizations must submit a BRIC Community Action Plan using the template located [here](#) and attend both the National and CCCPH's Annual BRIC Partner Meetings.

Applicants must specify the county or counties in which they will work. Work within all counties is acceptable, however preference may be given to priority counties as identified by Leavitt Partners (see Appendix A).

Output

The applicant must propose work in at least two of the following three strategies:

1. Improve equitable access to healthy foods through implementing nutrition standards at food banks, pantries, and other key food distribution anchor institutions, including new efforts, partnerships, and/or adaptations to implementation as a result of COVID-19.
2. Enhance equitable access to safe places for physical activity and essential travel.
3. Promote opportunities to connect older adults who are socially isolated due to COVID-19 through plan development and community engagement.

Applicants must use county profiles developed by CCCPH (posted at communityclinicalconnections.com/data/ and data provided by Leavitt Partners (see Appendix A) to identify priority populations for their applications and BRIC Community Action Plans. Applicants must also demonstrate the incorporation of health equity planning principals in their BRIC application using a framework, such as the following:

cdc.gov/NCCDPHP/dch/pdf/health-equity-guide/Practitioners-Guide-section1.pdf

Deliverables to be completed by the December 31, 2022

1. Increase strategy-specific partnerships to include:
 - a) Individuals/organizations representing community stakeholders
 - b) Community members from priority populations
 - c) Individuals/organizations who are working to impact the social determinants of health
2. Participate in strategy-specific webinars assigned by CCCPH.
3. Collect additional information/conduct assessments and submit revised BRIC Community Action Plans by January 31, 2022.
 - a) Engage priority populations in assessing and prioritizing community needs.
4. Attend the National BRIC Partner Meeting by January 2022.
5. Attend the CCCPH's Annual BRIC Partner Meeting by February 15, 2022.
6. Develop and submit a final BRIC Community Action Plan template and budget by March 11, 2022.
7. Recruit community settings for strategy implementation.
8. Submit a monthly status report by the last day of each month.

9. Complete annual report by December 31, 2022.
10. Disseminate culturally and linguistically appropriate materials created or approved by NACDD.
11. Develop and submit at least one success story by December 31, 2022.

Outcome

The outcome of this RFA is to support local level implementation of nutrition, physical activity social connectedness interventions in at least two of the following strategy areas. Within each strategy area, at least 2 outcomes must be addressed:

I. Nutrition Security: Improve equitable access to healthy foods through implementing nutrition standards at food banks, pantries, and other key food distribution anchor institutions, including new efforts, partnerships, and/or adaptations to implementation as a result of COVID-19.

Outcomes

- a. Collaborate with food council/coalition/task force on equitable nutrition security for food banks, pantries, and/or feeding sites during COVID-19.
- b. Efforts to increase number of food banks, pantries, or feeding sites in each community selected to adopt nutrition standards due to increase in demand during the COVID-19 pandemic.
- c. Efforts to support the increase in the number of people in communities who receive healthier foods distributed by food pantries, food banks, or other feeding sites, taking into effect how demand has changed during COVID-19.
- d. Efforts to increase number of places providing increased financial access to healthier foods.

II. Physical Activity Access: Enhance equitable access to safe places for physical activity and essential travel through plan development and community engagement.

Outcomes

- a. Collaborate with task forces/coalitions that support safe, equitable physical activity during COVID-19.
- b. Progress to support at least one community improvement plan that includes the potential assessment of local community design as it relates to improving safe and equitable access to physical activity (including number of federal, state, or local partners formally engaged) as well as how local demand had changed during COVID-19.
- c. Efforts to support at least two verified changes in the characteristics of each selected community that demonstrate walkability or increased safety for those most at risk for COVID-19 illness and death, taking into effect how local demand has changed during COVID-19.
- d. Efforts to support at least two alternative commuting facilities, programs or services created or enhanced that support equitable access that can be used by the priority population in each community to safely travel to essential services, including jobs, medical appointments, grocery stores or food pantries, taking into effect how local demand has changed during COVID-19.

III. Social Connectedness: Promote opportunities to connect older adults who are socially isolated due to COVID-19 through plan development and community engagement.

Outcomes

- a. Collaborate with task forces/coalitions that support equitable social connectedness during COVID-19.

- b. Efforts to implement new or improved community strategies that emphasize and integrate feasible and innovative social connectedness efforts for older adults at higher risk for severe illness from COVID-19; incorporation of existing networks of community health workers should be encouraged.
- c. Efforts to implement at least two new or improved equitable programs for older adults living in high burden communities that offer on-line and in-person educational, social, creative, and physical activities that encourage personal interactions, regular attendance, and community involvement working in collaboration with existing programs (e.g., mental health or Arthritis Programs, AARP, or other).
- d. Efforts to implement at least two new or improved equitable Intergenerational Mentoring Programs in the community to foster healthy, ongoing, supportive relationships between older adults and youth.

Service Quality

Services must be culturally and linguistically sensitive; strengths based; and demonstrate community engagement. Awardees must submit all documents, reports, assessments, and evaluations by the dates outlined in the Output section above. Awardees must have all required staff and partners attend required meetings, phone conferences and site visits

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection

All qualified applications will be evaluated and award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by October 15, 2021.

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: 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.

V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

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

1. Announcement of the Request for Applications (RFA)

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on August 16, 2021:

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

2. Distribution of the RFA

The Building Resilient Inclusive Communities RFA will be posted on the Program's website (communityclinicalconnections.com) and may be sent via email to interested agencies and organizations beginning August 16, 2021.

3. Question & Answer Period

Notice of Written questions concerning the specifications in this Request for Applications will be received by email at cindy.stevenson@dhhs.nc.gov by 5:00 pm on September 9, 2021. As an addendum to this RFA, a summary of all questions and answers will be placed on the website (communityclinicalconnections.com) by September 15, 2021.

4. Notice of Intent

Any agency that plans to submit an application shall submit a Notice of Intent no later than 5:00 pm on August 31, 2021, to Cindy Stevenson, cindy.stevenson@dhhs.nc.gov

Please include the following information in the Notice of Intent:

- The legal name of the agency.
- The name, title, phone number, mailing address, and email address of the person who will coordinate the application submission.
- County or counties in which the applicant proposes to work.

The Notice of Intent is non-binding.

5. Applications

Applicants shall email an electronic copy of the signed application and all attachments to Cindy.Stevenson@dhhs.nc.gov by 5:00 pm on Monday, September 27, 2021, in MS Word, Excel or PDF format. The electronic application must contain signed documents. Faxed applications will not be accepted.

6. Original Application

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

7. Format

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

8. Space Allowance

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

9. Application Deadline

All applications must be received by the date and time on the cover sheet of this RFA. Faxed applications **will not** be accepted. Signed applications are required.

10. Receipt of Applications

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

11. Review of Applications

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the subject matter. Staff from applicant agencies may not participate as reviewers.

Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The 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.

12. Request for Additional Information

At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

13. Audit

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

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used.

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

State agencies in the entity's fiscal year:

Level 1: Less than \$25,000

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

Level 3: \$500,000 or more

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

14. Assurances

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

15. Additional Documentation to Include with Application

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

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

In addition, those private non-profit agencies are to provide a completed 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*.)

16. Federal Certifications

Agencies or organizations receiving Federal funds would be required to execute Federal Certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco Smoke, Debarment, Lobbying, and Lobbying Activities. A copy of the Federal Certifications is included in this RFA for your reference (see Appendix B). Federal Certifications **should NOT be signed or returned with application.**

17. System for Award Management Database (SAM)

All grantees receiving federal funds must be actively registered in the federal government's System for Award Management (SAM) database or be willing to complete the registration process in conjunction with the award (sam.gov) to maintain an active SAM record, the record must be updated no less than annually.

18. Additional Documentation Prior to Contract Execution

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

- a. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign contracts (A reference version appears in Appendix B)
- b. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign expenditure reports (A reference version appears in Appendix B).
- c. Documentation of the agency's DUNS number. Documentation consists of a copy of communication (such as a letter or email correspondence) from Dun & Bradstreet (D&B)

which indicates the agency or organization's legal name, address, and DUNS number. In lieu of a document from D&B, a copy of the agency or organization's SAM record is acceptable.

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

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

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

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 B). **Contractor Certifications should NOT be signed or returned with application.**

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

19. Registration with Secretary of State

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

20. Federal Funding Accountability and Transparency Act (FFATA)

Data Reporting Requirement

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

21. 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.

22. 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.

23. Application Process Summary Dates

- 8/16/2021: Request for Applications released to eligible applicants
- 8/31/2021: Notice of Intent due
- 9/9/2021: End of Q&A period. All questions due in writing by 5:00 pm
- 9/15/2021: Answers to Questions released to all applicants, as an addendum to the RFA will be posted by September 15, 2021 at communityclinicalconnections.com
- 9/27/2021: Applications due by 5:00 pm
- 10/15/2021: Successful applicants will be notified
- 1/1/2022: Contract proposed start date

VI. PROJECT BUDGET

Budget and Justification

Applicants must submit a budget for the funding period of January 1, 2022 through December 31, 2022 not to exceed \$250,500. Please include the names of any partners if you have already identified them and plan to subcontract with them.

Applicants must use the sample budget template provided [here](#). 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).

Narrative Justification for Expenses

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

Eligible Expenses

1. Staff salaries and fringe benefits
2. Indirect cost. Please see page 19 for additional information on indirect costs
3. In-state travel not to exceed the state rate. This may include mileage, parking, per diem and lodging
4. Office supplies
5. Computers for staff working on the project
6. Office rent and telephone for staff working on this project

Ineligible Expenses

1. Out-of-state travel
2. Incentives
3. Gift cards
4. Construction (e.g., lumber, concrete, capital improvements)
5. Cash incentives
6. Food (this does not include per diem when traveling)
7. Equipment
8. Furniture
9. Breastfeeding pods

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 .56 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 OSBM’s North Carolina Budget Manual or adopted by means of an OSBM Budget Memo. These documents are located [here](#).

Current Rates for Travel and Lodging

Meals	In State
Breakfast	\$13.00
Lunch	\$14.00
Dinner	\$23.00
<i>Total Meals Per Diem Per Day</i>	\$50.00
Lodging (<i>Maximum rate per person, excludes taxes and fees</i>)	\$96.00
Total Travel Allowance Per Day	\$146
Mileage	\$0.56 per mile

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.

This RFA is funded by: National Association of Chronic Disease Directors (NACDD) in Collaboration with Center for Disease Control and Prevention.

Federal Building Resilient Inclusive Communities Grant (with no Indirect Cost/Administrative Restrictions)

Indirect cost is allowed on the portion of the sub-award funded by the Building Resilient Inclusive Communities grant.

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.

VII. EVALUATION CRITERIA

SCORING OF APPLICATIONS

Applications shall be scored based on the responses to the four application content areas (i.e., strategies, strengths and needs, capacity, and health equity). 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. Strategies:**
Weight = 4.5, Total maximum points = 18
- 2. Strengths and Needs:**
Weight = 4.5, Total maximum points = 18
- 3. Capacity:**
Weight = 4.5, Total maximum points = 18
- 4. Health Equity:**
Weight = 4.5, Total maximum points = 18
- 5. Budget and Budget Justification:**
Weight = 2.5, Total maximum points = 10
- 6. Letters of Commitment and Support:**
Weight = 4.5, Total maximum points = 18

Each of the content areas will be scored according to the numerical values stated above. The scoring process will pay particular attention to applications' effectiveness in addressing the priority populations, COVID-19 adaptations, and expected outcomes associated with each strategy the applicant has selected. This information is outlined in Appendix A – BRIC Strategy Resource Documents.

VIII. APPLICATION

Application Checklist

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

1. ___ **Cover Letter**
2. ___ **Application Face Sheet**
3. ___ **Applicant's Response/Form**
Include a completed BRIC Community Action Plan using the template located [here](#).
Must be submitted as a .doc, .docx, or .pdf file.
4. ___ **Project Budget**
Include a budget in the format provided [here](#).
Must be submitted as a .xls or .xlsx file
5. ___ **Indirect Cost Rate Approval Letter** (if applicable)
6. ___ **Letters of Commitment or Statements of Support**

IRS Documentation:

7. ___ **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
8. ___ **Verification of 501(c)(3) Status Form** (private non-profits)

1. Cover Letter

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

Include in the cover letter:

- the legal name of the Applicant agency
- the RFA number
- the Applicant agency's federal tax identification number
- the Applicant agency's DUNS number
- the closing date for applications.

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with *Building Resilient Inclusive Communities*, 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-391](#) are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator: Name: Title:	Telephone Number: Fax Number: Email Address
7. Agency Status (check all that apply): <input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	9. Agency DUNS Number:
10. Agency’s URL (website):	
11. Agency’s Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Amount of Funding Requested	
15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #14) Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Signature of Authorized Representative:	17. Date

3. Applicant's Response

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 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 implementation of the BRIC strategies selected. Considerations for COVID-19 adaptations should interwoven within each strategy/section.

Section I – Strategy(ies) (1-page maximum for each strategy selected); 18 points

The applicant must submit a completed BRIC Community Action Plan using the template located [here](#). In the action plan, identify which strategies you will be addressing. At minimum at least two strategies – and at least two outcomes per strategy – are required. Describe the evidence-based activities you will implement to increase the expected outcomes associated with each strategy you selected. All outcomes should be contributing towards policy, systems, and/or environmental changes. COVID-19 adaptations should be outlined. See Appendix A – BRIC Strategy document for further details on strategies, including priority populations, expected outcomes, additional resources, and the health equity approach.

1) **Nutrition Security: Improve equitable access to healthy foods through implementing nutrition standards at food banks, pantries, and other key food distribution anchor institutions, including new efforts, partnerships, and/or adaptations to implementation as a result of COVID-19.**

Outcomes

- a. Collaborate with food council/coalition/task force on equitable nutrition security for food banks, pantries, and/or feeding sites during COVID-19.
- b. Efforts to increase number of food banks, pantries, or feeding sites in each community selected to adopt nutrition standards due to increase in demand during the COVID-19 pandemic.
- c. Efforts to support the increase in the number of people in communities who receive healthier foods distributed by food pantries, food banks, or other feeding sites, taking into effect how demand has changed during COVID-19.
- d. Efforts to increase number of places providing increased financial access to healthier foods.

2) **Physical Activity Access: Enhance equitable access to safe places for physical activity and essential travel through plan development and community engagement.**

Outcomes

- a. Collaborate with task forces/coalitions that support safe, equitable physical activity during COVID-19.
- b. Progress to support at least one community improvement plan that includes the potential assessment of local community design as it relates to improving safe and equitable access to physical activity (including number of federal, state, or local partners formally engaged) as well as how local demand had changed during COVID-19.
- c. Efforts to support at least two verified changes in the characteristics of each selected community that demonstrate walkability or increased safety for those most at risk for COVID-19 illness and death, taking into effect how local demand has changed during

COVID-19.

- d. Efforts to support at least two alternative commuting facilities, programs or services created or enhanced that support equitable access that can be used by the priority population in each community to safely travel to essential services, including jobs, medical appointments, grocery stores or food pantries, taking into effect how local demand has changed during COVID-19.

3) Social Connectedness: Promote opportunities to connect older adults who are socially isolated due to COVID-19 through plan development and community engagement.

Outcomes

- a. Collaborate with task forces/coalitions that support equitable social connectedness during COVID-19.
- b. Efforts to implement new or improved community strategies that emphasize and integrate feasible and innovative social connectedness efforts for older adults at higher risk for severe illness from COVID-19; incorporation of existing networks of community health workers should be encouraged.
- c. Efforts to implement at least two new or improved equitable programs for older adults living in high burden communities that offer on-line and in-person educational, social, creative, and physical activities that encourage personal interactions, regular attendance, and community involvement working in collaboration with existing programs (e.g., mental health or Arthritis Programs, AARP, or other).
- d. Efforts to implement at least two new or improved equitable Intergenerational Mentoring Programs in the community to foster healthy, ongoing, supportive relationships between older adults and youth.

Section II – Strengths and Needs (2 pages maximum); 18 points

1. Describe the county(ies) or area(s) you will be serving.
2. Describe issues (e.g., health disparities, gaps in services or access, concerns expressed by the community or identified during COVID-19) in this county/area that will be addressed by the strategy(ies) you have chosen and your proposed implementation of those strategies, and how the issues were identified.
3. Describe community assets (e.g., partnerships, community groups, plans, volunteers, funding, ongoing initiatives) that will be leveraged to support implementation of the strategies you selected. Provide evidence that your organization has the capacity to implement the strategy(ies) you have chosen.

Section III – Description of Organization/Organizational Capacity (3 pages maximum); 18 points

1. Provide evidence that your organization has the capacity to implement the strategy(ies) you have chosen.
2. Describe your experience collecting, reporting and/or analyzing data to evaluate activities like the ones you are proposing in this application. **Expected outcomes for each strategy are listed in the BRIC Strategy Document (see Appendix A).**
3. Describe the individuals, agencies and/or organizations that you will partner with to implement the strategy(ies) you have selected and their role in your proposed implementation. You must include a Letter of Commitment from each partner described (see Section 6). **Key partners for each strategy are listed in the BRIC Strategy Document (see Appendix A).**

4. Describe plans to engage other key individuals, agencies, and organizations with your activities, and how those entities will fill roles not filled by the partners you listed in Section III.3 above.

Section IV – Health Equity – (2 pages maximum); 18 points

1. Describe how you have and/or how you will engage the community (including members of the priority populations for each selected strategy) to assess (e.g., identify assets, needs, interests, readiness), planning, decision-making, and leading implementation the strategy(ies) you have selected.
2. Describe work that is occurring in your selected county/area to impact determinants of health (i.e., conditions in the environments in which people are born, live, learn, work, play, and worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks) and how this work will support/increase the impact of your activities to implement the strategy(ies) you selected.

4. Project Budget

Applicants must complete a budget and budget justification narrative using the Excel spreadsheet located [here](#). **10 points**

Eligible Expenses

- Staff salaries and fringe benefits
- Indirect cost. Please see page 19 for additional information on indirect costs
- In-state travel not to exceed the state rate. This may include mileage, parking, per diem and lodging
- Office supplies
- Supplies to implement strategies as approved by the CCCPH Fiscal Manager
- Computers for staff working on the project
- Office rent and telephone for staff working on this project

Ineligible Expenses

- Out-of-state travel
- Incentives
- Gift cards
- Construction (e.g., lumber, concrete)
- Cash incentives
- Food (this does not include per diem when traveling)
- Equipment
- Furniture
- Breastfeeding pods

5. Indirect Cost Rate Approval Letter

Applicants that have an approved Federal Negotiated Indirect Cost Rate (FNICR) and that are including indirect cost in their budget must include a copy of the FNICR with their application.

6. Letters of Commitment

Letters of commitment should be included from any agency or community organization integral to the success or implementation of the proposed activities. Examples of such agencies include those that will provide outreach services, financial support, meeting space, transportation, access to participants or comparison group members, or services to participants beyond the scope of the applicant agency.

18 points

7. 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.

8. 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: BRIC Physical Activity, Nutrition and Social Connectedness Strategy Resource Documents

Strategy #1 – Nutrition Security

The Community and Clinical Connections for Prevention and Health Branch (CCCPH) will collaborate with state and local partners to implement Nutrition Security strategies in community settings to improve equitable access to healthy foods through implementing nutrition standards at food banks, pantries, and other key food distribution anchor institutions, including new efforts, partnerships, and/or adaptations to implementation as a result of COVID-19.

Priority Population:

Populations at greatest risk of COVID-19 (i.e., African Americans, Hispanics, Native Americans, aging adults, and people with disabilities).

Outcomes:

- ☐ Collaborate with food council/coalition/task force on equitable nutrition security for food banks, pantries, and/or feeding sites during COVID-19.
- ☐ Efforts to increase number of food banks, pantries, or feeding sites in each community selected to adopt nutrition standards due to increase in demand during the COVID-19 pandemic.
- ☐ Efforts to support the increase in the number of people in communities who receive healthier foods distributed by food pantries, food banks, or other feeding sites, taking into effect how demand has changed during COVID-19.
- ☐ Efforts to increase number of places providing increased financial access to healthier foods.

Strategy #2 – Physical Activity

The Community and Clinical Connections for Prevention and Health Branch (CCCPH) will collaborate with state and local partners to enhance equitable access to safe places for physical activity and essential travel through plan development and community engagement.

Priority Population:

Populations at greatest risk of COVID-19 (i.e., African Americans, Hispanics, Native Americans, aging adults, and people with disabilities).

Outcomes:

- ☐ Collaborate with task forces/coalitions that support safe, equitable physical activity during COVID-19.
- ☐ Progress to support at least one community improvement plan that includes the potential assessment of local community design as it relates to improving safe and equitable access to physical activity (including number of federal, state, or local partners formally engaged) as well as how local demand had changed during COVID-19.
- ☐ Efforts to support at least two verified changes in the characteristics of each selected community that demonstrate walkability or increased safety for those most at risk for COVID-19 illness and death, taking into effect how local demand has changed during COVID-19.
- ☐ Efforts to support at least two alternative commuting facilities, programs or services created or enhanced that support equitable access that can be used by the priority population in each community to safely travel to essential services, including jobs, medical appointments, grocery stores or food pantries, taking into effect how local demand has changed during COVID-19.

Strategy #3 – Social Connectedness

The Community and Clinical Connections for Prevention and Health Branch (CCCPH) will collaborate with state and local partners to promote opportunities to connect older adults who are socially isolated due to COVID-19 through the development of local plans that support the creation and/or enhancement of systems and/or partnerships that promote social connections and community engagement.

Priority Population:

Populations at greatest risk of COVID-19 (i.e., African Americans, Hispanics, Native Americans, aging adults, and people with disabilities).

Outcomes:

- ☐ Collaborate with task forces/coalitions that support equitable social connectedness during COVID-19.
- ☐ Efforts to implement new or improved community strategies that emphasize and integrate feasible and innovative social connectedness efforts for older adults at higher risk for severe illness from COVID-19; incorporation of existing networks of community health workers should be encouraged.
- ☐ Efforts to implement at least two new or improved equitable programs for older adults living in high burden communities that offer on-line and in-person educational, social, creative, and physical activities that encourage personal interactions, regular attendance, and community involvement working in collaboration with existing programs (e.g., mental health or Arthritis Programs, AARP, or other).
- ☐ Efforts to implement at least two new or improved equitable Intergenerational Mentoring Programs in the community to foster healthy, ongoing, supportive relationships between older adults and youth.



NUTRITION SECURITY RESOURCES

(updated 6/21/2021)

***For most recent version, see link: <https://chronicdisease.org/bric-states/resources/>*

Nutrition Guidelines for Food Banks

Evidence Supporting Nutrition Ranking in the Charitable Food System. This handout illustrates how the availability of healthy food increases significantly at every level of the charitable food system (food bank, pantry, and client) when nutrition ranking with SWAP ranking system is used. https://chronicdisease.org/wp-content/uploads/2021/05/SWAP_Handout-Nutrition-Ranking.pdf

- **SWAP Ranking System**
http://site.foodshare.org/site/PageServer?pagename=2017_programs_swap

Nutrition in Food Banking Toolkit. New from Feeding America, developed by Feeding America's Nutritious Food Revisioning Task Force. The toolkit contains three sections that can serve as standalone resources:

1. Healthy Eating Research (HER) Nutrition Guidelines for the Charitable Food System
2. Applying an Intercultural Competence Lens
3. Role of Food Bank Nutrition Policies: A Guide to Action

https://hungerandhealth.feedingamerica.org/resource/nutrition-in-food-banking-toolkit/?_ga=2.208374610.1989459420.1617651369-123200172.1617284495

Nutrition Guidelines for the Charitable Food System (from Healthy Eating Research).

https://healthyeatingresearch.org/wp-content/uploads/2020/02/her-food-bank_FINAL.pdf

- One page overview: https://healthyeatingresearch.org/wp-content/uploads/2020/03/Nutrition-Guideline-Expert-Panel_one-pager2.pdf

Food Pantry Assessment Tools

Food Pantry Environment Assessment Tools – two examples of pantry level assessment tools to consider using once relationships and partnerships have been developed.

- Healthy Food Pantry Assessment Toolkit – developed by Washington State University that measures food pantry environment best practices, observational survey tool
<https://extension.wsu.edu/pierce/nutrition/healthy-food-pantry-assessment-toolkit/>
- The Nutrition Environment Food Pantry Assessment Tool (NEFPAT) developed by the University of Illinois to assess PSE changes within food pantries to ensure the healthy choice is the easy choice while promoting dignity and inclusion.
<https://uofi.app.box.com/s/xyybruwbnschwzm9h4wptlbg4kft4qb2p>

COVID-19 Impact on Food Pantries

Food Box 2.0 Shines Light on TEFAP (Article in Food Bank News). NEW Farmers to Families Food Box Program – produce boxes will now be distributed through USDA’s Emergency Food Assistance Program (TEFAP). <https://foodbanknews.org/food-box-2-0-shines-light-on-tefap/>

Food Bank News – a great publication for many topics including COVID-19 responses/pivots. Read other articles of stories from around the country and sign-up for regular news. <https://foodbanknews.org/category/covid-19/>

CDC compiled **Considerations for Pantries and Food Distribution Sites during COVID-19** <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/food-pantries.html#:~:text=Considerations%20for%20Food%20Pantries%20and%20Food%20Distribution%20Sites,had%20close%20contact%20with%20someone%20with%20COVID-19.>

Food Systems Friday – *Food Insecurity and the Charitable Food System: Lessons Learned During COVID-19* with Katie Martin, Ph.D., Executive Director of the Institute for Hunger Research & Solutions at Connecticut Food Bank-Foodshare. Episode 24 Webinar Recording and Chat: https://prescottcollege.zoom.us/rec/play/fJL9665sSEtLTUIQ8T-F0V3gETe5j3zkHVz5j3W2WN_SV9BIPFxBBC6z2A_9EsJospLSzHYP-paBcm69.cbNu-11UvIJwzJe?startTime=1619204459000

Coordinated Food Assistance Network – example in Connecticut. Task force members pivoted to address COVID-19 shutdowns and address emergency food needs. <https://www.carenhv.org/cfan/>

Food Service Guidelines

Food Service Guidelines Collaborative Webinar, December 2020. **Resetting the Foodservice Experience: Challenges & Opportunities in COVID-19** https://zoom.us/rec/play/eXS2KdswP8OfH_zEWO_Ryi46UthHKu1yvNq-Jb3SknxIEAsJYlgJFUw4nljosH7x3HHHPSqB_0iwcUwV.nbNhO3TEU7rdIOQp

Food Service Guidelines Collaborative Webinar, January 2021. **Resetting the Foodservice Experience: Creating Food Pantries in Foodservice Settings** <https://drivecommonality.us19.list-manage.com/track/click?u=9b7d150631f1ff080d86b0119&id=af8d7d55e6&e=230748066b>

Food Service Guidelines from Association of State Public Health Nutritionists. Summary of food service guidelines developed by states including food pantries. <https://asphn.org/food-service-guidelines/>

Choice Pantries (Choice pantries, which are set up like a grocery store, are the best practice for pantries but during COVID-19 may be difficult to implement depending on COVID-19 spread in the community.)

SWAP Supporting Wellness at Pantries link includes a toolkit, background information <https://www.ittakesmorethanfood.org/getting-started-with-healthy-client-choice>

- **One pager about SWAP, background and alignment with new HER nutrition ranking at food banks** https://hungerandhealth.feedingamerica.org/wp-content/uploads/2018/05/SWAP-Info-1-pager_HER.pdf
- **Foodshare's SWAP Toolkit** <https://indd.adobe.com/view/0be29257-c5f3-441e-b144-828b7ff00cf9>

Supershelf – transforming food pantries/food banks into grocery store look/feel/experience in Minnesota. One example of Client Choice Pantry. <https://www.supershelfmn.org/>

Converting to a Healthy Client Choice Pantry – collection of resources and models <https://www.ittakesmorethanfood.org/getting-started-with-healthy-client-choice>

Healthy Food Donations

Donating Healthy Foods to Pantries List <https://www.hungerfreecolorado.org/wp-content/uploads/2012/08/Donating-Healthy-Foods-to-Pantries-2013.pdf>

Feeding America - Healthy Food Donation List
<https://hungerandhealth.feedingamerica.org/resource/feeding-americas-healthy-food-donation-list/>

How food banks get their food
<https://www.feedingamerica.org/hunger-blog/how-food-banks-and-food-pantries-get-their-food#:~:text=How%20food%20banks%20and%20food%20pantries%20get%20their,3%20Food%20banks%20receive%20food%20from%20federal%20programs>

Food Bank Policy

Nutrition Policy Institute - **Nutrition Policy at Food Banks** – online course
<https://canvas.instructure.com/courses/1735518>

USDA Foods

USDA Foods Available List for The Commodity Supplemental Food Program (CSFP)
https://fns-prod.azureedge.net/sites/default/files/resource-files/CSFP_Foods_Available_List-2021.pdf

USDA Foods Expected to be Available
<https://www.fns.usda.gov/usda-foods/usda-foods-expected-be-available>



SAFE PHYSICAL ACTIVITY ACCESS RESOURCES

(updated 6/21/2021)

***For most recent version, see link: <https://chronicdisease.org/bric-states/resources/>*

General Resources

2021 ParkScore Index is a tool from the Trust for Public Land. This tool compares park systems across the 100 most populated cities in the United States. Published annually, the index measures park systems according to five categories: access, investment, amenities, acreage, and—new for 2021—equity.

https://www.tpl.org/parkscore?utm_source=digital&utm_medium=email&utm_campaign=parkscore_2021

American Trails webinar recording on *Effective Programs to Improve Access to and Use of Trails for Youth from Under-Resourced Communities*.

<https://www.americantrails.org/training/effective-programs-to-improve-access-to-and-use-of-trails-for-youth-from-under-resourced-communities>

The State Bicycle and Pedestrian Coordinator can be a valuable contact. For a listing of state contacts visit the US Department of Transportation, Federal Highway Administration page.

https://www.fhwa.dot.gov/environment/bicycle_pedestrian/state_contacts.cfm

The Community Guide, Increasing Physical Activity: Built Environment Approaches.

<https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches>

- One Page Summary Fact sheets:

<https://www.thecommunityguide.org/sites/default/files/assets/OnePager-Physical-Activity-built-environment.pdf>

Active People, Healthy Nation website

<https://www.cdc.gov/physicalactivity/activepeoplehealthynation/index.html>

CDC's Division of Nutrition, Physical Activity, and Obesity's (DNPAO) SPAN Implementation Guide <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/pdf/SPAN-Implementation-Guide-508.pdf>

Complete Streets

What are Complete Streets? <https://smartgrowthamerica.org/program/national-complete-streets-coalition/publications/what-are-complete-streets/>

National Complete Streets Coalition <https://smartgrowthamerica.org/program/national-complete-streets-coalition/>

Safe Routes

Safe Routes to Parks

<https://www.saferoutespartnership.org/healthy-communities/saferoutestoparks>

Comprehensive Community Health Plans

How to Create & Implement Healthy General Plans

<https://www.changelabsolutions.org/product/how-create-implement-healthy-general-plans>

Crime Prevention through Environmental Design

CPTED Learning Portal <https://www.cpted.net/Learning-Portal>

Zoning

Components of Local Land Development and Related Zoning Policies Associated with Increased Walking: A Primer for Public Health Practitioners (UIC)

https://www.ihrp.uic.edu/files/Zoning_primer_508v4_Apr2.pdf

Equitable Development Toolkit: Inclusionary Zoning

<https://www.policylink.org/sites/default/files/inclusionary-zoning.pdf>

Licensing and Zoning: Tools for Public Health

<https://www.changelabsolutions.org/product/licensing-zoning>

Rural Development Policy Toolkit: Providing Well-Placed Housing in Rural Communities

https://smartgrowthamerica.org/wp-content/uploads/2017/04/rural-toolkit_affordable-housing.pdf

New PBIC Resource: Local Actions to Support Walking and Cycling During Social Distancing Dataset | California Active Transportation Safety Information Pages (CATSIP)

<https://catsip.berkeley.edu/news/new-pbic-resource-local-actions-support-walking-and-cycling-during-social-distancing-dataset>

HEALTH EQUITY AND PLANNING & TRANSPORTATION

12 Strategies for Centering and Prioritizing Health Equity in Transportation (Charles Brown)

https://www.nxtbook.com/ygsreprints/ITE/ITE_February2020/index.php?startid=43#/p/42

Long-Range Planning for Health, Equity & Prosperity- A Primer for Local Governments

https://www.changelabsolutions.org/sites/default/files/2020-01/CLS-BG217-Long_Range_Planning_Primer_FINAL_20200115.pdf

Charles Brown's Grad Students Work on leveraging anchor institutions, specifically planning programs to help underserved communities

<https://rutgers.app.box.com/s/ctecx60cl9potfu49a09z7j3qilf1gg0>

Moving Beyond the Aesthetics and Pageantry of Equity and Inclusion in Transportation

<https://forecast-public-art.foleon.com/forward/issue-2-transportation/charles-t-brown-mpa-cpd-lci/>

Pandemic Toolkit: Manual for Rebuilding Community Health and Opportunity Post COVID-19

<https://spark.adobe.com/page/a66lYPnBiZ8zs/>

Equitable Processes Lead to More Equitable Outcomes

<https://healthyplacesbydesign.org/equitable-processes-lead-to-more-equitable-outcomes/>

The Toolkit for Health, Arts, Parks and Equity (from The Trust for Public Land)

<https://www.tpl.org/the-toolkit-for-health-arts-parks-and-equity>

COMMUNITY PROCESS/ENGAGEMENT/ASSESSMENT

ChangeLab Solutions: The Planner's Playbook - A community-centered approach to improving health & equity

<https://www.changelabsolutions.org/product/planners-playbook>

Community Engagement Almanac: The Community Engagement Guide to Sustainable Communities

file:C://Users/mgalic/Downloads/COMMUNITYENGAGEMENTGUIDE_LY_FINAL%281%29.pdf

National Association of Chronic Disease Directors – Statewide Walkability Action Institute

<https://chronicdisease.org/page/WAI/>

Virginia Walkability Action Institute

- Application-Overview: https://www.vml.org/wp-content/uploads/pdf/VWAI-Application-Overview_2021.pdf
- Virginia centered health equity and racial equity Video: <https://www.youtube.com/watch?v=XQnrwv1bBVM>

CDC: Active Communities Tool Guide and Assessment Modules

<https://www.cdc.gov/physicalactivity/community-strategies/active-communities-tool/index.html>

Smart Growth America: Model Policies Model policies for activity friendly routes to everyday destinations

<https://smartgrowthamerica.org/program/champions-corner/model-policies/>

Prevention Institute – Four Shifts to Heal Communities

https://preventioninstitute.org/sites/default/files/publications/Four-Shifts-to-Heal-Communities_Report_112020.pdf

City Lab Blog article: 9 Reasons to Eliminate Jaywalking Laws Now

<https://www.bloomberg.com/news/articles/2020-10-16/jaywalking-laws-don-t-make-streets-safer>

ChangeLab Solutions Blog article: 10 Local Laws That May Be Doing More Harm Than Good

<https://www.changelabsolutions.org/blog/10-harmful-local-laws>

Impact of COVID-19 on Food Insecurity and Health Status – Journal Articles, Reports and Webinars

Fleischhacker, S et al. Strengthening national nutrition research: rationale and options for a new coordinated federal research effort and authority. *Am J Clin Nutr* 2020;112:721–769.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7454258/pdf/nqaa179.pdf>

Leddy et al. A conceptual model for understanding the rapid COVID-19–related increase in food insecurity and its impact on health and healthcare, *Am J Clin Nutr* 2020;112:1162–1169

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7454255/pdf/nqaa226.pdf>

Feeding America, 2020. Food Insecurity and Poverty in the US - Feeding America: The Impact of Coronavirus on Food Insecurity UPDATE WITH 2021 report

https://www.feedingamerica.org/sites/default/files/2020-10/Brief_Local_Impact_10.2020_0.pdf

Webinar Recording: Institute for Hunger Research & Solutions – Key Drivers to Improve Food Security and Health Outcomes <https://www.youtube.com/watch?v=aB09Y-5qEHA>

- Webinar slides: <https://chronicdisease.org/wp-content/uploads/2021/06/June-2021-Health-Care-Partnerships.pdf>
- Evaluation of Partnership: <https://chronicdisease.org/wp-content/uploads/2021/06/Evaluation-Final-November-2019.pdf>
- Suitability for Partnership: https://chronicdisease.org/wp-content/uploads/2021/06/Suitability-Review-Final_September-2019.pdf
- Key Drivers to Improve Food Security and Health Outcomes: An Evidence Review of Food Bank – Health Care Partnerships and Related Interventions: https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fhungerandhealth.feedingamerica.org%2fresource%2ffood-bank-health-care-partnerships-evidence-review%2f&c=E,1,nOjwln2t_YQhe5JGhpSmwMEhvZo8eWpRuS5fO-FqaoKYpOUIYOypeMTV7f6-GyxboiuJIYICdHOOQm6TWA7_zzIvt02iM6NBjwhb62iLoC8PO_zzXo-q&typo=0



SOCIAL CONNECTEDNESS RESOURCES

(updated 5/31/2021)

***For most recent version, see link: <https://chronicdisease.org/bric-states/resources/>*

NEW RESOURCE

Healthy Places by Design: Socially Connected Communities Report

https://healthyplacesbydesign.org/wp-content/uploads/2021/03/Socially-Connected-Communities_Solutions-for-Social-Isolation.pdf

- Recommended Action Guides for Local Govt/Community Leaders and Philanthropic Leaders https://healthyplacesbydesign.org/wp-content/uploads/2021/03/Socially-Connected-Communities_Action-Guide-for-Local-Government-and-Community-Leaders.pdf?utm_source=Healthy+Places+by+Design+E-Newsletter&utm_campaign=c8c0c199ce-EMAIL_CAMPAIGN_2018_04_25_COPY_01&utm_medium=email&utm_term=0_0027e739ba-c8c0c199ce-104664105
- For more information: <https://healthyplacesbydesign.org/socially-connected-communities-solutions-for-social-isolation/>

Potential Partner Organizations (State and Local) – these are organizations that could serve as state and/or local partners. We will continue to add to this list.

Mental Health America (Search Mental Health Affiliate for your state contact)
<https://mhanational.org/>

American Health Care Association and National Center for Assisted Living (There is a state level organization as well)
www.ahcancal.org

National Alliance for Mental Illness (NAMI)– find your state NAMI Affiliate(s)
<https://www.nami.org/findsupport?>
www.nami.org

Administration of Community Living (Supports older adults and individuals with disabilities across a variety of services, divides the country into 10 regions)
<https://acl.gov/about-acl/regional-offices>
<https://acl.gov/>

National Association of Area Agencies on Aging
<https://www.n4a.org/>

CDC RESOURCES – these resources will help better understand some of the issues related to social connectedness and loneliness

How Right Now | <https://howrightnow.org/>

- Soon to be housed at CDC’s Division of Population Health, *How Right Now* is an initiative to address people's feelings of grief, loss, and worry during COVID-19 and links to support resources for individuals and families.

DPH’s Alzheimer’s Disease and Health Aging – Loneliness and Social Isolation
<https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>

CDC Mental Health and Coping – COVID-19-focused
<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>

DPH’s Tribal Practices for Wellness in Indian Country (TPWIC) – Cultural Connectedness
<https://www.cdc.gov/healthytribes/tribalpractices.htm>

CDC’s Injury Center – Connectedness for Suicide Prevention
<https://www.cdc.gov/violenceprevention/suicide/prevention.html>

Division of Adolescent and School Health (DASH) – Social Connectedness in schools
https://www.cdc.gov/healthyyouth/protective/school_connectedness.htm

Social Connectedness – Policy, Systems and Environmental (PSE) Change Approach

For BRIC, we are looking at policy changes and ways to connect systems community-wide that address social isolation within older adults such as joint training on social isolation within and across sectors working, strengthening linkages between public health system and community-based organizations, or adding a social connectedness component to your nutrition security or physical activity PSE. As with many issues, what we do know is that not one sector can solve the issues alone. We will continue to build information in this area for BRIC states.

Recent Publications and Reports on Social Connectedness (for ideas and approaches in your state)

From the **Coalition to End Social Isolation and Loneliness** – includes a collection of reports, toolkits and webinar recording on how various organizations (in the US and other countries) are addressing this issue.

<https://www.endsocialisolation.org/Resources>

The Health Care System is an Untapped Resource in Combating Social Isolation and Loneliness in Older Adults – emphasizes the importance of a community-wide and systems approach

<https://www.healthaffairs.org/doi/10.1377/hblog20200427.769539/full/>

Addressing Social Isolation and Loneliness Lessons from Around the World – These are the lessons learned that apply to BRIC:

- Identify a shared interest around which to bring older adults together, taking a community-wide approach
- Identify policy supports to sustain programs, e.g., including policies within State Plan on Aging
- Bolster existing community systems that serving older adults such as Meals on Wheels.

<https://www.commonwealthfund.org/blog/2021/addressing-social-isolation-and-loneliness-lessons-around-world>

Milken Institute’s report; Together Apart: Findings from the Social Isolation Impact Summit

This report presents the results of the Social Isolation Impact Summit held in July 2020 providing 12 take aways and examples of state plans on aging and other state strategies, closing with a Call to Action.

<https://milkeninstitute.org/sites/default/files/reports-pdf/Together-Apart-201202.pdf>

Effect of Layperson-Delivered, Empathy-Focused Program of Telephone Calls on Loneliness, Depression and Anxiety Among Adults During the COVID-19 Pandemic

RCT of 240 older adults receiving services through a Meals on Wheels organization also participated in a 4-week empathy-oriented telephone program delivered by rapidly trained lay callers during the coronavirus disease pandemic resulting in improved loneliness, depression, anxiety, and general mental health.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2776786>



HEALTH EQUITY RESOURCES AND PUBLICATIONS

(updated 6/21/2021)

***For most recent version, see link: <https://chronicdisease.org/bric-states/resources/>*

Recently Added

New Diversity and Equity Resources from the National Aging and Disability Transportation Center. The National Aging and Disability Transportation Center has compiled a resource hub with collection of articles, reports, webinars and more. <https://www.nadtc.org/nadtc-transportation-diversity-initiative/diversity-and-equity-resources/>

General Public Health and Racial Equity

Government Alliance on Race and Equity (GARE) has developed a number of resources to help local governments center health and racial equity, and potential relationship/partnership.

- **GARE** works with local and regional jurisdictions across the country. Look for members in your state. <https://www.racialequityalliance.org/where-we-work/jurisdictions/>
- **Racial Equity – Getting to Results.** <https://www.racialequityalliance.org/resources/racial-equity-getting-results/>
- **Racial Equity Toolkit: An Opportunity to Operationalize Equity.** https://racialequityalliance.org/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf
- **Racial Equity Action Plans: A How-to Manual** – a toolkit for local governments to develop their own Racial Equity Action Plan as both a process and outcome. <https://www.racialequityalliance.org/wp-content/uploads/2016/11/GARE-Racial-Equity-Action-Plans.pdf>

Equitable Processes Lead to More Equitable Outcomes. Blog from Phil Bors with Health Placed by Design emphasizing equitable process must address who is included and how they are engaged and for what purpose. Phil provides links to “Equity Advancing Resources”. *Note: All of the Resources mentioned in the blog article are on BRIC States webpage Resources Section.* <https://healthyplacesbydesign.org/equitable-processes-lead-to-more-equitable-outcomes/>

National Association of Chronic Disease Directors – Race Toward Health. NACDD’s Health Equity Council launch 'Race Toward Health' Podcast Launch, Webinars, and Peer to Peer Activities to Support National Minority Health Month. <https://chronicdisease.org/tag/race-toward-health/>

National Association of Chronic Disease Directors: *The Color of Law* presentation and panel discussion with Author Richard Rothstein, Dr. Susan Kansagra, Robyn Taylor, and Chip Allen.

- Recording: <https://vimeo.com/543348935>
- A great precursor to reading *The Color of Law* and watching the webinar recording is a short video **‘Segregated By Design’** which examines the forgotten history of how our federal, state, and local governments unconstitutionally segregated every major metropolitan area in America through law and policy. <https://www.segregatedbydesign.com/>

CDC’s Office of Minority Health, Health Equity Portal – Dedicated to racism and health.
<https://www.cdc.gov/healthequity/racism-disparities/index.html>

CDC Health Equity Resources including COVID-19 health equity resources.
<https://www.cdc.gov/healthequity/index.html>

Data and Health Equity

County Health Rankings – search county level data related to the health of communities.

- State reports: <https://www.countyhealthrankings.org/>
- Cities and counties have declared racism as a public health crisis:
<https://www.countyhealthrankings.org/racism-as-a-public-health-crisis-three-responses>

CARES - Center for Applied Research and Engagement Systems allows you to map 80+ health-related indicators for a community and generate a Community Health Needs Assessment Report.

- CARES HQ Map Room: <https://engagementnetwork.org/map-room/>
- CARES Spark Map: <https://sparkmap.org/report/>

Community Commons – a platform that community collaboratives and coalitions can access to map data and identify community resources and tools related to various topics including health equity.

<https://www.communitycommons.org/>

HEALTH EQUITY AND FOOD SYSTEMS

Racial Equity Tools for Planning Food Systems – University of Wisconsin developed a Food System Racial Equity Assessment Tool and facilitation guide.

<https://dpla.wisc.edu/wp-content/uploads/sites/1021/2017/06/Dundore-PP-Racial-Equity-Food-Planning.pdf>

HEALTH EQUITY IN PLANNING & TRANSPORTATION

Ensuring an Equitable Approach to Rebalancing Streets: 14 Strategies to Manage Change with Ethics, Equity, and Empathy. In response to COVID-19, communities rebalanced public space on streets and roadways to provide greater opportunities to walk, roll, and use transit, both to enable social distancing and to promote healthy, active travel. For planners, designers, and other transportation professionals. <https://tooledesign.com/wp-content/uploads/2021/02/Ensuring-an-Equitable-Approach-to-Rebalancing-Streets.pdf>

12 Strategies for Centering and Prioritizing Health Equity in Transportation. Charles Brown, Equitable Cities, provides guidance for meaningful discussion to move equity from a

buzzword to a process and outcome in planning and transportation.

https://www.nxtbook.com/ygsreprints/ITE/ITE_February2020/index.php?startid=43#/p/42

Pandemic Toolkit: Manual for Rebuilding Community Health and Opportunity Post COVID-19. Provides list of 20 rapid strategies (mostly policy, zoning in nature) in response to COVID-19 and beyond such as pop-up bike lanes, open complete streets, and implementing the U.S. National Association of City Transportation Officials (NACTO) Streets for Pandemic Response and Recovery. <https://spark.adobe.com/page/a66lYPnBiZ8zs/>

The Toolkit for Health, Arts, Parks and Equity. From The Trust for Public Land, in collaboration with NACHO (in response to coronavirus pandemic) to create this toolkit using place-based arts and culture to achieve health equity. Includes section on various case studies across the country along with guiding principles. Main audience is local county public health departments. <https://www.tpl.org/the-toolkit-for-health-arts-parks-and-equity>

Long-Range Planning for Health, Equity & Prosperity- A Primer for Local Governments. From ChangeLab Solutions, for planners at city and regional level, applies to urban and rural communities, to prioritize health and equity in their work. <https://www.changelabsolutions.org/product/long-range-planning-primer>

Charles Brown's Rutgers Grad Students Work – focuses on Complete Streets and Crime Prevention through Environmental Design
<https://rutgers.app.box.com/s/ctecx60cl9potfu49a09z7j3qilflgg0>

Moving Beyond the Aesthetics and Pageantry of Equity and Inclusion in Transportation. Charles Brown with Equitable Cities explores the intersection of artists and transportation and their “intentional collaboration” for community healing and “co-powering”. <https://forecast-public-art.foleon.com/forward/issue-2-transportation/featured-thought-leader-essay/overlay/fln-content-gate/>



ENGAGING COMMUNITIES - RESOURCES, PUBLICATIONS, WEBINARS

(updated 4/1/2021)

***For most recent version, see link: <https://chronicdisease.org/bric-states/resources/>*

ChangeLab Solutions: The Planner's Playbook

<https://www.changelabsolutions.org/product/planners-playbook>

Community Engagement Almanac: The Community Engagement Guide to Sustainable Communities <https://www.policylink.org/resources-tools/community-engagement-guide-for-sustainable-communities>

National Association of Chronic Disease Directors – Statewide Walkability Action Institute
<https://chronicdisease.org/page/WAI/>

Virginia Walkability Action Institute

- Application-Overview: https://www.vml.org/wp-content/uploads/pdf/VWAI-Application-Overview_2021.pdf
- Virginia centered health equity and racial equity Video: <https://www.youtube.com/watch?v=XQnrwv1bBVM>

CDC: Active Communities Tool Guide and Assessment Modules

<https://www.cdc.gov/physicalactivity/community-strategies/active-communities-tool/index.html>

Prevention Institute – Four Shifts to Heal Communities

https://preventioninstitute.org/sites/default/files/publications/Four-Shifts-to-Heal-Communities_Report_112020.pdf

Long-Range Planning for Health, Equity & Prosperity- A Primer for Local Governments

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Charles Brown's Grad Students Work – leveraging anchor institutions, specifically planning programs to help underserved communities

- Trenton Reconnected.mp4: <https://rutgers.app.box.com/s/ctecx60cl9potfu49a09z7j3qilflgg0>

Pandemic Toolkit: Manual for Rebuilding Community Health and Opportunity Post COVID-19
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<https://healthyplacesbydesign.org/equitable-processes-lead-to-more-equitable-outcomes/>

The Toolkit for Health, Arts, Parks and Equity (from The Trust for Public Land)
<https://www.tpl.org/the-toolkit-for-health-arts-parks-and-equity>

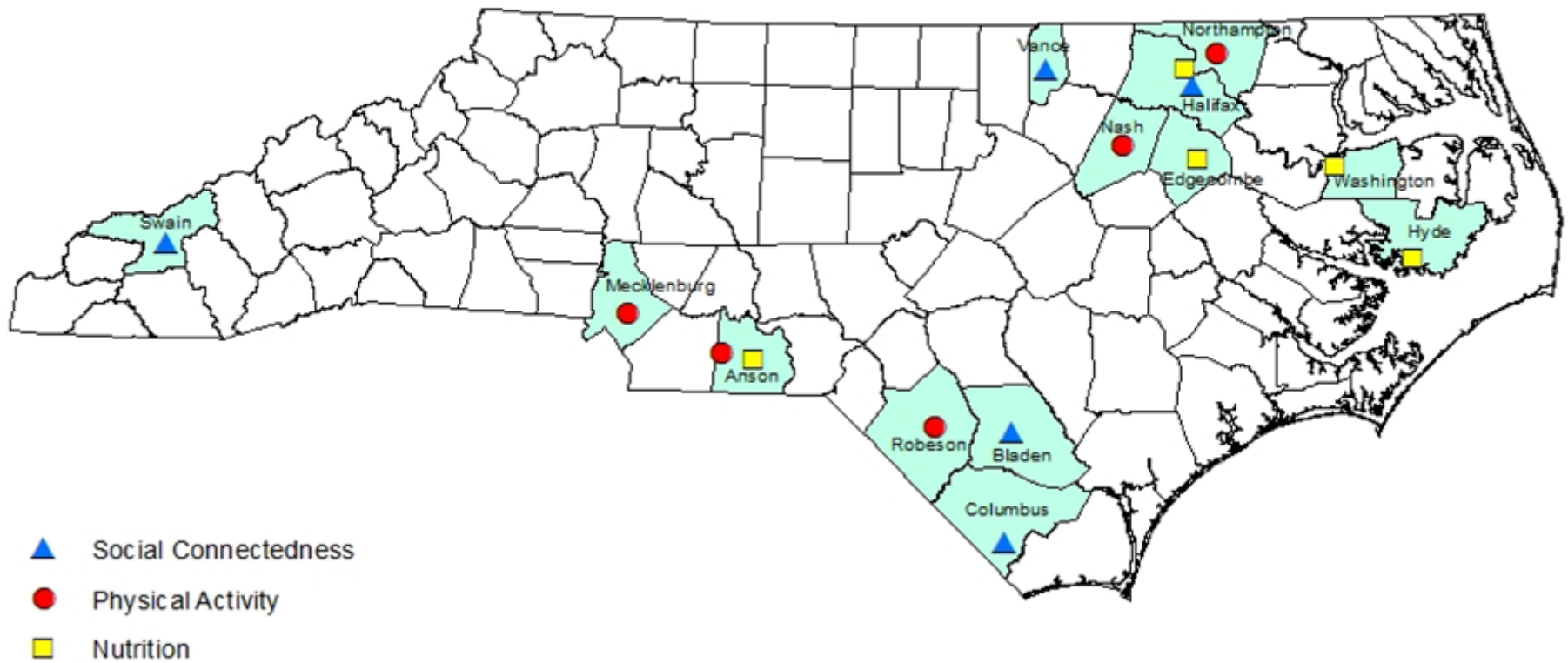
Partnership Building Tools

The Partner Toolkit – step by step partnership building process with tools in Appendix from the Partnering Initiative
<https://thepartneringinitiative.org/wp-content/uploads/2014/08/Partnering-Toolbook-en-20113.pdf>

The Partnership Accelerator – another step-by-step partnership building process with tools in Appendix
<https://www.thepartneringinitiative.org/wp-content/uploads/2020/07/SDG-Partnership-Guidebook-1.0.pdf>

Association of State Public Health Nutritionists Partnership Building Webinar Part 1 - The Power Balance Equation in Partnerships & Coalitions: When, What and How
<https://asphn.org/partnership-development-training-series-part-1/>

North Carolina's Priority Communities



North Carolina – Key Takeaways from Domains

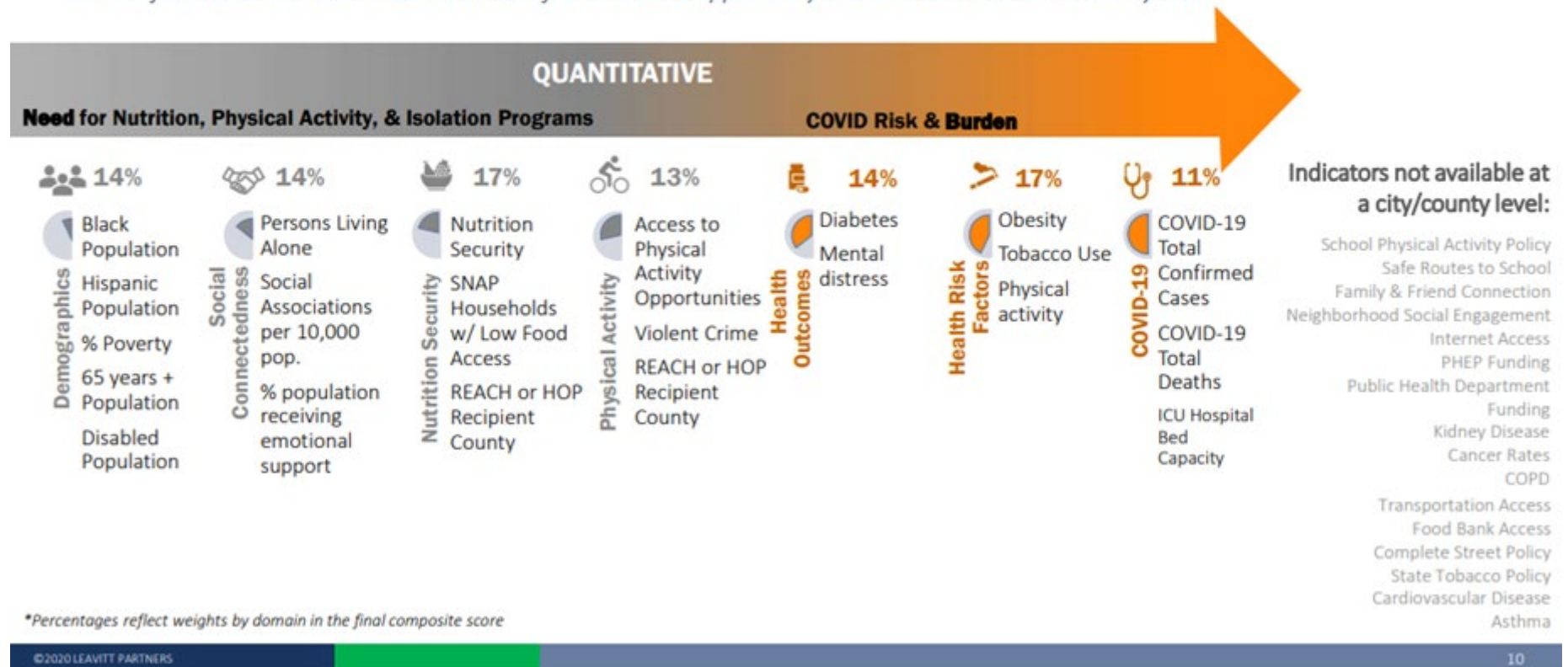
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Domain	Key Domain Indicators (relative to all 50 states)	Areas of Highest Risk/Burden
At-Risk Demographic	•North Carolina's population is composed of a higher proportion of demographic groups at greater risk for chronic disease prevalence and complications of COVID-19. North Carolina's Black population represents approximately 21% of the population, 8 th highest among states and the population living in poverty represents 16.8% of the population. North Carolina reports an above average rate of disabled persons (11.7%). These groups are disproportionately impacted by COVID-19.	
Social Connectedness	•North Carolina is near the national average in factors for social isolation. Residents of North Carolina report below average rates of frequent connection with family and friends (40%) and meaningful connection with neighbors (44%). The state's rates of centers for community engagement (recreation center, community centers, senior centers) is lower than the national average as is access to internet (79%), potentially reducing the ability for North Carolina residents to maintain meaningful connection with increased physical distancing resulting from COVID-19.	★
Physical Activity	•North Carolina ranks 10 th among states in lower access to spaces for physical activity (76% access) and near the national average in rates of violent crime. Violent crime rates can further reduce resident's likelihood of seeking opportunity for physical activity. North Carolina is actively working to improve in this area with a state mandate on school recess or general activity requirements, as well as participating in the REACH program and making meaningful progress towards safe routes to school.	★
Nutrition Security	• North Carolina reports above the national average in rates of food insecurity (17% of population). Among SNAP participants, North Carolina reports near the national average in proportion of SNAP participants with less access to grocers (1% of total state population). The state is below the national average in food banks per capita. However, the state is actively working to improve in this area with a complete street policy, a state policy on school nutrition, and participating as a REACH state.	★
Health Outcomes	• North Carolina reports above average rates on five of six measures of chronic disease prevalence tracked at the state level (Diabetes, Cardiovascular disease, COPD, Kidney disease, and Cancer).	★
Health Behavior	•North Carolina reports above average rates of obesity (30%) and smoking (18.5%). North Carolina's public health funding per capita is among the lowest in the nation (9 th lowest among states).	
COVID-19 Impact	•North Carolina is a state less impacted by COVID-19 in terms of total case count and deaths (as of November 1, 2020). North Carolina reports above average ICU beds per capita and comparatively low Emergency Preparedness Funding per capita.	



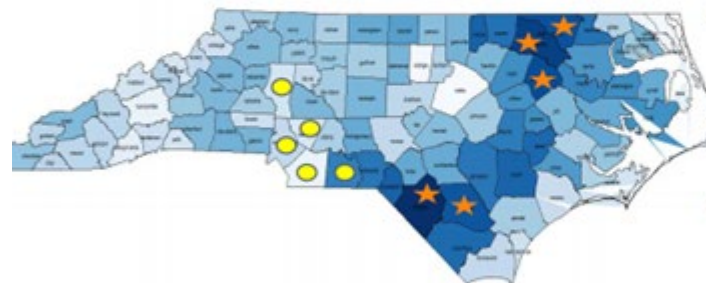
Adapting the BRIC Opportunity Model to Prioritize State Funding Using County Indicators

To help all 20 states prioritize funding to address need and burden within the state, we created a similar BRIC Composite Opportunity Score at the county level to identify preliminary targets; leveraging this score, states can then look at specific need and burden domains to refine choices for investment. Note that not all data from the BRIC Opportunity Model is available at the county level.



North Carolina – Quantitative Model Results

A county-level composite score was developed using a similar weighting scheme as the state-wide assessment. The map to the left reflects the scores, with darker coloring signifying greater opportunity across all domains.



1. Robeson County

- Highest percentage of the population within at-risk demographic groups driven by; Highest poverty rate (30.5%), 4th highest disability rate (26.5%), 2nd largest Black population (26%).
- Highest ranked for health risk factors: highest physical inactivity (39.4%), 2nd highest smoking rate (27%).
- Other: High food insecurity (24.6%), highest rate of mental distress (17.9%).

2. Halifax County

- Highest ranked for needed improvement in social connectedness: 44.7% of adults living alone, 27.4% of residents reported never or rarely receiving emotional support.
- Other: Ranked 1st in food insecurity (27.5%), Largest black population (46%).

3. Edgecombe County

- Highly ranked in health risk factors: 2nd highest physical inactivity (37.3%), 26.2% of smoking rate amongst adults.
- Other: 4th highest food insecurity (20%), highest diabetes prevalence (16.2%), many citizens reported never or rarely receiving emotional support (24.5%).
















4. Northampton County


- High percentage of the population within at-risk demographic groups driven by; highest poverty rate (30.5%), 3rd largest black population (24.65%),
- Other: 3rd highest food insecurity (22.1%), high diabetes prevalence (16%).

5. Bladen County

- 3rd highest ranked for health risk factors driven by above average scores in all domain variables.
- Other: systematically scored higher than average across all other variables.

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Social Connectedness	Physical Activity	Nutrition Security
		
		
		
		
		



Appendix A: Leavitt Partners – Community Selection Model and State Profile – North Carolina (2020)

North Carolina – County Domain Results

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The five notable counties from the model vary in performance across domains. The table displays how counties perform across the domains of interest – fuller ● reflects areas of higher opportunity.

Rank	Notable Counties	At-Risk Demographic	Social Connected-ness	Physical Activity	Nutrition Security	Health Outcomes	Health Behaviors	COVID-19 Impact
1.	Robeson County	●	●	●	●	●	●	●
2.	Halifax County	●	●	●	●	●	●	◐
3.	Edgecombe County	●	●	●	●	●	●	●
4.	Northampton County	●	●	●	●	●	●	◐
5.	Bladen County	●	●	●	●	●	●	◐

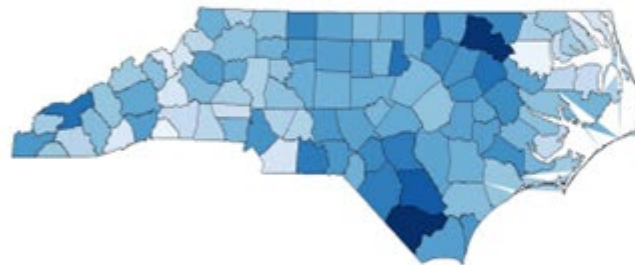
Notes: * identifies counties with population less than 5,000 persons. ** identifies counties with population less than 1,000 persons.



North Carolina – Quantitative Model Results

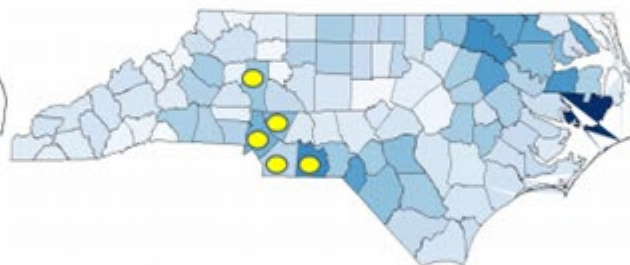
LEAVITT
PARTNERS

A county-level domain score was developed using a similar weighting scheme as the state-wide assessment. The maps reflect the aggregate scores in each of the three priority funding areas (Social Connectedness, Nutrition Security, and Access to Safe Physical Activity). The darker coloring of a county signifies greater opportunity.



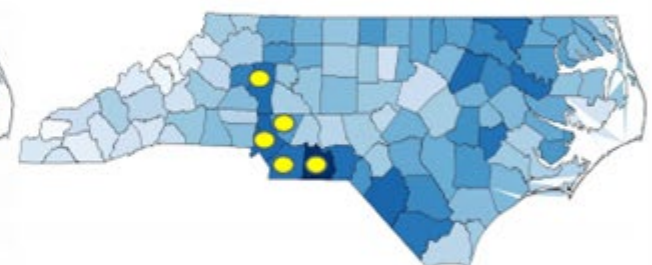
Social Connectedness Domain

1. Columbus County
2. Halifax County
3. Bladen County
4. Vance County
5. Swain County



Nutrition Security Domain

1. Hyde County
2. Anson County
3. Halifax County
4. Washington County
5. Edgecombe County



Physical Activity Domain

1. Anson County
2. Robeson County
3. Meckleburg County
4. Nash County
5. Northampton County



Notes: * identifies counties with population less than 5,000 persons. ** identifies counties with population less than 1,000 persons.

Appendix B: 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.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

Certification

- a. **The prospective lower tier participant certifies**, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

V. Certification Regarding Lobbying

The Contractor certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.

VI. Disclosure of Lobbying Activities

Instructions

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member

of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

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

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

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

<p>16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No: _____ Date: _____</p>	
<p>Federal Use Only</p>	<p>Authorized for Local Reproduction Standard Form - LLL</p>	

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D. C. 20503

LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS

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

I, _____, Board President/Chairperson of
_____ [Agency/Organization's legal name]

hereby identify the following individual(s) who is (are) authorized to sign **Contracts** for the
organization named above:

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

Reference only — Not for signature

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

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:

Printed Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Reference only — Not for signature

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

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

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

Reference only — Not for
signature

Title

Date

Signature

Title of Second Authorizing Official

Date

Sworn to and subscribed before me this _____ day of _____, 20__.

Reference only — Not for signature

Notary Signature and Seal

Notary's commission expires _____, 20__.

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
- G.S. 133-32: <http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=133-32>
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): <http://www.ethicscommission.nc.gov/library/pdfs/Laws/EO24.pdf>
- G.S. 105-164.8(b): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- G.S. 143-48.5: 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
- G.S. 143-59.2: 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
- G.S. 143B-139.6C: 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
- (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
- (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

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

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

The **entire** FFATA reporting requirement:

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

Only executive compensation data reporting:

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

Reference only — Not for signature

Signature _____ Name _____ Title _____

Entity _____ Date _____

B. Reporting

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

Entity's Legal Name _____ Contract Number _____

☐ Active SAM registration record is attached

An active registration with SAM is required

Entity's DUNS Number _____

Entity's Parent's DUNS Nbr
(if applicable) _____

Entity's Location

street address _____

city/st/zip+4 _____

county _____

Primary Place of Performance for specified contract

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

street address _____

city/st/zip+4 _____

county _____

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

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

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