



Request for Applications

RFA # A-392

NC Paul Coverdell National Acute Stroke Program

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: October 13, 2021

DEADLINE DATE: November 15, 2021

INQUIRIES and DELIVERY INFORMATION:

Direct all inquiries concerning this RFA to:

[Cindy Stevenson, \(919\) 707-5239](tel:9197075239)

Cindy.Stevenson@dhhs.nc.gov

Applications will be received until 5:00 pm on November 15, 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; improve quality and delivery of clinical services; and connect patients and their healthcare providers to community prevention and management programs with the goal of reducing obesity, diabetes, heart disease and stroke in North Carolinians of all ages.

The CCCPH Branch has been awarded Paul Coverdell National Acute Stroke Program (Coverdell) funds by the Centers for Disease Control and Prevention (CDC) to strengthen the stroke system of care (SSC) in North Carolina. These funds will 1) support the development of a stroke registry that will provide data on stroke incidence, trends, gaps in care, and disparities; and 2) support local projects to improve the SSC.

Through this RFA, CCCPH will provide funds to local private, public, and non-profit organizations; and local governmental agencies to implement interventions that improve the SSC in their Emergency Medical Service (EMS) agency, hospitals, and communities. Local organizations applying for these funds must work to mobilize SSC stakeholders, build collaborative relationships, and implement culturally relevant and equitable evidence-based interventions. Addressing disparities and ensuring that health equity is central are critical to the implementation of all projects.

Key Coverdell Stroke Program Aims:

1. Implement a team-based approach to enhance quality of care for those at highest risk for stroke events and for stroke patients across systems of care.
2. Link community resources and clinical services that support those at highest risk for stroke events and for stroke patients across systems of care.
3. Identify and address disparities in access to and quality of care for populations at highest risk for stroke events.

CCCPH will award funds through this RFA to local private, public, and non-profit organizations; and local governmental agencies to address one or more of the following strategy areas. Within each strategy area, applicants must address a minimum of two outcomes:

Strategy Areas:

1. **Quality Improvement: Improve the efficiency and quality of care within EMS and hospital settings and improve transitions of care between settings through systematic Quality Improvement (QI) methods and interventions (e.g., PDSA, Lean, Six Sigma).**

Outcomes

- a. Establishment of a process for and monitoring of health disparities in the organization's stroke system of care (SSC).
- b. Implementation of data-driven QI activities to improve the SSC for those at highest risk for stroke events and for stroke patients.
- c. Implementation of improvements resulting from QI activities.
- d. Increased coordination of care across the SSC for those at highest risk for stroke events and for stroke patients.
- e. Provision of workforce development efforts (e.g., training, technical assistance) to improve

clinical knowledge and recognize disparities among hospital and EMS agency.

2. **Partnerships: Establish and strengthen partnerships with relevant state and/or local stroke coalitions, initiatives, professional organizations, providers, and health systems that provide resource support for stroke patients and for those at highest risk for stroke events.**

Outcomes

- a. Increased links of stroke patients to community resources and clinical services.
- b. Established and/or enhanced partnerships with community organizations
- c. Increased resources for stroke patients.
- d. Progress toward establishing a community/regional stroke system of care collaborative to coordinate efforts to strengthen the SSC.

3. **Patient Navigators /Community Health Workers: Facilitate engagement of patient navigators/community health workers in the management of those at highest risk for stroke events and of those in need of post-event discharge support and in the follow-up of stroke patients across clinical and community settings.**

Outcomes

- a. Completed assessment of availability of patient navigators/community health workers/stroke care coordinators.
- b. Increased links of post-acute stroke patients to patient navigators or community health workers for follow up and support.
- c. Increased links of patients at high risk for stroke events to care coordination across clinical and community settings.

ELIGIBILITY

This RFA is open to local private, public, and non-profit organizations that can implement a minimum of one of the strategies listed above. Within each strategy, organizations must address at least two outcomes within each selected strategy. The applicant must meet all the requirements described in the Request for Application.

1. Applicants must demonstrate a clear ability to implement the strategy(ies) they identified in their application.
2. 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 stroke system of care efforts (education, access to care, clinical services, post-stroke care and rehab, community re-entry, etc.).
 - 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 collaborators. LOCs should describe the scope of work and contributions of work from each key partner. LOCs should clearly describe the partners' level of participation and their anticipated contribution to overall program strategies and activities.
3. The applicant must demonstrate a willingness to engage in the required training and preparation to complete project deliverables.
4. The applicant must work with the CCCPH-designated technical assistance providers for

each of the strategies they choose.

5. The applicant may be required to participate in a Coverdell Stroke Program national evaluation including providing 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 may be required to participate in National and CCCPH Coverdell Stroke Program meetings.

FUNDING

The CCCPH Branch will contract with up to 5 organizations. Funded organizations will have the possibility for annual contract renewal as outlined below pending satisfactory performance and funding availability.

The budget period:

April 1, 2022 – June 29, 2022 (funding for all 5 contracts = \$80,255 for this 3-month period)

Source of the funding: 100% federal funding

Federal Grant Information:

Name: Paul Coverdell National Acute Stroke Program

CFDA: 93.810

Award #: 1 NU58DP006944-01-00

Type: Cooperative Agreement

Department: Centers for Disease Control and Prevention

II. BACKGROUND

Stroke is the fourth leading cause of death in North Carolina (NC). The ninth most populous state, NC has a stroke death rate that is higher than the national average. NC's stroke death rate in 2019 was 41.5 compared to the US rate of 37 per 100,000. The stroke hospitalization rate is above the national average. Over one million people in NC (12.9%) lack health insurance compared to 10.4% uninsured in the US (Kaiser Family Foundation).

The factors that contribute to this high rate of stroke are many. According to America's Health Rankings, in NC 35.1% of adults have hypertension (ranks number 12) compared to the US rate of 32.5%. Many people who have had strokes do not always understand that hypertension is a risk factor. NC also has a high rate of chronic conditions (ranks number 37), and its 2020 overall health ranking is 31 (CDC Behavioral Risk Factor Surveillance Study [CDC BRFSS]). NC BRFSS (2019) states that 85.2% of adults reported not getting five servings of fruits and vegetables daily, 69.9% reported being overweight or obese, and 50.3% reported not meeting required physical activity recommendations.

North Carolinians suffer a high number of strokes and are at disproportionately high risk for stroke events. People in racial and ethnic minority groups living in NC face additional hardships brought on by the coronavirus pandemic ([North Carolina's COVID-19 Vaccination Plan](#)).

Although more hospitals in NC have recently qualified for stroke certification, there are wide swaths of rural parts of the state that are miles from a stroke-certified hospital. Eighty of NC's 100 counties are rural, and many rural residents are at high risk for stroke and face barriers to accessing health care.

CCCPH collaborates with the Stroke Advisory Council (Council) which advises the Justus-Warren Heart Disease and Stroke Prevention Task Force on the stroke system of care in North Carolina. Physicians, nurses, and stroke stakeholders across NC share their expertise through the Council and the [NC Stroke System of Care \(NC SSC\)](#) which consists of strategies and resources to strengthen the SSC. The primary audience is providers of stroke care.

To support the Coverdell program, CCCPH and the Council will collaborate to build a stroke registry within the Health Information Exchange (HIE), track and monitor stroke patient care, and identify people at greatest risk for stroke including those with high blood pressure, high cholesterol, diabetes, coronary artery disease, obesity, and those who smoke. We will track and monitor health disparities and focus technical assistance and funds to areas and populations with greatest need. Through this RFA, CCCPH will identify and contract with local organizations including hospitals and other agencies to implement Quality Improvement projects in areas of greatest need. The contracted organizations will collaborate with EMS, rehab and other post-stroke services, and community resources to strengthen their system of care from access to care and pre-hospital assessment to clinical services to post-stroke care. Contracted agencies will strengthen their linkages to stroke patients and to stroke services.

All funded projects will be required to monitor and address health disparities as they implement their projects to strengthen the SSC.

The NC Coverdell Stroke Program will share findings and best practices with stroke stakeholders statewide through Council meetings and through the [NC SSC](#). We will concentrate on identifying and addressing health inequities through training, partnerships, and in collaboration with funded projects.

III. SCOPE OF SERVICES

Input

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

The CCCPH Branch will contract with up to 5 organizations.

The budget period:

- April 1, 2022 – June 29, 2022 (Coverdell funding for all 5 contracts = \$80,255 for this 3-month period)
- Funded projects may be asked to attend National Coverdell Stroke Program and/or CCCPH meetings.
- Applicants must specify the county or counties in which they will work.

Output

The applicant must propose work in one of the following three strategies:

1. **Quality Improvement:** Improve the efficiency and quality of care within EMS and hospital settings and improve transitions of care between settings through systematic Quality Improvement (QI) methods and interventions (e.g., PDSA, Lean, Six Sigma).
2. **Partnerships:** Establish and strengthen partnerships with relevant state and/or local stroke coalitions, initiatives, professional organizations, providers, and health systems that provide resource support for stroke patients and for those at highest risk for stroke events.
3. **Patient Navigators /Community Health Workers:** Facilitate engagement of patient navigators/community health workers in the management of those at highest risk for stroke events and of those in need of post-event discharge support and in the follow-up of stroke patients across clinical and community settings.

Applicants may access **data** posted at [here](#) to identify priority populations for their applications.

Applicants may access strategies and resources for strengthening stroke systems of care through the **NC Stroke System of Care** located [here](#).

Applicants may use a framework such as the following:

[cdc.gov/NCCDPHP/dch/pdf/health-equity-guide/Practitioners-Guide-section1.pdf](https://www.cdc.gov/NCCDPHP/dch/pdf/health-equity-guide/Practitioners-Guide-section1.pdf)

to incorporate **health equity planning principals** in their application.

Funded organizations must complete the following by June 29, 2022

1. Increase strategy-specific partnerships to include:
 - a. Individuals/organizations representing community stakeholders
 - b. Community members from priority populations
 - c. Individuals/organizations that are working to reduce health disparities
2. Participate in one Stroke Advisory Council Meeting.
3. Assess and prioritize SSC needs.
4. Implement at least one strategy.
5. Submit a monthly status report by the last day of each month.

Outcome

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

- 1. Quality Improvement: Improve the efficiency and quality of care within EMS and hospital settings and improve transitions of care between settings through systematic Quality Improvement (QI) methods and interventions (e.g., PDSA, Lean, Six Sigma).**

Outcomes

- Establishment of a process for and monitoring of health disparities in the organization's stroke system of care (SSC).
 - Implementation of data-driven QI activities to improve the SSC for those at highest risk for stroke events and for stroke patients.
 - Implementation of improvements resulting from QI activities.
 - Increased coordination of care across the SSC for those at highest risk for stroke events and for stroke patients
 - Provision of workforce development efforts (e.g., training, technical assistance) to improve clinical knowledge and recognize disparities among hospital and EMS agency.
- 2. Partnerships: Establish and strengthen partnerships with relevant state and/or local stroke coalitions, initiatives, professional organizations, providers, and health systems that provide resource support for stroke patients and for those at highest risk for stroke events.**

Outcomes

- Increased links of stroke patients to community resources and clinical services.
 - Established and/or enhanced partnerships with community organizations
 - Increased resources for stroke patients.
 - Progress toward establishing a community/regional stroke system of care collaborative to coordinate efforts to strengthen the SSC.
- 3. Patient Navigators /Community Health Workers: Facilitate engagement of patient navigators/community health workers in the management of those at highest risk for stroke events and of those in need of post-event discharge support and in the follow-up of stroke patients across clinical and community settings.**

Outcomes

- Completed assessment of availability of patient navigators/community health workers/stroke care coordinators.
- Increased links of post-acute stroke patients to patient navigators or community health workers for follow up and support.
- Increased links of patients at high risk for stroke events to care coordination across clinical and community settings.

Service Quality

Services must be culturally and linguistically sensitive; strengths based; and must demonstrate community engagement. Awardees must submit all reports 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 December 17, 2021.

2. 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.

3. 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.

4. 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.

5. 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.

6. Titles

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

7. 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).

8. 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).

9. 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.

10. 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.

11. 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.

12. 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.

13. 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.

14. 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.

15. 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.

16. 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 October 13, 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 Paul Coverdell National Acute Stroke Program RFA will be posted on the CCCPH website (communityclinicalconnections.com) and may be sent via email to interested agencies and organizations beginning October 13, 2021.

3. **Question & Answer Period**

Please send written questions concerning the specifications in this Request for Applications by email to cindy.stevenson@dhhs.nc.gov by 5:00 pm on October 25, 2021. As an addendum to this RFA, a summary of all questions and answers will be posted on the website (communityclinicalconnections.com) by October 29, 2021.

4. **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, November 15, 2021, in MS Word, Excel or PDF format. The electronic application must contain signed documents. Faxed applications will not be accepted.

5. **Original Application**

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

6. **Format**

The application must be typed, using the 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 12-point font.

7. **Space Allowance**

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

8. **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.

9. 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.

10. 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.

11. 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.

12. 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.

13. 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.

14. 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 and 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.5 Verification of 501(c)(3) Status.*)

15. 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.**

16. 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.

17. 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:

- i. 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)
- ii. 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).
- iii. 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.

18. 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)

19. 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).

20. 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.

21. 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.

22. Application Process Summary Dates

10/13/21	Request for Applications released to eligible applicants
10/25/21	End of Q&A period. All questions due in writing by 5:00 pm
10/29/21	Answers to Questions released to all applicants, as an addendum to the RFA will be posted by October 29, 2021 at communityclinicalconnections.com
11/15/21	Applications due by 5:00 pm
12/17/21	Successful applicants will be notified
04/01/22	Proposed contract start date

VI. PROJECT BUDGET

Budget and Justification

Applicants must submit a budget for the funding period of April 1, 2022 through June 29, 2022 not to exceed \$80,255. 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 18 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	\$146.00
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 the Centers for Disease Control and Prevention through the Paul Coverdell National Acute Stroke Program.

Federal Coverdell Stroke Program (with no Indirect Cost/Administrative Restrictions)

Indirect cost is allowed on the portion of the sub-award funded by the Coverdell Stroke Program 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.

The CCCPH Branch will contract with up to 5 organizations. Funded organizations will have the possibility for annual contract renewal as outlined below pending satisfactory performance and funding availability. Estimated portion of the subaward funded by the Paul Coverdell National Acute Stroke Program is as follows for each year.

- April 1, 2022 – June 29, 2022 (funding for all 5 contracts = \$80,255 for this 3-month period)

VII. EVALUATION CRITERIA

SCORING OF APPLICATIONS

Applications shall be scored based on the responses to the application content areas (i.e., strategies, strengths and needs, capacity, health equity, budget, and letters of commitment). 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 is 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 as follows:

Section I - Strategies:

Weight = 4.5, Total maximum points = 18

Section II - Strengths and Needs:

Weight = 4.5, Total maximum points = 18

Section III – Organizational Capacity:

Weight = 4.5, Total maximum points = 18

Section IV - Health Equity:

Weight = 4.5, Total maximum points = 18

Section V - Budget and Budget Justification:

Weight = 2.5, Total maximum points = 10

Section VI - 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 and expected outcomes associated with each strategy the applicant has selected. This information is outlined in Appendix A – Coverdell 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**

Include a completed Coverdell Stroke Program SSC Action Plan using the template located [here](#). Must be submitted as a .doc, .docx, or .pdf file.

Project Budget

Include a budget in the format provided [here](#).

Must be submitted as a .xls or .xlsx file

Indirect Cost Rate Approval Letter (if applicable)

Letters of Commitment or Statements of Support

IRS Documentation:

4. ___ **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

5. ___ **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:

1. the legal name of the Applicant agency
2. the RFA number
3. the Applicant agency's federal tax identification number
4. the Applicant agency's DUNS number
5. the closing date for applications.

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with the *Coverdell Stroke Program*, including the signature of the individual authorized to sign “official documents” for the agency. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA # [A-392](#) 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 strategies selected.

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

The applicant must submit a completed SSC Action Plan using the template located [here](#). In the Action Plan, identify which strategy/ies you will be addressing. At minimum at least one strategy 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 toward strengthening the stroke system of care. See Appendix A – Coverdell Stroke Program Strategy document for further details on strategies (including priority populations), expected outcomes, and additional resources.

1. **Quality Improvement: Improve the efficiency and quality of care within EMS and hospital settings and improve transitions of care between settings through systematic Quality Improvement (QI) methods and interventions (e.g., PDSA, Lean, Six Sigma).**

Outcomes

- a. Establishment of a process for and monitoring of health disparities in the organization's stroke system of care (SSC).
- b. Implementation of data-driven QI activities to improve the SSC for those at highest risk for stroke events and for stroke patients.
- c. Implementation of improvements resulting from QI activities.
- d. Increased coordination of care across the SSC for those at highest risk for stroke events and for stroke patients
- e. Provision of workforce development efforts (e.g., training, technical assistance) to improve clinical knowledge and recognize disparities among hospital and EMS agency.

2. **Partnerships: Establish and strengthen partnerships with relevant state and/or local stroke coalitions, initiatives, professional organizations, providers, and health systems that provide resource support for stroke patients and for those at highest risk for stroke events.**

Outcomes

- a. Increased links of stroke patients to community resources and clinical services.
- b. Established and/or enhanced partnerships with community organizations.
- c. Increased resources for stroke patients.
- d. Progress toward establishing a community/regional stroke system of care collaborative to coordinate efforts to strengthen the SSC.

3. **Patient Navigators /Community Health Workers: Facilitate engagement of patient navigators/community health workers in the management of those at highest risk for stroke events and of those in need of post-event discharge support and in the follow-up of stroke patients across clinical and community settings.**

Outcomes

- a. Completed assessment of availability of patient navigators/community health workers/stroke care coordinators.
- b. Increased links of post-acute stroke patients to patient navigators or community health workers for follow up and support.
- c. Increased links of patients at high risk for stroke events to care coordination across clinical and community settings.

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, etc.) in the county/area that will be addressed by the strategy 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 strategy you selected. Provide evidence that your organization has the capacity to implement the strategy 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 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 Coverdell Stroke Program Strategy Document (see Appendix A).**
3. Describe the individuals, agencies and/or organizations that you will partner with to implement the strategy you have selected and their role in your proposed implementation. You must include a Letter of Commitment from each partner described (see **Section VI**). **Key partners for each strategy are listed in the Coverdell Stroke Program 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) to assess (e.g., identify assets, needs, interests, readiness), plan, and implement the strategy 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 you selected.

Section V - Project Budget; 10 points

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

Eligible Expenses

- Staff salaries and fringe benefits
- Indirect costs. 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

Indirect Cost Rate Approval Letter (if applicable)

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.

Section VI - Letters of Commitment; 18 points

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.

4. 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.

5. 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: NC Coverdell Stroke Program Resource Documents

Strategy #1 – Quality Improvement

The Community and Clinical Connections for Prevention and Health Branch (CCCPH) and Stroke Advisory Council will collaborate with local partners to implement strategies in community settings to improve the stroke system of care.

Priority Population:

Populations at highest risk for stroke events (i.e., African Americans, people with hypertension, etc.) and stroke patients across systems of care.

Quality Improvement Strategy: Improve the efficiency and quality of care within EMS and hospital settings and improve transitions of care between settings through systematic Quality Improvement (QI) methods and interventions (e.g., PDSA, Lean, Six Sigma).

Outcomes

- a. Establishment of a process for and monitoring of health disparities in the organization's stroke system of care (SSC).
- b. Implementation of data-driven QI activities to improve the SSC for those at highest risk for stroke events and for stroke patients.
- c. Implementation of improvements resulting from QI activities.
- d. Increased coordination of care across the SSC for those at highest risk for stroke events and for stroke patients
- e. Provision of workforce development efforts (e.g., training, technical assistance) to improve clinical knowledge and recognize disparities among hospital and EMS agency.

Strategy #2 – Partnerships

The Community and Clinical Connections for Prevention and Health Branch (CCCPH) and Stroke Advisory Council will collaborate with local partners to implement strategies in community settings to improve the stroke system of care.

Priority Population:

Populations at highest risk for stroke events (i.e., African Americans, people with hypertension, etc.) and stroke patients across systems of care.

Partnerships Strategy: Establish and strengthen partnerships with relevant state and/or local stroke coalitions, initiatives, professional organizations, providers, and health systems that provide resource support for stroke patients and for those at highest risk for stroke events.

Outcomes

- a. Increased links of stroke patients to community resources and clinical services.
- b. Established and/or enhanced partnerships with community organizations
- c. Increased resources for stroke patients.
- d. Progress toward establishing a community/regional stroke system of care collaborative to coordinate efforts to strengthen the SSC.

Strategy #3 – Patient Navigators /Community Health Workers

The Community and Clinical Connections for Prevention and Health Branch (CCCPH) and Stroke Advisory Council will collaborate with local partners to implement strategies in community settings to improve the stroke system of care.

Priority Population:

Populations at highest risk for stroke events (i.e., African Americans, people with hypertension, etc.) and stroke patients across systems of care.

Patient Navigators /Community Health Workers Strategy: Facilitate engagement of patient navigators/community health workers in the management of those at highest risk for stroke events and of those in need of post-event discharge support and in the follow-up of stroke patients across clinical and community settings.

Outcomes

- a. Completed assessment of availability of patient navigators/community health workers/stroke care coordinators.
- b. Increased links of post-acute stroke patients to patient navigators or community health workers for follow up and support.
- c. Increased links of patients at high risk for stroke events to care coordination across clinical and community settings.



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& Stroke Prevention Task Force*

STROKE SYSTEMS OF CARE RESOURCES

NC Stroke System of Care

The Stroke Advisory Council developed **NC Stroke System of Care Strategies** to support efforts to prevent strokes; increase access to care; increase quality, coordinated care; enhance recovery from stroke; and advocate for the prevention and management of stroke. Access Strategies and Resources:

<https://www.startwithyourheart.com/stroke-advisory-council/nc-stroke-system-of-care/>

CDC Stroke Systems of Care: Policy Evidence Assessment Reports (PEARs)

CDC Division for Heart Disease and Stroke Prevention lists stroke policy interventions with the best evidence.

https://www.cdc.gov/dhdsp/policy_resources/stroke_systems_of_care/stroke_pear.htm

American Stroke Association Stroke Journal Recommendations for the Establishment of Stroke Systems of Care: A 2019 Update

<https://www.ahajournals.org/doi/10.1161/STR.000000000000173>

CDC Quality Improvement Resources

<https://www.cdc.gov/publichealthgateway/performance/resources.html>



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PARTNERSHIPS/COMMUNITY ENGAGEMENT RESOURCES

Collective Impact Collaborations

Collective impact collaborations are initiatives that aspire to achieve significant, community-wide progress on complex, systemic social issues by enlisting and engaging key sectors to work together toward a common goal.

<https://www.bridgespan.org/insights/library/nonprofit-management-tools-and-trends/collective-impact-collaborations>

The Partner Toolkit –

The Partnering Initiative offers a step-by-step partnership-building process with tools in Appendix:

<https://thepartneringinitiative.org/wp-content/uploads/2014/08/Partnering-Toolbook-en-20113.pdf>

The Partnership Accelerator –

The Partnering Initiative offers 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>

COMMUNITY RESOURCES IN NORTH CAROLINA

NCCARE360

NCCARE360 is the first statewide coordinated care network which connects individuals to local services and resources. NCCARE360 helps providers electronically connect individuals to community resources and provides the opportunity for feedback and follow up. It is available in all 100 NC counties.

<https://nccare360.org/>



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PATIENT NAVIGATORS /COMMUNITY HEALTH WORKERS RESOURCES

NC Office on Rural Health Community Health Workers

The North Carolina Community Health Workers (CHW) section provides a dedicated area for community health workers and allies to access information at the local, state, and national levels. It also serves as the home for the North Carolina CHW Alliance and a compendium of resources, events, and news about opportunities for certification, core competency training, and specialty training offerings.

<https://www.ncdhhs.gov/divisions/office-rural-health/community-health-workers>

Community Health Worker Training in North Carolina

The NC CHW standardized statewide training covers nine core skills as part of the certification process.

<https://www.ncdhhs.gov/divisions/office-rural-health/community-health-workers/community-health-worker-training>

CDC Community Health Worker Toolkit

Resources include online courses, lessons learned, and best practices to help train and build capacity for CHWs in their communities.

<https://www.cdc.gov/dhdsp/pubs/toolkits/chw-toolkit.htm>

Interdisciplinary Care Teams, Patient Navigators, and Community Health Workers

These models focus on the use of interdisciplinary care teams, patient navigators, and community health workers (CHWs) to help address social determinants of health in healthcare settings. Find information and tool kits from the Rural Health Information Hub:

<https://www.ruralhealthinfo.org/toolkits/sdoh/2/healthcare-settings/care-teams>

CPSTF Recommends Community Health Worker Interventions to Prevent Cardiovascular Disease

The Community Preventive Services Task Force (CPSTF) recommends interventions that engage community health workers to prevent cardiovascular disease (CVD) among clients at increased risk

<https://www.thecommunityguide.org/findings/cardiovascular-disease-prevention-and-control-interventions-engaging-community-health>

AHA Supports CHWs to Prevent and Treat CVD

The American Heart Association (AHA) supports the appropriate use of Community Health Workers (CHWs) as part of a team approach to preventing and treating cardiovascular disease.

<https://www.heart.org/-/media/files/about-us/policy-research/policy-positions/access-to-healthcare/community-health-workers--policy-brief--july-2018.pdf?la=en>

CDC CHW Resources

<https://www.cdc.gov/publichealthgateway/chw/index.html>



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HEALTH EQUITY RESOURCES AND PUBLICATIONS

General Public Health and Racial Equity

Government Alliance on Race and Equity (GARE) has developed a number of resources to help local governments focus on health and racial equity.

- **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 Healthy Places 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.”
<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/>

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

<p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p><input type="checkbox"/> b. grant</p> <p><input type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan</p> <p><input type="checkbox"/> e. loan guarantee</p> <p><input type="checkbox"/> f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. Bid/offer/application</p> <p><input type="checkbox"/> b. Initial Award</p> <p><input type="checkbox"/> c. Post-Award</p>	<p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p>For Material Change Only:</p> <p>Year _____ Quarter _____</p> <p>Date of Last Report: _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime</p> <p><input type="checkbox"/> Subawardee Tier _____, (if known)</p> <p>Congressional District (if known) _____</p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District (if known) _____</p>	
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> <p>CFDA Number (if applicable) _____</p>	
<p>8. Federal Action Number (if known)</p>	<p>9. Award Amount (if known) :</p> <p>\$ _____</p>	
<p>10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	<p>b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	
<p>11. Amount of Payment (check all that apply):</p> <p>\$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned</p>	<p>13. Type of Payment (check all that apply):</p> <p><input type="checkbox"/> a. retainer</p> <p><input type="checkbox"/> b. one-time fee</p> <p><input type="checkbox"/> c. commission</p> <p><input type="checkbox"/> d. contingent fee</p> <p><input type="checkbox"/> e. deferred</p> <p><input type="checkbox"/> f. other; specify: _____</p>	
<p>12. Form of Payment (check all that apply):</p> <p><input type="checkbox"/> a. cash</p> <p><input type="checkbox"/> b. In-kind; specify: Nature _____ Value _____</p>		
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 (attach Continuation Sheet(s) SF-LLL-A, if necessary):</p>		
<p>15. Continuation Sheet(s) SF-LLL-A attached: <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.

Signature: _____

Print Name: _____

Title: _____

Telephone No: _____ Date: _____

Federal Use Only

Authorized for Local Reproduction
Standard Form - LLL

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
--------------------	------------------	---------------

** Indicate if you are the Board President or Chairperson*

CONFLICT OF INTEREST POLICY

CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY

State of _____

County _____

I, _____ hereby state that I am the _____
(Printed Name) (Title)

of _____ (“Organization”), and by that authority
(Legal Name of Organization)

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

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

(Signature)

.....
Instruction for Organization:

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

Name of Organization

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 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (4) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (5) **Pursuant to G.S. 143B-139.6C**, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.
- (6) The undersigned hereby certifies further that:
 - (a) He or she is a duly authorized representative of the Contractor named below;
 - (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
 - (c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-

59.1 and -59.2 shall be guilty of a Class I felony.

Contractor's Name: _____

Contractor's
Authorized Agent: Signature _____ Date _____

Printed Name _____ Title _____

Witness: Signature _____ Date _____

Printed Name _____ Title _____

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

FFATA Form

Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement
NC DHHS, Division of Public Health Subawardee Information

A. Exemptions from Reporting

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

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

The entire FFATA reporting requirement:

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

Only executive compensation data reporting:

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

Reference only – Not for signature

Signature _____ Name _____ Title _____

Entity _____ Date _____

B. Reporting

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

Entity’s Legal Name _____ Contract Number _____

Active SAM registration record is attached

An active registration with SAM is required

Entity’s DUNS Number _____

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

Entity’s Location

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

Primary Place of Performance for specified contract

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

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

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

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

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