# Request for Applications

## RFA # A-408

## The National Cardiovascular Health 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:** **August 2, 2023**

**DEADLINE DATE:** **September 6, 2023**

**INQUIRIES and DELIVERY INFORMATION:**
Direct all inquiries concerning this RFA to:
Cindy Stevenson, (919) 707-5239
cindy.stevenson@dhhs.nc.gov

**Applications will be received until 5:00 pm September 6, 2023**
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.

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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.

CCCPH has been awarded federal funds from the Centers for Disease Control and Prevention (CDC). These funds support state investments to implement and evaluate evidence-based and evidence-informed strategies to prevent and manage cardiovascular disease (CVD). The populations of focus are those impacted by high prevalence of CVD and exacerbated by health inequities and disparities and social determinants such as low incomes, poor health care, and unfair opportunity structures. Specific emphasis is placed on the prevention and management of hypertension and high cholesterol.

**Key National Cardiovascular Health Program Aims:**

1. Implement and evaluate evidence-based strategies contributing to the prevention and management of CVD in populations disproportionately at risk.
2. Address social and economic factors to help communities and health systems respond to social determinants present in their communities to offer those at risk of or burdened with CVD the best health outcomes possible.

CCCPH will provide funds to **one** North Carolina-based private, public, or non-profit organization; or local governmental agency to implement and evaluate evidence-based strategies contributing to the prevention and management of CVD in populations disproportionately at risk. Organizations applying for these funds must work to address health equity. The applicant will work to address social and economic factors to help communities and health systems respond to social determinants present in their communities to offer those at risk of or burdened with CVD the best health outcomes possible.
**Applicants are required to implement all of the following strategies**:

**REQUIRED Strategy 1A:** Advance the adoption and use of electronic health records or health information technology, to identify, track, and monitor measures for clinical and social services and support needs to address health care disparities and health outcomes for adults at highest risk of CVD with a focus on hypertension and high cholesterol.

**REQUIRED Strategy 1B:** Promote the use of standardized processes or tools to identify the social services and support needs of patient populations at highest risk of CVD, with a focus on hypertension and high cholesterol, and monitor and assess the referral and utilization of those services, such as food assistance, transportation, housing, childcare, etc.

**REQUIRED Strategy 2A:** Advance the use of health information systems that support team-based care to monitor population health with a focus on health disparities, hypertension, and high cholesterol.

**REQUIRED Strategy 2B:** Assemble or create multidisciplinary teams (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers, and community-based

workers) to identify patients' social services and support needs and to improve the management and treatment of hypertension and high cholesterol.

**REQUIRED Strategy 3A:** Create and enhance community-clinical links to identify social determinants of health (e.g., inferior housing, lack of transportation, inadequate access to care, and limited community resources) and respond to the social services and support needs of populations at highest risk of CVD with a focus on hypertension and high cholesterol.

## ELIGIBILITY

This RFA is open to organizations and agencies that can implement all sub-strategies listed above. Funding is open to North Carolina-based private, non-profit, and public organizations; and local governmental agencies. Applicants:

1. Must demonstrate a clear ability to implement all strategies/sub-strategies in their application.
2. 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 prevention and control of hypertension and high cholesterol efforts.
    a. Collaborations with public and private partners from multiple sectors are required to maximize resources, reach, and impact.
    b. Applications must include Letter of Commitments (LOCs) from key collaborators. LOCs should clearly describe the partners' level of participation and their anticipated contribution to overall program strategies and activities.
3. Must demonstrate a willingness to engage in the required training and preparation to complete project deliverables.
4. Must work with the CCCPH-designated technical assistance providers for each of the strategies/sub-strategies.
5. May be required to participate in a CDC 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 monthly meetings.

## FUNDING

The project period is January 1, 2024 - June 29, 2026. The funded organization shall implement activities for this initiative throughout the project period pending satisfactory performance and funding availability.

**The budget period:**

- Year 1: January 1, 2024 - June 29, 2024 (Total funding for Year 1 is $150,000).
- Year 2: July 1, 2024 - June 29, 2025 (Total funding for Year 2 up to $400,000).
- Year 3: July 1, 2025 - June 29, 2026 (Total funding for Year 3 up to $400,000).

Source of the funding: 100% federal funding
**Federal Grant Information:**
Name: The National Cardiovascular Health Program
CFDA: 93.426
Award #: TBD
Type: Cooperative Agreement
Department: Centers for Disease Control and Prevention

## II. BACKGROUND

Nearly one adult in 10 in North Carolina (NC) has a history of any CVD including stroke and heart attack. NC ranks 38th in the nation for CVDs and has the 30th highest age-adjusted heart disease death rate. Heart disease is the leading cause of death in NC and in the United States (US). In 2021, heart disease caused 21,299 deaths in NC. That is the equivalent of two deaths every hour, and accounts for 18% of all deaths. For people between the age of 15 and 64 in NC, the heart disease mortality rate surpasses the national rate (68.8 vs 65.8 per 100,000). Heart disease led to 112,956 hospital admissions and $6.5 billion in hospital charges in NC in 2019. That equates to one heart disease hospitalization almost every five minutes and over $17 million in hospital charges for heart disease each day in the state.

Public health programs must address CVD health risk factors to prevent and manage CVD for people in NC. Health risk factors for CVD include hypertension, high cholesterol, obesity, tobacco use, and physical inactivity. These health risk factors are areas of high disease burden for North Carolinians. In NC, over a third of adults have received a diagnosis of high blood pressure, and of those, 82% reported currently taking medication for high blood pressure. High cholesterol was reported by 36.8% of adults in NC, and only 26.6% of those reported they were currently taking medications for cholesterol. Obesity rates for NC adults surpass national rates (36% NC, 33% US). Approximately 5.7 million adults in NC (70%) are either overweight or obese. In 2019, over 50% of NC adults reported levels of physical activity that did not meet current recommendations for aerobic exercise. Approximately one in five adults in NC use tobacco, and 27.3% of high school age youths use tobacco.

Social risk factors significantly contribute to CVDs and health risk factors for CVDs. These risk factors include structural racism and social determinants of health that disproportionately affect people from some racial and ethnic groups including level of education, housing instability, food access, health insurance, and income. Toxic stress and chronic racism can cause physiological stress responses that create long-term health impacts and put Black and African American persons and people from other racial and ethnic minority groups at greater risk for adverse health outcomes. Black and African American persons make up 22.6% of people in NC, American Indian persons make up 3.0% of the state population, and 10.1% of people who identify as Hispanic or Latino persons. These three groups experience greater rates of CVD and mortality, or higher prevalence rates of CVD risk factors in NC.

Despite an overall national improvement in CVD mortality rates, CVD mortality rates are higher for people who have lower levels of education, receive Supplemental Nutrition Assistance Program (SNAP) benefits, live in mobile homes, or live in rural areas. In 41 of the 100 NC counties, the CVD mortality rate from 2010-2019 showed an overall increase. Over a third of people in NC have a high school diploma/GED or less. In NC, one in 10 residents live in mobile homes, and 12 of 100 counties have more than 27% of residents living in mobile homes. Food insecurity affects people throughout the state, with 13.9% of people receiving SNAP benefits in the past 12 months, and 11.0% reporting that either often or sometimes the food they bought did not last and they did not have money to buy more. According to the NC Office of Rural Health, 70% of counties in NC are classified as rural.

## III. SCOPE OF SERVICES

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

The CCCPH Branch will contract with **one** organization that shall work with healthcare practices to improve and enhance clinical identification and management of hypertension and hyperlipidemia.

The project period is January 1, 2024 - June 29, 2026. The funded organization shall implement activities for this initiative throughout the project period pending satisfactory performance and funding availability.

**The budget period:**

- Year 1: January 1, 2024 - June 29, 2024 (Total funding for Year 1 is $150,000)
- Year 2: July 1, 2024 - June 29, 2025 (Total funding for Year 2 up to $400,000)
- Year 3: July 1, 2025 - June 29, 2026 (Total funding for Year 3 up to $400,000)

***Output***
**Applicants must propose work in all strategies listed below.**

**REQUIRED Strategy 1A:** Advance the adoption and use of electronic health records or health information technology, to identify, track, and monitor measures for clinical and social services and support needs to address health care disparities and health outcomes for adults at highest risk of CVD with a focus on hypertension and high cholesterol.

**REQUIRED Strategy 1B:** Promote the use of standardized processes or tools to identify the social services and support needs of patient populations at highest risk of CVD, with a focus on hypertension and high cholesterol, and monitor and assess the referral and utilization of those services, such as food assistance, transportation, housing, childcare, etc.

**REQUIRED Strategy 2A:** Advance the use of health information systems that support team-based care to monitor population health with a focus on health disparities, hypertension, and high cholesterol.

**REQUIRED Strategy 2B:** Assemble or create multidisciplinary teams (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers, and community-based workers) to identify patients' social services and support needs and to improve the management and treatment of hypertension and high cholesterol.

**REQUIRED Strategy 3A:** Create and enhance community-clinical links to identify social determinants of health (e.g., inferior housing, lack of transportation, inadequate access to care, and limited community resources) and respond to the social services and support needs of populations at highest risk of CVD with a focus on hypertension and high cholesterol.

Applicants must specify the county(ies) in which they will work. Work within all counties is acceptable, however preference may be given to applicants that focus on counties with the highest rate of heart disease.

Applicants may access data posted here to identify priority populations for their application.

Applicants may use a framework such as this to incorporate health equity planning principals in their application.

**The funded organization must complete the following by the June 29, 2024:**

1. Develop a healthcare practice recruitment plan with targets for Years 1-3. Two healthcare practices shall be recruited in Year 1 and onboarded and prepared to implement activities in Year 2. **Preference may be given for selection of implementation county(ies) with high needs.**
2. Begin planning for implementation of Strategies 1A, 1B, 2A, 2B, and 3A as defined above. These strategies shall be fully implemented in Years 2-3.
3. Participate in strategy-specific webinars assigned by CCCPH.
4. Work with the CCCPH evaluation staff to determine data to be included in the monthly and final reports.
5. Submit monthly progress reports by the last day of each month.
6. Submit an annual report by June 29, 2024.

***Outcome***

The outcome of this RFA is to support investments to implement and evaluate evidence-based and evidence-informed strategies to prevent and manage CVD by implementing Strategies 1A, 1B, 2A, 2B, and 3A.

**Applicants must propose work in all strategies to achieve the outcomes listed below.**

**REQUIRED Strategy 1A:** Advance the adoption and use of electronic health records or health information technology, to identify, track, and monitor measures for clinical and social services and support needs to address health care disparities and health outcomes for adults at highest risk of CVD with a focus on hypertension and high cholesterol.

**REQUIRED Strategy 1B:** Promote the use of standardized processes or tools to identify the social services and support needs of patient populations at highest risk of CVD, with a focus on hypertension and high cholesterol, and monitor and assess the referral and utilization of those services, such as food assistance, transportation, housing, childcare, etc.

**Outcomes:**

1. Increased use of electronic health records or health information technology to report, monitor, and track clinical and social services and support needs data to improve detection of health care disparities and the identification, management, and treatment of patients at highest risk of cardiovascular disease, with a focus on hypertension and high cholesterol.
2. Increased use of standardized processes or tools to identify, assess, track, and address the social services and support needs of patient populations at highest risk of CVD.
3. Improved blood pressure control among populations within partner health care and community settings.
4. Increased utilization of social services and support among populations at highest risk of CVD, with a focus on hypertension and high cholesterol.

**REQUIRED Strategy 2A:** Advance the use of health information systems that support team-based care to monitor population health with a focus on health disparities, hypertension, and high cholesterol.

**REQUIRED Strategy 2B:** Assemble or create multidisciplinary teams (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers, and community-based workers) to identify patients' social services and support needs and to improve the management and treatment of hypertension and high cholesterol.

**Outcomes:**

1. Increased use of electronic health records or health information technology to support communication and coordination among care team members to monitor and address patients' hypertension and high cholesterol.
2. Increased use of multidisciplinary care teams adhering to evidence-based guidelines to address patients' social services and support needs and improve the management and treatment of hypertension and high cholesterol.
3. Increased multidisciplinary partnerships that address identified barriers to social services and support needs within populations at highest risk of CVD.

**REQUIRED Strategy 3A:** Create and enhance community-clinical links to identify social determinants of health (e.g., inferior housing, lack of transportation, inadequate access to care, and limited community resources) and respond to the social services and support needs of populations at highest risk of CVD with a focus on hypertension and high cholesterol.

**Outcomes:**

1. Increased community clinical links to identify and respond to social services and support needs of populations at highest risk of CVD with a focus on hypertension and high cholesterol.
2. Increased engagement of community health workers (or their equivalents) to provide a continuum of care extending clinical interventions and addressing social services and support needs.
3. Increased use of self-measured blood pressure with clinical support within populations at highest risk of hypertension.
4. Reduced disparities in hypertension control among populations within partner health care and community settings.

**Service Quality**

Services shall be culturally and linguistically sensitive. The awardee must submit all documents, reports, assessments, and evaluations by the dates outlined in the Output section above. Awardee shall 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 September 27, 2023.

**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: https://www.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 DHHS website on August 2, 2023 and may be sent to prospective agencies and organizations via direct mail, email, and/or the Program's website.

2. **Distribution of the RFA**
   RFAs will be posted on the CCCPH website and may be sent via email to interested agencies and organizations beginning August 2, 2023.

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 August 16, 2023. As an addendum to this RFA, a summary of all questions and answers will be posted on the CCCPH website by August 23, 2023.

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 September 6, 2023 in MS Word, Excel or PDF format. The electronic application must contain signed documents. **Faxed applications will not be accepted.**

5. **Format**
   The application must be typed, on 8.5" x 11" in Portrait page layout with margins of 1". Line spacing **may** be **single**-spaced. The font shall be easy to read and no smaller than 12-point. The pages shall be numbered in the **lower** right corner.

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

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

**8. Receipt of Applications**

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

**9. Review of Applications**

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

Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The State reserves the right to conduct site visits as part of the application review and award process. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

**10. Request for Additional Information**

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

**11. Audit**

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

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

There are 3 reporting levels which are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than $25,000
Level 2: At least $25,000 but less than $500,000
Level 3: $500,000 or more

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

**12. Assurances**

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

**13. Additional Documentation to Include with Application**

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

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

In addition, those private non-profit agencies are to provide a completed and signed page verifying continued existence of the agency's 501(c)(3) status (An example of this page is provided in section *VIII.5 Verification of 501(c)(3) Status*).

**14. Federal Certifications**

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

**15. Unique Entity Identifier (UEI)**

All grantees receiving federal funds must have a Unique Entity Identifier (UEI) which is issued by the federal government at SAM.gov. If your agency does not have a UEI, please use the online registration at SAM.gov to receive one free of charge.

**16. Additional Documentation Prior to Contract Execution**

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

a. Documentation of the agency's Unique Entity Identifier (UEI).

   If your agency does not have a UEI, please use the online registration at SAM.gov to receive one free of charge.

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

a. A completed and signed statement which includes the agency's Conflict of Interest Policy (A reference version appears in Appendix 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 Division of Public Health contracts are required to update their contract documentation. These agencies will be contacted a few weeks prior to the due date and will be provided the necessary forms and instructions.

**17. Registration with Secretary of State**

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

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

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

**19. Iran Divestment Act**

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

**20. Boycott Israel Divestment Policy**

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

**21. Application Process Summary Dates**

08/02/2023: Request for Applications released to eligible applicants
08/16/2023: End of Q&A period. All questions due in writing by 5:00 pm
08/23/2023: Answers to Questions released to all applicants, as an addendum to the RFA will be posted by August 23, 2023 here
09/06/2023: Applications are due by 5:00 pm
09/27/2023: Successful applicants will be notified
01/01/2024: Proposed contract start date

## VI. PROJECT BUDGET

### Budget and Justification

The CCCPH Branch will contract with one organization that shall work with healthcare practices to improve and enhance clinical identification and management of hypertension and hyperlipidemia.

The project period is January 1, 2024 - June 29, 2026. The funded organization shall implement activities for this initiative throughout the project period pending satisfactory performance and funding availability.

**The budget period:**

- Year 1: January 1, 2024 - June 29, 2024 (Total funding for Year 1 is $150,000)
- Year 2: July 1, 2024 - June 29, 2025 (Total funding for Year 2 up to $400,000)
- Year 3: July 1, 2025 - June 29, 2026 (Total funding for Year 3 up to $400,000)

**Applicants must submit a budget narrative to include:**

- Year 1 budget (January 1, 2024 - June 29, 2024) not to exceed $150,000.
- Applicants that are **non-profit organizations** must submit a Year 2 budget (July 1, 2024 - June 29, 2025) not to exceed $400,000.

**Note: Year 3 budgets (July 1, 2025 – June 29, 2026) should NOT be submitted.**

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. Computers for staff working on the project. Total cost for all computer-related items (e.g., computers, printers, monitors) may not exceed $4,999.
2. Indirect cost. Please see page 19 for additional information on indirect cost.
3. In-state travel not to exceed the state rate. This may include mileage, parking, per diem and lodging.
4. Office rent and telephone for staff working on this project
5. Office supplies (e.g., paper, tape, scissors, binders, toner, pens)
6. Staff salaries and fringe benefits

**Ineligible Expenses**

1. Cash incentives
2. Construction (e.g., lumber, concrete, capital improvements)
3. Equipment (includes any item with a cost more than $4,999)

4. Food (this does not include per diem when traveling)
5. Furniture
6. Gift cards (e.g., gas cards, department store gift cards, farmers market vouchers, gift cards intended as incentives)
7. Incentives
8. Medical devices (e.g., blood pressure cuffs, stethoscopes, sphygmomanometers)
9. Out-of-state travel

**Travel Reimbursement Rates**

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the "Change in IRS Mileage Rate" memorandum to be found on OSBM's website when there is a change in this rate. The current state mileage reimbursement rate is $0.655 cents per mile.

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

**Current Rates for Travel and Lodging**

| **Meals** | **In State** |
|---|---|
| Breakfast | $13.00 |
| Lunch | $15.00 |
| Dinner | $26.00 |
| ***Total Meals Per Diem Per Day*** | ***$54.00*** |
| **Lodging** *(Maximum rate per person, excludes taxes and fees)* | $98.00 + taxes/fees |
| **Total Travel Allowance Per Day** | **$152.00** |
| Mileage | $0.655 per mile/regardless of distance |

**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 CDC through the National Cardiovascular Health Program.

**Federal National Cardiovascular Health Program (with no Indirect Cost/Administrative Restrictions)**

Indirect cost is allowed on the portion of the sub-award funded by the National Cardiovascular Health Program.

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

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

Estimated portion of subaward funded by The National Cardiovascular Health Program cooperative agreement is as follows for each year:

| Year | The National Cardiovascular Health Program Funding Estimate |
|---|---|
| 1 | $150,000 |
| 2 | $400,000 |
| 3 | $400,000 |

## VII. EVALUATION CRITERIA

### SCORING OF APPLICATIONS

Applications shall be scored based on the thoroughness of responses to each content area: 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. The highest total score is 100 points. The scoring procedure is as follows:

**Section I - Strategies:**
Weight = 20%, Total maximum points = 20

**Section II - Strengths and Needs:**
Weight = 20%, Total maximum points = 20

**Section III – Organizational Capacity:**
Weight = 20%, Total maximum points = 20

**Section IV - Health Equity:**
Weight = 20%, Total maximum points = 20

**Section V - Budget and Budget Justification:**
Weight = 10%, Total maximum points = 10

**Section VI - Letters of Commitment:**
Weight = 10%, Total maximum points = 10

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.

## VIII. APPLICATION

### APPLICATION CHECKLIST

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

1. __ **Cover Letter**

2. __ **Application Face Sheet**

3. __ **Applicant's Response/Form**
   Include a completed National Cardiovascular Health Program Action Plan using the template located here. Must be submitted as a .doc, .docx, or .pdf file.

4. __ **Project Budget**
   Include a budget in the format provided here.
   Must be submitted as a .xls or .xlsx file

5. __ **Indirect Cost Rate Approval Letter** (if applicable)

6. __ **Letters of Commitment**

*IRS Documentation:*

7. __ **IRS Letter Documenting Your Organization's Tax Identification Number** (public agencies)

   or

   __ **IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax-exempt Status** (private non-profits)

   and

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

**1. Cover Letter**

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

Include in the cover letter:

1. Legal name of the Applicant agency
2. RFA number
3. Applicant agency's federal tax identification number
4. Applicant agency's Unique Entity Identifier (UEI)
5. Closing date for applications

## 2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with *The National Cardiovascular Health Program* including the signature of the individual authorized to sign "official documents" for the agency. This form is the application's cover page. Signature affirms that the facts contained in the applicant's response to RFA # *A-408* 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:<br>2. Name of individual with Signature Authority: | |
| 3. Mailing Address (include zip code+4):<br>4. Address to which checks will be mailed: | |
| 5. Street Address: | |
| 6. Contract Administrator:<br>Name:<br>Title: | Telephone Number:<br>Fax Number:<br>Email Address |
| 7. Agency Status (check all that apply):<br>☐ Public ☐ Private Non-Profit ☐ Local Health Department | |
| 8. Agency Federal Tax ID Number: | 9. Agency UEI: |
| 10. Agency's URL (website): | |
| 11. Agency's Financial Reporting Year: | |
| 12. Current Service Delivery Areas (county(ies) and communities): | |
| 13. Proposed Area(s) To Be Served with Funding (county(ies) and communities): | |
| 14. Amount of Funding Requested | |
| 15. Projected Expenditures: Does applicant's state and/or federal expenditures exceed $500,000 for applicant's current fiscal year (excluding amount requested in #14) Yes ☐ No ☐ | |
| The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant. | |
| 16. Signature of Authorized Representative: | 17. Date |

**3. Applicant's Response**

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 I-VI as 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 – Strategies (2 pages maximum per strategy); 20 points***

The applicant must submit a completed National Cardiovascular Health Program Action Plan using the template located here. In the Action Plan, **applicants are required to complete all strategies.**

**REQUIRED Strategy 1A:** Advance the adoption and use of electronic health records or health information technology, to identify, track, and monitor measures for clinical and social services and support needs to address health care disparities and health outcomes for adults at highest risk of CVD with a focus on hypertension and high cholesterol.

**REQUIRED Strategy 1B:** Promote the use of standardized processes or tools to identify the social services and support needs of patient populations at highest risk of CVD, with a focus on hypertension and high cholesterol, and monitor and assess the referral and utilization of those services, such as food assistance, transportation, housing, childcare, etc.

**Outcomes:**

1. Increased use of electronic health records or health information technology to report, monitor, and track clinical and social services and support needs data to improve detection of health care disparities and the identification, management, and treatment of patients at highest risk of cardiovascular disease, with a focus on hypertension and high cholesterol.
2. Increased use of standardized processes or tools to identify, assess, track, and address the social services and support needs of patient populations at highest risk of CVD.
3. Improved blood pressure control among populations within partner health care and community settings.
4. Increased utilization of social services and support among populations at highest risk of CVD, with a focus on hypertension and high cholesterol.

**REQUIRED Strategy 2A:** Advance the use of health information systems that support team-based care to monitor population health with a focus on health disparities, hypertension, and high cholesterol.

**REQUIRED Strategy 2B:** Assemble or create multidisciplinary teams (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers, and community-based workers) to identify patients' social services and support needs and to improve the management and treatment of hypertension and high cholesterol.

**Outcomes:**

1. Increased use of electronic health records or health information technology to support communication and coordination among care team members to monitor and address patients' hypertension and high cholesterol.
2. Increased use of multidisciplinary care teams adhering to evidence-based guidelines to address patients' social services and support needs and improve the management and treatment of hypertension and high cholesterol.
3. Increased multidisciplinary partnerships that address identified barriers to social services and support needs within populations at highest risk of CVD.

**REQUIRED Strategy 3A:** Create and enhance community-clinical links to identify social determinants of health (e.g., inferior housing, lack of transportation, inadequate access to care, and limited community resources) and respond to the social services and support needs of populations at highest risk of CVD with a focus on hypertension and high cholesterol.

**Outcomes:**

1. Increased community clinical links to identify and respond to social services and support needs of populations at highest risk of CVD with a focus on hypertension and high cholesterol.
2. Increased engagement of community health workers (or their equivalents) to provide a continuum of care extending clinical interventions and addressing social services and support needs.
3. Increased use of self-measured blood pressure with clinical support within populations at highest risk of hypertension.
4. Reduced disparities in hypertension control among populations within partner health care and community settings.

***Section II – Strengths and Needs (3 pages maximum); 20 points***

1. Describe the county(ies) or area(s) you will be serving. **Preference may be given for selection of implementation county(ies) with high needs.**
2. Describe issues (e.g., health disparities, gaps in services or access, concerns expressed by the community) in the county/area that will be addressed by the implementation of strategies, and how the issues were identified.
3. Describe community assets (e.g., partnerships, community groups, plans, volunteers, funding, ongoing initiatives) that will be leveraged to support implementation of the strategies.

***Section III – Description of Organization/Organizational Capacity (3 pages maximum); 20 points***

1. Provide evidence that your organization has the capacity to implement the strategies.
2. Describe your experience collecting, reporting and/or analyzing data to evaluate activities like those required in this RFA.
3. Describe the individuals, agencies and/or organizations that you will partner with to implement the strategies and their role in your proposed implementation. You must include a Letter of Commitment from each partner described **(**See 3. Applicant's Response, Section VIII 3.).

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); 20 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 strategies.
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 strategies.

***Section V - Project Budget; 10 points***

Applicants must complete a budget and budget justification narrative using the Excel spreadsheet located here.

**Eligible Expenses**

1. Computers for staff working on the project. Total cost for all computer-related items (e.g., computers, printers, monitors) may not exceed $4,999.
2. Indirect cost. Please see page 19 for additional information on indirect cost.
3. In-state travel not to exceed the state rate. This may include mileage, parking, per diem and lodging.
4. Office rent and telephone for staff working on this project
5. Office supplies (e.g., paper, tape scissors, binders, toner, pens)
6. Staff salaries and fringe benefits

**Ineligible Expenses**

1. Cash incentives
2. Construction (e.g., lumber, concrete, capital improvements)
3. Equipment (includes any item with a cost more than $4,999)
4. Food (this does not include per diem when traveling)
5. Furniture
6. Gift cards (e.g., gas cards, department store gift cards, farmers market vouchers, gift cards intended as incentives)
7. Incentives
8. Medical devices (e.g., blood pressure cuffs, stethoscopes, sphygmomanometers)
9. Out-of-state travel

**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; 10 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, 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:

# The National Cardiovascular Health Program Resources

The Community and Clinical Connections for Prevention and Health Branch will collaborate with state and local partners to implement and evaluate evidence-based and evidence-informed strategies to prevent and manage hypertension and high cholesterol.

**Strategy 1: Track and Monitor Clinical and Social Services and Support Needs Measures Shown to Improve Health and Wellness, Health Care Quality, and Identify Patients at the Highest Risk of Cardiovascular Disease (CVD) with a Focus on Hypertension and High Cholesterol.**

**REQUIRED Strategy 1A:** Advance the adoption and use of electronic health records or health information technology, to identify, track, and monitor measures for clinical and social services and support needs to address health care disparities and health outcomes for adults at highest risk of CVD with a focus on hypertension and high cholesterol.

**REQUIRED Strategy 1B:** Promote the use of standardized processes or tools to identify the social services and support needs of patient populations at highest risk of CVD, with a focus on hypertension and high cholesterol, and monitor and assess the referral and utilization of those services, such as food assistance, transportation, housing, childcare, etc.

**Priority Population:**
The populations of focus are those impacted by the high prevalence of CVD exacerbated by health inequities and disparities and social determinants such as low income, poor health care, and unfair opportunity structures. Specific emphasis is placed on the prevention and management of hypertension and high cholesterol.

**Outcomes:**
1. Increased use of electronic health records or health information technology to report, monitor, and track clinical and social services and support needs data to improve detection of health care disparities and the identification, management, and treatment of patients at highest risk of cardiovascular disease, with a focus on hypertension and high cholesterol.
2. Increased use of standardized processes or tools to identify, assess, track, and address the social services and support needs of patient populations at highest risk of CVD.
3. Improved blood pressure control among populations within partner health care and community settings.
4. Increased utilization of social services and support among populations at highest risk of CVD, with a focus on hypertension and high cholesterol.

The Community and Clinical Connections for Prevention and Health Branch will collaborate with state and local partners to implement and evaluate evidence-based and evidence-informed strategies to prevent and manage hypertension and high cholesterol.

**<u>Strategy 2:</u> Implement Team-Based Care to Prevent and Reduce CVD Risk with a Focus on Hypertension and High Cholesterol Prevention, Detection, Control, and Management Through the Mitigation of Social Support Barriers to Improve Outcomes.**

**REQUIRED Strategy 2A:** Advance the use of health information systems that support team-based care to monitor population health with a focus on health disparities, hypertension, and high cholesterol.

**REQUIRED Strategy 2B:** Assemble or create multidisciplinary teams (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers, and community-based workers) to identify patients' social services and support needs and to improve the management and treatment of hypertension and high cholesterol.

**Priority Population:**
The populations of focus are those impacted by the high prevalence of CVD exacerbated by health inequities and disparities and social determinants such as low income, poor health care, and unfair opportunity structures. Specific emphasis is placed on the prevention and management of hypertension and high cholesterol.

**<u>Outcomes:</u>**

1. Increased use of electronic health records or health information technology to support communication and coordination among care team members to monitor and address patients' hypertension and high cholesterol.
2. Increased use of multidisciplinary care teams adhering to evidence-based guidelines to address patients' social services and support needs and improve the management and treatment of hypertension and high cholesterol.
3. Increased multidisciplinary partnerships that address identified barriers to social services and support needs within populations at highest risk of CVD.

The Community and Clinical Connections for Prevention and Health Branch will collaborate with state and local partners to implement and evaluate evidence-based and evidence-informed strategies to prevent and manage hypertension and high cholesterol.

**Strategy 3: Link Community Resources and Clinical Services That Support Bidirectional Referrals, Self-Management, and Lifestyle Change to Address Social Determinants That Put the Priority Populations at Increased Risk of Cardiovascular Disease with a Focus on Hypertension and High Cholesterol.**

> **REQUIRED Strategy 3A:** Create and enhance community-clinical links to identify SDOH (e.g., inferior housing, lack of transportation, inadequate access to care, and limited community resources) and respond to the social services and support needs of populations at highest risk of CVD with a focus on hypertension and high cholesterol.

**Priority Population:**
The populations of focus are those impacted by the high prevalence of CVD exacerbated by health inequities and disparities and social determinants such as low income, poor health care, and unfair opportunity structures. Specific emphasis is placed on the prevention and management of hypertension and high cholesterol.

**Outcomes:**

1. Increased community clinical links to identify and respond to social services and support needs of populations at highest risk of CVD with a focus on hypertension and high cholesterol.
2. Increased engagement of community health workers (or their equivalents) to provide a continuum of care extending clinical interventions and addressing social services and support needs.
3. Increased use of self-measured blood pressure with clinical support within populations at highest risk of hypertension.
4. Reduced disparities in hypertension control among populations within partner healthcare and community settings.

# CARDIOVASCULAR DISEASE RESOURCES

**Healthy People 2030** objectives related to heart disease and stroke.

**The Guide to Community Preventive Services** is a collection of evidence-based findings of the Community Preventive Services Task Force. It is a resource to help you select interventions to improve health and prevent disease in your state, community, community organization, business, healthcare organization, or school.

**Million Hearts® 2027** is a national initiative to prevent one million heart attacks and strokes within five years. It focuses on implementing a small set of evidence-based priorities and targets that can improve cardiovascular health for all.

**The Surgeon General's Call to Action to Control Hypertension** seeks to avert the negative health effects of hypertension across the US by identifying interventions that can be implemented, adapted, and expanded across diverse settings.

The **2018 ACC/AHA Multisociety Guideline on the Management of Blood Cholesterol** updates the 2013 guideline on reducing the risk of atherosclerotic CVD through lipid management and emphasizes a more intensive approach.

**Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure** includes evidence-based guidelines from the National Heart, Lung, and Blood Institute about preventing and managing high blood pressure.

The **Hypertension Management Program Toolkit** is an online interactive training for a team-based, patient-centered, integrated care model to improve the quality of patient care and decrease the number of patients with uncontrolled hypertension

**Best Practices for Heart Disease and Stroke: A Guide to Effective Approaches and Strategies** describes and summarizes scientific evidence behind 18 effective strategies for lowering high blood pressure and cholesterol levels that can be implemented in healthcare systems and that involve community-clinical links.

The **Community-Clinical Linkages for the Prevention and Control of Chronic Diseases: A Practitioner's Guide** is a resource for public health practitioners to define and facilitate community-clinical linkages.

# PARTNERSHIPS/COMMUNITY ENGAGEMENT RESOURCES

**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.

**The Partner Toolbook: An Essential Guide to Cross-Sector Partnering** offers a step-by-step partnership-building process with tools in the appendix.

**The SDG Partnership Guidebook: A Practical Guide to Building High Impact Partnerships for the Sustainable Development Goals** offers another step-by-step partnership-building process with tools in the appendix:

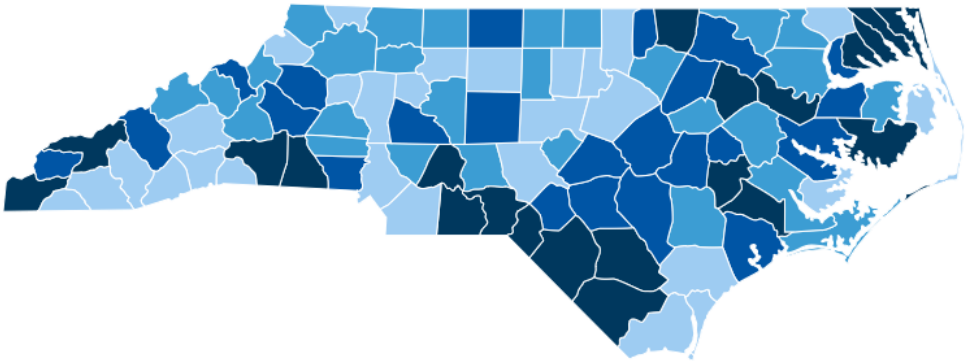
**NCCARE360** is the first statewide coordinated care network that connects individuals to local services and resources. NCCARE360 helps providers electronically connect individuals to community resources and provides the opportunity for feedback and follow up. It is available in all 100 NC counties.

# NORTH CAROLINA COUNTY HEALTH DATA: HEART DISEASE

**Filter By** *Heart Disease*

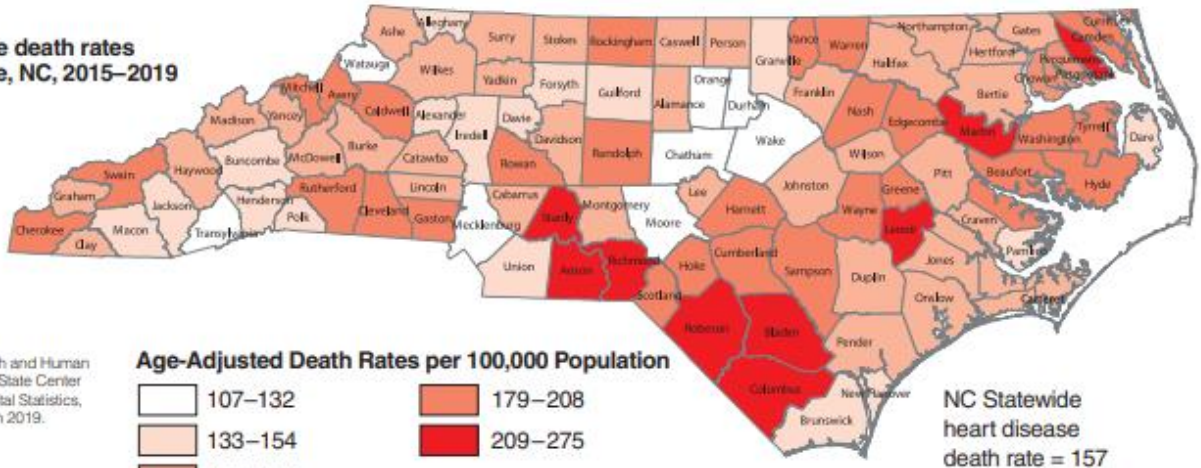
Age-adjusted rate of heart disease deaths per 100,000 population

- 0-157.3
- 157.3-175
- 175-193.4
- More than 193.4



# HEART DISEASE DEATH RATES BY COUNTY OF RESIDENCE

**Figure 1. Heart disease death rates by county of residence, NC, 2015–2019**




**Data Source:**
North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. Health Atlas, Vital Statistics, Volume 2: Leading Causes of Death 2019.

**Age-Adjusted Death Rates per 100,000 Population**

- 107–132
- 133–154
- 155–178
- 179–208
- 209–275

NC Statewide heart disease death rate = 157

# HEALTH EQUITY RESOURCES

**Government Alliance on Race and Equity (GARE)** has developed several 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.**
- **Racial Equity: Getting to Results**
- **Racial Equity Toolkit: An Opportunity to Operationalize Equity**
- **Racial Equity Action Plans: A How-to Manual** is a toolkit for local governments to develop their own Racial Equity Action Plan as both a process and outcome.

**Equitable Processes Lead to More Equitable Outcomes** is a blog from Phil Bors with Healthy Places by Design emphasizing that equitable processes must address who is included and how they are engaged and for what purpose. Bors provides links to Equity Advancing Resources.

**National Association of Chronic Disease Directors' Health Equity Council: Race Toward Health** includes a podcast launch, webinars, and peer-to-peer activities to support National Minority Health Month.

**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. A great precursor to reading The Color of Law and watching the webinar recording is a short video titled **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.

**CDC's Office of Minority Health, Health Equity Portal**

**CDC's Health Equity Resources including COVID-19 health equity resources**

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

- State reports
- Cities and counties have declared racism as a public health crisis

**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
- CARES Spark Map

**Community Commons** is 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.

# Appendix B Forms for Reference

Do **NOT** complete these documents at this time **nor return them** with the RFA response.
They are for reference only.

## FEDERAL CERTIFICATIONS

**The undersigned states that:**

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

2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:

   a. The Certification Regarding Nondiscrimination;
   b. The Certification Regarding Drug-Free Workplace Requirements;
   c. The Certification Regarding Environmental Tobacco Smoke;
   d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
   e. The Certification Regarding Lobbying;

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

4. [Check the applicable statement]

   ☐ He or she **has completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;

   **OR**

   ☐ He or she **has not completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.

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

_____

**Signature** **Title**

_____

**Contractor [Organization's] Legal Name** **Date**

**[This Certification must be signed by a representative of the Contractor who is authorized to sign contracts.]**

### I. Certification Regarding Nondiscrimination

**The Contractor certifies** that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

## II. Certification Regarding Drug-Free Workplace Requirements

1. **The Contractor certifies** that it will provide a drug-free workplace by:

   a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

   b. Establishing a drug-free awareness program to inform employees about:

      (1) The dangers of drug abuse in the workplace;

      (2) The Contractor's policy of maintaining a drug-free workplace;

      (3) Any available drug counseling, rehabilitation, and employee assistance programs; and

      (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

   c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);

   d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:

      (1) Abide by the terms of the statement; and

      (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

   e. **Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or** otherwise receiving actual notice of such conviction;

f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) taking appropriate personnel action against such an employee, up to and including
termination; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

Street Address No.1:

_____

City, State, Zip Code:

_____

Street Address No.2:

_____

City, State, Zip Code:

_____

3. Contractor will inform the Department of any additional sites for performance of work under this agreement.

4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

**III. Certification Regarding Environmental Tobacco Smoke**

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.

**The Contractor certifies** that it will comply with the requirements of the Act. The Contractor further agrees that it will require the language of this certification be included in any subawards that contain provisions for children's services and that all subgrantees shall certify accordingly.

## IV. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

### Instructions

[The phrase "prospective lower tier participant" means the Contractor.]

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

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

**Certification**

a. **The prospective lower tier participant certifies,** by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

## V. Certification Regarding Lobbying

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

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of $100,000.00 or more and that all subrecipients shall certify and disclose accordingly.

4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000.00 and not more than $100,000.00 for each such failure.

## VI. Disclosure of Lobbying Activities

**Instructions**

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

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

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.

10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).

11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.

14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.

15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.

16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

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

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

| 1. Type of Federal Action: | 2. Status of Federal Action: | 3. Report Type: |
|---|---|---|
| ☐ a. contract<br>☐ b. grant<br>☐ c. cooperative agreement<br>☐ d. loan<br>☐ e. loan guarantee<br>☐ f. loan insurance | ☐ a. Bid/offer/application<br>☐ b. Initial Award<br>☐ c. Post-Award | ☐ a. initial filing<br>☐ b. material change<br><br>**For Material Change Only:**<br><br>Year_____ Quarter_____<br><br>Date of Last Report:_____ |

| 4. Name and Address of Reporting Entity:<br>☐ Prime<br>☐ Subawardee Tier _____, (if known)<br><br>Congressional District (if known) | 5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:<br><br>Congressional District (if known) |
|---|---|
| 6. Federal Department/Agency: | 7. Federal Program Name/Description:<br><br>CFDA Number (if applicable) _____ |
| 8. Federal Action Number (if known) | 9. Award Amount (if known) :<br>$ |
| 10. a. Name and Address of Lobbying Registrant (*if individual, last name, first name, MI*):<br><br>(*attach Continuation Sheet(s) SF-LLL-A, if necessary*) | b. Individuals Performing Services (*including address if different from No. 10a.*) (*last name, first name, MI*):<br><br>(*attach Continuation Sheet(s) SF-LLL-A, if necessary*) |
| 11. Amount of Payment (*check all that apply*):<br><br>$ _____ € actual € planned<br><br>12. Form of Payment (*check all that apply*):<br><br>☐ a. cash<br>☐ b. In-kind; specify: Nature _____<br>Value _____ | 13. Type of Payment (*check all that apply*):<br><br>☐ a. retainer<br>☐ b. one-time fee<br>☐ c. commission<br>☐ d. contingent fee<br>☐ e. deferred<br>☐ f. other; specify: _____ |

14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11(*attach Continuation Sheet(s) SF-LLL-A, if necessary*):

15. Continuation Sheet(s) SF-LLL-A attached: ☐ Yes ☐ No

| | |
|---|---|
| 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: _____<br>Print Name: _____<br>Title: _____<br>Telephone No: _____ Date: _____ |
| Federal Use Only | Authorized for Local Reproduction<br>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

# CONFLICT OF INTEREST POLICY

## CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY

State of _____
County _____
I, _____ hereby state that I am the _____
(Printed Name) (Title)
of _____ ("Organization"), and by that authority
(Legal Name of Organization)
duly given and as the act and deed of the Organization, state that the following Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the _____ day of _____, _____. I understand that the penalty
(Day of Month) (Month) (Year)
for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.
I declare under penalty of perjury that the foregoing is true and correct. Executed on this the _____ day of _____, 20_____.
(Day of Month) (Month) (Year)

_____
(Signature)

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

_____
Name of Organization

Reference only — Not for signature

_____
Signature of Organization Official

**Conflict of Interest Policy Example**

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

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

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

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

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

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

E. **Board Action** -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest.

After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

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

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

G. **Record of Conflict** -- The minutes of the governing board and all committees with board delegated powers shall contain:

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

Approved by:

_____
Name of Organization

_____
Signature of Organization Official

_____
Date

**NO OVERDUE TAX DEBTS CERTIFICATION**

## State Grant Certification – No Overdue Tax Debts[1]

To: State Agency Head and Chief Fiscal Officer

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

**Sworn Statement:**

_____ [Name of Board Chair] and

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

_____ [Title of Second Authorizing Official], respectively, of _____

[Agency/Organization's full legal name] of _____ [City] in the State of _____ [State]; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

| | | |
|---|---|---|
| Reference only — Not for signature | Board Chair | |
| | Title | Date |
| Reference only — Not for signature | | |
| Signature | Title 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-

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

Contractor's Name: _____

Contractor's Authorized Agent: Signature _____ Date _____

Printed Name _____ Title _____

Witness: Signature _____ Date _____

Printed Name _____ Title _____

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

# FFATA Form

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

NC DHHS, Division of Public Health Subawardee Information

## A. Exemptions from Reporting

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

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

**The entire FFATA reporting requirement:**

☐ as the entity's gross income is less than $300,000 in the previous tax year.

☐ as the entity is an individual.

☐ as the reporting would disclose classified information.

**Only executive compensation data reporting:**

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

Signature Reference only — Not for 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 UEI registration record is attached
An active registration with UEI is required

Entity's UEI _____

Entity's Parent's UEI (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. | | | |

**Page left intentionally blank.**