**Request for Applications**

RFA # *DMH-23-012-RFA-Implementation of Competitive Integrated Employment for Individuals with Intellectual and Developmental Disabilities*

**FUNDING AGENCY:** North Carolina Department of Health and Human Services

Division of Mental Health, Developmental Disabilities and Substance Use Services

Intellectual and Developmental Disabilities and Traumatic Brain Injury Section

**ISSUE DATE:** 4/26/2023

**QUESTIONS DUE:** 5/10/2023

**APPLICATIONS DUE:**  6/9/2023

**ANTICIPATED NOTICE OF AWARD:** 7/1/2023

**ANTICIPATED PERIOD OF PERFORMANCE: 9/1/2023-8/31/2026**

**INQUIRIES and DELIVERY INFORMATION:**

Direct all questions and the application to:RFA.responses@dhhs.nc.gov

**Applications will be received until 5:00 p.m.** **on \_6/9/2023\_\_\_\_**.

Hard copies of the application are available by request.

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

**Emailing Address:**

rfa.responses@dhhs.nc.gov

IMPORTANT NOTE: Indicate agency/organization name and RFA number in the filename of each submission.

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# INTRODUCTION

The Americans with Disabilities Act (“ADA”) and Olmstead v. L.C., 527 U.S. 521 (1999), the Rehabilitation Act, the Workforce Innovation and Opportunity Act (“WIOA”), and other applicable laws protect the rights of individuals with disabilities by ensuring that individuals with disabilities have access to supports and services that help achieve competitive integrated employment (CIE) by working in the community, earning minimum wage or above and having equal opportunity for benefits and advancement in the workplace.

The purpose of this RFA is to advance the North Carolina Department of Health and Human Services’ ongoing plan to expand supported employment services and to improve and increase CIE outcomes for individuals with intellectual and developmental disabilities in North Carolina.

### ELIGIBILITY

Eligible Applicants are organizations that have experience providing employment and career services to individuals with (I/DD). These organizations can be non-profit, not-for-profit, for profit, or other government agencies.

Applicants must demonstrate that they are able to provide the service specifications and standards set forth in this RFA. Awarded recipients must meet all applicable DMHDDSUS regulations and policies, and requirements.

### FUNDING

This initiative is funded by State funds.

Total Anticipated funding: $4,000,000 over three years.

Anticipated Number of Awards: Up to 1 award

Length of Project: Up to 3 years

Applications will be reviewed and ranked according to the evaluation criteria outlined in the RFA. Applicants must submit a budget detailing the costs for this project that complies with the requirement in this RFA.

It is anticipated that awards will be announced by 7/31/2023, dependent on funding approval by the North Carolina General Assembly.

The Division of Mental Health, Developmental Disabilities and Substance Use Services will notify grant recipients electronically via email. Contracts are anticipated to be effective 1/1/2024-12/31/2027, dependent on funding approval by the North Carolina General Assembly.

# BACKGROUND

Employment and quality job opportunities for individuals with disabilities continue to be a challenge in the United States, including North Carolina. In North Carolina, 29.6 percent of all individuals with intellectual and developmental disabilities (I/DD) are employed compared to 77.5 percent of individuals without I/DD.[[1]](#footnote-2) CIE is critical to achieving equal opportunity, full participation, and economic self-sufficiency for people with disabilities. It helps people with disabilities access and participate in the broader community, develop meaningful relationships with peers with and without disabilities, build new skills and self-esteem, and offers a pathway leading to more informed choices and greater economic independence. Access to CIE is vital for individuals with disabilities to be able to achieve a greater level of independence.  Over the past decade, North Carolina has worked to transform services and systems to support individuals with disabilities as fully included members of their communities, but these individuals remain less likely to work in CIE and more likely to live in poverty. Mirroring national trends, individuals with I/DD in our state are among the least likely to work in CIE. Approximately 37 percent of people with a cognitive disability are unemployed and living below the poverty line, and forty percent of individuals with cognitive disability who receive Social Security Income (SSI) are unemployed and living in poverty.[[2]](#footnote-3)

As part of the *NCDHHS* *Strategic Plan to Promote and Expand CIE for Individuals with I/DD (CIE Strategic Plan)*, the Department is issuing this RFA that will enhance employment services and supports for individuals with intellectual and other developmental disabilities, by aligning them with evidence-based and promising practices to promote informed choice towards a successful transition to CIE.

# SCOPE OF WORK

This statewide initiative is aligned with other efforts to promote CIE, including Employment First for NC, our Olmstead State Plan, and Home Community Based Services to promote competitive integrated employment. The purpose of this RFA is to find a single national level expert to provide transitional assistance that will lead to North Carolina I/DD Employment Service Providers being able to operationalize and implement CIE best and promising practices. The applicant will perform a range of activities, to include a landscape assessment and gap analysis of North Carolina’s current supported employment services as well as the development and implementation of Provider Innovation Training. Other critical components will consist of updating the existing *CIE Strategic Plan*, conducting employment assessments and plans, and gaining buy-in through stakeholder engagement and outreach campaigns.

The applicant shall offer instruction and training to selected NC employment providers, such as ADVP providers as well as other IDD service providers, utilizing a train the trainer model that includes all tenants of customized employment. The applicant shall provide metrics to demonstrate progression of participants’ knowledge of established fidelity scales throughout the contract. The *CIE Strategic Plan* and the applicants combined activities will allow North Carolina to develop capacity for a self-sustaining and innovative employment model with meaningful stakeholder engagement.

**PROGRAMMATIC REQUIREMENTS AND PRIORITIES**

Awardee will use these funds to expand competitive integration employment opportunities for individuals with I/DD within North Carolina by successfully accomplishing the following:

 Strategic Planning and Stakeholder Engagement

1. Perform landscape assessment and gap analysis of current supported employment services for individuals with I/DD in North Carolina and provide report to DHHS on current nationally recognized promising practices and opportunities to expand competitive integrated employment (CIE) in North Carolina.
	1. Landscape assessment/gap analysis should address policies, funding resources, population needs, accessibility of employers, community supports, and available resources.
	2. Landscape assessment/gap analysis interviews should be reflective of the socioeconomic and geographic landscape of North Carolina.
	3. Landscape assessment/gap analysis should include interviews with current providers of CIE and supported employment, including Adult Vocational Day Programs (ADVP), funding by Medicaid/Innovations waiver, state dollars, federal grants, and NC Division of Vocational Rehabilitation Services (DVRS).
	4. Landscape assessment/gap analysis should include interviews of individuals and their families with intellectual disabilities (ID) and developmental disabilities (DD) who are currently receiving or are waiting to receive CIE and supported employment, including Adult Vocational Day Programs (ADVP), funding by Medicaid/Innovations waiver, state dollars, federal grants, and DVRS.
2. Update and refresh the *CIE Strategic Plan* by incorporating input from the Landscape Assessment and consumer/family and provider interviews.
	1. Create quarterly and annual progress report on progress of the activities in the *CIE Strategic Plan.*
3. Establish and maintain a consumer, family, and provider advisory committee to meet in person or virtually at least monthly to offer guidance around the implementation of the *CIE Strategic Plan.*
4. Develop and implement outreach campaign and stakeholder engagement plan. This will include the following:
	1. Develop printed and digital brochures and other material for online outreach via social media and other platforms promoting benefits of expansion of CIE in North Carolina
	2. Develop mixed media plain-language materials for specific target audiences in the IDD community to include:
		1. Transition age youth (ages 18 – 21)
		2. Older adults (ages 55 and over)
		3. Individuals engaged in post-secondary education
		4. Individuals seeking meaningful day options
		5. Individuals interested in CIE and their families.
5. Process and Tools to Enhance CIE Assessment and Career Development
6. Create a statewide process to conduct employment assessments and create career development plans that supports seamless provisions of services and supports to members and prevent non-duplication of effort with providers, LMEs, and DVRS.
7. The process should be developed in coordination with CFAC and stakeholders and must be approved by NCDHHS.
8. The process will include a process that is individualized, accessible, and meaningful to the individual following person-centered planning principles inclusive of information, reasonable accommodations, and opportunities to make an informed choice to seek CIE. This process should include opportunities to observe individuals working in CIE and to talk with them about their transition experience.
9. Create an Employment Assessment and Career Development Tools:
	1. Applying information learned from landscape analysis and using the NCDHHS employment assessment and career development forms as guides (Appendix A and Appendix B, respectively), create and develop a person-centered, comprehensive Employment Assessment and Career Development Tools.
	2. All tools must be approved by NCDHHS.
10. Conduct Employment Assessments. This will include:
	1. Completing individualized Employment Assessments that describe an individual’s strengths and interests in employment
		1. Assessments will include discussion about personal goals as well as benefits, risks, potential barriers, and steps to move forward to support the informed choice process.
		2. The individual will be central to the assessment process
		3. It is expected that family members, care givers, guardians, providers and other important people in the individual’s life are engaged in the assessment process
11. Create Career Development Plans. This will include:
	1. Completing individualized Career Development Plan that is informed by employment assessment.
	2. Career Development Plans will include:
		1. Individual employment goals and objectives,
		2. Services and supports needed to achieve employment goals and objectives,
		3. The people, agencies and providers that will assist the individual in reaching their employment goals and objectives,
		4. Obstacles and barriers to CIE; and,
		5. Services and supports needed to overcome obstacles and barriers to CIE.

Assist individuals in identifying the support services needed to access community-based employment and self-employment opportunities. This will include the following:

Coordinate submission of career assessment and career development plan to LME/MCO Tailored Plan Care Manager (Care Coordinator for individuals that opt out of Tailored Care Management) for Medicaid Eligible or supported employment provider for individuals who receive state funded Services.

* 1. Provide employment and technology technical assistance to the SE provider for individual in pre-employment phase lasting more than six months.
	2. Provide employment and technology technical assistance to SE Provider for employment stabilization phase lasting more than one year.
	3. Conduct reassessments at least annually or as needed
	4. Provide linkages and coordinate appropriate funding source for employment services (i.e., LME/MCO, Vocational Rehabilitation, etc.)
1. Provider Innovation Training and Technical Assistance Plan
	1. Develop and implement Training Plan. This will include a training implementation plan and technical assistance plan in the follow areas:
		1. *Provider Innovation* to include:
			1. Strategic Planning and capacity building
			2. Transformational best practices
			3. Develop Quality Improvement Plans for individualized, community-based services
			4. Workforce development and staff restructuring
			5. Provider Innovation Training must be provided live at a minimum of twice per year. Training must be recorded.
		2. *Customized Employment* to include:
			1. 40-hours of Association of Community Rehabilitation Educators-approved training curriculum with focus on Customized Employment.
			2. Post-training practicum
			3. Post-practicum mentorship
			4. Training on Customized Employment Fidelity
			5. Train-the-Trainer program and protocol
			6. Customized Employment Training must be provided live at a minimum of twice per year. Training must be recorded.
		3. *Self-Employment* to include:
			1. Train employment providers on how to assess an individual’s interest in self-employment
			2. Provide guidance to employment service providers on how to develop a business plan and launch their business operation
			3. Train providers on how to support individuals operating in a self-employed capacity
			4. Self-Employment Training must be provided live at a minimum of twice per year. Training must be recorded.
	2. Provider Training Plan should include reasonable efforts to engage providers of ADVP Services and Day Components of ICF IID In Lieu of Service in ADVP Settings across geographic areas of North Carolina. Cohorts should include at least 30 participants.
	3. Provider Training Plan must be approved by NCDHHS
2. Development of a NC CIE Learning Collaborative
	1. As part of the Provider Innovation and TA Plan, the contractor must develop an North Carolina CIE Learning Collaborative that includes both a targeted group of provider staff including executive leadership, programmatic staff, and direct support members to serve as peer mentor sites for other agencies going through CIE transformation and providers who are interested in transforming their current models of supported employment.

**REPORTING REQUIREMENTS**

**Monthly Reporting Requirements**

1. Financial Status Report(s) submitted by the 10th of each month to the contract administrator
2. Supporting documentation for the FSR(s) (includes receipts and proof of payments)
3. For Employment Assessments and Career Development Plans:
	1. Tracking report(s) detailing activities conducted, including the metrics outlined below:
		1. Number of referrals received
		2. Number of monthly assessments completed
		3. Number of reassessments completed
			1. Indicate number of annual reassessments
			2. Indicate number of reassessments for other reasons
		4. Number of individuals who declined CIE
			1. Reason for declining
		5. Number of Career Assessment completed
		6. Number of Career Development Plans completed
		7. Number of individuals referred to:
			1. Tailored Plans
			2. Vocation Rehabilitation
			3. Post-Secondary Education
			4. Community Services Provider
			5. Other Community- based Organizations
		8. Client Satisfaction Survey data
			1. Number of Clients surveyed. Population surveyed shall be defined as individual receiving services who have received an Employment Assessment and Career Development Plan within the measure month or their legally responsible person.
			2. Number of complete survey responses received

**Quarterly Reporting Requirements**

1. Customized Employment Training Progress Reports will include:
	1. Number of trainings provided.
	2. Number of participants enrolled in practicum and post practicum mentorship programs
	3. Participants demographics.
	4. Data analysis on the efficacy of various components of the training, practicum, mentorship and train the trainer program
2. Provider Innovation Training and Technical Assistance Summary Reports will include:
	1. Number of provider transformation overview trainings provided
	2. Number of providers engaged in service delivery transformation plan development
	3. Implementation progress on Community of Practice (CoP).

**Ad Hoc Reporting**

NCDHHS can ask for ad hoc reports as needed at anytime during the duration of the contract.

**OTHER CONTRACTOR REQUIREMENTS**

Selected organizations are expected to:

* Adhere to all contractual requirements as stipulated within the contract.
* Develop and report on state-approved metrics to measure the impact and effectiveness of services and supports.
* Ensure all monthly, quarterly and annual reports are completed within the timeframes stipulated within the contract.
* Ensure subcontractor performance if subcontracting any activities of the work.

**CONTRACTOR QUALIFICATIONS AND CAPACITY**

Contractor capacity and qualifications:

* Nationally recognized expertise in the field of Competitive Integrated Employment (CIE) for people with Disabilities, specifically individual with Intellectual Disabilities (ID) and Developmental Disabilities (DD)
* Experience in landscape assessments and gap analysis
* Experience in development statewide, multi-year transformation plans
* Experience in creating, facilitating, and maintaining stakeholder advisory groups.
* Experience in development of media and outreach campaigns targeting individuals with I/DD, their families, and providers.
* Ability to complete comprehensive employment assessments and career development plans
* Knowledge of Medicaid managed care and State-funded system and service delivery in North Carolina
* Expertise in post-secondary education/ career pathway services for individuals with ID and DD
* Capacity to provide ACRE approved curriculum with a focus on Customized Employment, including post training practicum and mentorship.
* Evidence of successful expertise in provider transformation training and technical assistance.
* Statewide capacity
* To be eligible for this funding entities and organizations will have demonstrated 3 years or more experience working with individuals with (I/DD) in the capacity of assessing employment interest; identifying career/job goals, and providing guidance on educational options for individuals with I/DD.

**DIVISION RESPONSIBILITIES**

The Division shall offer contract oversight by providing monitoring and technical assistance to applicant.

GENERAL INFORMATION ON SUBMITTING APPLICATIONS

## 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 (07/31/2023).

## Decline to Offer

Any agency or organization that receives a copy of the RFA but declines to make an offer is requested to send a written “Decline to Offer” to the funding agency. Failure to respond as requested may subject the agency or organization to removal from consideration of future RFAs.

## 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.

## 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.

## 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.

## 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.

## Titles

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

## 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).

## 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).

## 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.

## 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.

## 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.

## 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.

## 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>.

## 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.

## 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.

## 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.

# 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.

## Announcement of the Request for Applications (RFA)

The announcement of the RFA and instructions for receiving the RFA will be posted at the following NCDHHS website on 04/26/2023:

<https://www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-and-substance-abuse-services-grant-opportunities> and may be sent to prospective agencies and organizations via direct mail, email, and/or the Program’s website.

## Distribution of the RFA

RFAs will be posted on the Program’s website <https://www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-and-substance-abuse-services-grant-opportunities> and may be sent via email to interested agencies and organizations beginning ***04/26/2023***.

## Applications

Applicants shall submit their application as one single, consolidated PDF file with all required attachments and scanned signatures to rfa.responses@dhhs.nc.gov . Paper, mailed and faxed applications will not be accepted.

## Format

The application must be typed on 8.5” x 11” pages with 1” margins. Line spacing should be single-spaced. The font should be Arial and sized 11-point. All pages should be numbered. Use appropriate headings for each section.

## Space Allowance

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

## Application Deadline

All applications must be received by 5:00 pm on 06/09/2023. Only emailed applications will be accepted (scanned signatures are acceptable). Faxed or mailed applications will not be accepted.

## Receipt of Applications

Applications from each responding agency or organization will receive an email confirmation if application is received on time.

## Review of Applications

Applications are reviewed by a multi-disciplinary committee of public and/or private health and human services subject matter experts. 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.

## 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.

## 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.

## 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.

## Additional Documentation to Include with Application

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

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

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

## Additional Documentation Prior to Contract Execution

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:

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

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

Note: At the start of each calendar year, all agencies with current DMH/DD/SAS 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.

## 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>)

## 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.

## 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.

## Application Process Summary Dates

**04/26/2023:** Request for Applications released to eligible applicants.

***05/10/2023***: End of Q&A period. All questions due in writing by 5pm.

***05/17/2023***: Answers to Questions released to all applicants, as an addendum to the RFA.

***06/09/2023***: Applications due by 5pm.

***07/1/2023***: Successful applicants will be notified.

***09/01/2023***: Contract begins.

# PROJECT BUDGET

**Budget and Justification**

Applicants must submit a budget, which requires a line item budget for the each year of funding and a narrative justification.

**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.

**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 65.5 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 Mental Health, Developmental Disabilities and Substance Abuse Services will only reimburse for rates authorized in OSBM’s North Carolina Budget Manual or adopted by means of an OSBM Budget Memo. These documents are located here:

<https://www.osbm.nc.gov/budget/budget-manual>.

**Current Rates for Travel and Lodging**

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

**Other Restrictions (if applicable)**

**Audits**

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

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

Level 1: Less than $25,000

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

Level 3: $500,000 or more

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

**Indirect Cost**

Indirect cost is the cost incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. Regulations restricting the allocation of indirect cost vary based on the funding source.

This RFA is funded by: State Funds – pending funds/budget approval.

According to S.L.2022-52 Section 2(c) on Negotiated Overhead Rates, the negotiation, determination, or settlement of the reimbursable amount of overhead under cost-reimbursement type contracts is accomplished on an individual contract basis and is based upon the federally approved indirect cost rate. For vendors who do not have a federally approved indirect cost rate, in accordance with 2 C.F.R. § 200.414(f), the de minimis rate of ten percent (10%) of modified total direct costs shall apply.

Estimated portion of subaward funded by State Funds is as follows for each year:

|  |  |
| --- | --- |
| Year | NAME OF GRANT Funding Estimate |
| 1 | $1,000,000 |
| 2 | $1,500,000 |
| 3 | $1,500,000 |

# EVALUATION CRITERIA

***Program Staff, please insert any evaluation/selection criteria and/or application scoring as it pertains to the review of applications and awarding of funds.***

**Suggested Format Example II**

**PHASE I: INITIAL QUALIFYING CRITERIA**

The applicant’s proposal must meet all of the following Phase I application acceptance criteria in order to be considered for further evaluation. Any proposal receiving a “no” response to any of the following qualifying criteria shall be disqualified from consideration.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ITEM | APPLICATION ACCEPTANCE CRITERIA | RFA Section | YES | NO |
| 1 | Was the contractor’s application received by the deadline specified in the RFA? |  |  |  |
| 2 | Vendor proposal includes all required affirmative statements, assurances and certifications signed by the vendor’s responsible representative, as described in Section X of the RFA**Note: The administrator can elect to have these forms signed after the award. If so, this criteria should be removed from the published RFA.**  |  |  |  |
| 3 | Included in those certifications, the contractor states that it is not excluded from entering into a contract with NCDHHS/State due to restrictions related to the federal debarment list, etc. |  |  |  |
| 4 | Vendor meets eligibility requirements as stated in Section X |  |  |  |
| 5 | Vendor meets the minimum Qualification Requirements as described in Section III |  |  |  |
| 6 | Program’s review of the Contractor verifies that the vendor is not excluded from contracting with NCDHHS/State for any unresolved finding for recovery |  |  |  |
| 7 | Vendor is not on the IRAN Divestment List |  |  |  |

**PHASE II: CRITERIA FOR SCORING PROPOSAL/APPLICATIONS**

Qualifying application proposals will be collectively scored by the proposal review team. All qualified applications will be evaluated and awards made based on the following criteria considered, to result in awards most advantageous to the State.  Applications will be scored on the content, quality, and completeness of the responses to the items in the scope of work and to how well each response addresses the following core factors.  NCDHHS will consider scores, organizational capacity, and distribution among catchment areas, and variety of quality improvement plans in determining awards.  Please note that Contractors not meeting the eligibility requirements or any of the minimum or mandatory requirements as stated in Phase I will not be scored.

|  |  |
| --- | --- |
| Evaluation Criteria | Score |
| Organizational Background and Qualifications | 20 |
| Approach and Plan of Action  | 30 |
| Implementation Plan  | 10 |
| Staffing  | 20 |
| Mitigation Plan  | 5 |
| Budget and Budget Narrative  | 15 |
|  |  |
| Total Score | 100  |

# APPLICATION

## Application Checklist

The following items must be included in the application. Please use a binder clip at the top left corner on each copy of the application and assemble the application in the following order:

1. \_\_ **Cover Letter**
2. \_\_ **Application Face Sheet**
3. \_\_ **Applicant’s Response/Form**
4. \_\_ **Project Budget**

Include a budget in the format provided.

Indirect costs are allowed as per S.L.2022-52 Section 2(c)

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

(required ONLY if RFA allows for Indirect Costs in the Project Budget. Otherwise, remove this item.)

1. \_\_ **Letters of Commitment or Statements of Support** (if applicable)

*IRS Documentation:*

1. \_\_ **IRS Letter Documenting Your Organization’s Tax Identification Number** (public agencies)

or

\_\_ **IRS Determination Letter Regarding Your Organization’s 501(c)(3) Tax‑exempt Status** (private non-profits)

and

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

## Cover Letter

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

Include in the cover letter:

* the legal name of the Applicant agency
* the RFA number
* the Applicant agency’s federal tax identification number
* the closing date for applications.

## Application Face Sheet

This form provides basic information about the applicant and the proposed project with Division of Mental Health, Developmental Disabilities and Substance Use Services (DMHDDSUS), 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 # *DMH23-007* are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

|  |
| --- |
| 1. Legal Name of Agency:
2. Name of individual with Signature Authority:
 |
| 1. Mailing Address (include zip code+4):
2. Address to which checks will be mailed:
 |
| 1. Street Address:
 |
| 1. Contract Administrator:

Name:Title: | Telephone Number:Fax Number:Email Address |
| 1. Agency Status (check all that apply):
 |
| o Public |  | o Private Non-Profit |  | o LME/MCO |
| 1. Agency Federal Tax ID Number:
 | 1. Agency UEI:
 |
| 1. Agency’s URL (website):
 |
| 1. Agency’s Financial Reporting Year:
 |
| 1. Current Service Delivery Areas (county(ies) and communities):
 |
| 1. Proposed Area(s) To Be Served with Funding (county(ies) and communities):
 |
| 1. Amount of Funding Requested
 |
| 1. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed $500,000 for applicant’s current fiscal year (excluding amount requested in #14) Yes o No o
 |
| The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NCDHHS/DMH/DD/SAS Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant. |
| 1. Signature of Authorized Representative:
 | 1. Date
 |

## Applicant’s Response (20 page limit)

1. **Proposal Summary: (1page)**

The summary should be prepared after the application has been developed in order to encompass all the key points necessary to communicate the objectives of the project. It is the document that becomes the cornerstone of the proposal, and the initial impression it gives will be critical to success of the venture. In many cases, the summary will be the first part of the proposal package seen by agency and very possible could be the only part of the package that is carefully reviewed before the decision is made to consider the project any further.

1. **Organization Background and Qualifications: Describes the organization and its qualifications for funding (5 pages)**
	* 1. Mission and goal of the Organization
		2. Describe organization’s experience in providing career exploration and related employment services
		3. Describe organizational capacity to conduct assessment, complete career plans, and provide interviewing support: (i.e., describe staffing capacity, geographical capacity, other funding sources, and electronic/technological capacity).
		4. Submit a sample Career assessment, Career plan, and Progress/case notes
		5. How does your organization implement Competitive Integrated Employment strategies for individuals with I/DD
		6. Describe organization’s capacity and experience providing trainings and programs for:

i)Customized Employment Overview;

ii) ACRE approved curriculum that has a focus on Customized Employment;

iii) Customized Employment Fidelity Scale

iv) Post training practicum and mentorship

v) Train the Trainer

vi) Self Employment/ Micro Enterprise

* + 1. Describe organization’s experience in leading provider transformation plans and activities, which include: training, technical assistance and train -the- trainer models.
		2. Brief overview of all relevant projects for the Contractor within the last five years, including:
		3. The beginning and ending dates of the contracts;
		4. The services provided under those contracts;
		5. The “lessons learned” from each of those contracts; and
		6. The name, address, and telephone number of at least one manager in each client organization who is personally familiar with the Vendor’s performance under the contract
1. **A written description of the Contractor’s approach to the project, including identification of key partners. (5 pages)**

Provides a comprehensive framework understanding and description of the RFA. (The Contractors Approach to the project so that the desired results can be achieved).
List Goals and Objectives of the project (describes how they will be met and the outcome of the project in measurable terms.

* + 1. Goals: Note: The outcome is derived from the goal. It has the same intention but it is more specific, quantifiable and verifiable than the goals. Please be aware of how realistic your outcomes are and that the outcomes should be aware of time-restraints. Outcomes should be SMART – Specific, Measurable, Achievable, Realistic, and Time-Bound. Contractors must describe the program’s intent to maintain, change, reduce, or eliminate the problem noted in Section II and outline the project’s goals.
		2. Objectives: Objectives are the measurable outcomes of the project. They define your methods. Your objectives must be tangible, specific, concrete, measurable and achievable in a specified time period.

1. **A description of how the Contractor will meet each of the requirements and deliverable described in the scope of work (The Plan of Action). (3-4 pages)**

The project design refers to how the project is expected to work and solve the stated problem. The section should be carefully reviewed to make sure that what is being proposed is realistic in terms of the Contractor’s resources and timeframe. Suggested content narrative include:

* + 1. Task Description of Project Activities, Inputs, Activities and Throughputs, Strategies and Methodologies and Schedules.
		2. Performance Measures (Outputs and Quality Measures). Provide key measure that supports and measures the success of the project. When providing these measures please include the measure description, baseline, target, data source, collection plan and collection frequency.
		3. Project Outcome (Describes the impact or benefit of the service on the client or customer or describes what was changed or accomplished as a result of the service. The outcome measures should be characterized as measureable, obtainable, understandable, clear, accurately reflecting the expected result, and set at a level to be attained within a specific time frame.  Once the measures have been selected, it is necessary to design a way to get the information (see project evaluation) below. Expressed as a percentage and shows the qualitative consequences associated with the service)
1. **Project Implementation Plan (2 pages)**
	1. Include timelines for project implementation with specific milestones as they related to project tasks and budget (e.g., hiring staff or contractors, development of plans, convening of committees, etc.).
2. **A description of how the Contractor will staff the project, including the name, resume and qualifications of each of the proposed team members (including subcontractors). (2 pages. In addition, CVs/Resumes are to be included in an appendix).**
3. **Resolution of Challenges: an analysis of the project’s risk and limitations, including how these factors will be addressed or minimized. (regulatory, environmental or other constraints) (1 page)**

## Project Budget

*Please submit budget using the excel budget template. Please provide a separate budget tab for each year of funding. Please use the narrative cell to describe the costs in each budget category.*

**Suggested Format Example I**



## Indirect Cost Rate Approval Letter (if applicable)

## Letters of Commitment

*Letters of commitment should be included from any agency or community organization integral to the success or implementation of the proposed activities. Examples of such agencies include those that will provide clinical services, outreach services, financial support, meeting space, transportation, access to participants or comparison group members, or services to participants beyond the scope of the applicant agency. Letters of support from local health departments are strongly encouraged to facilitate service provision. If a local health department is applying, they should have letters of support from community organizations that can support this project.*

## 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.

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

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

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

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

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

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

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

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

(Signature)

# Appendix A Forms for Reference

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

They are for reference only.

### CONFLICT OF INTEREST POLICY

**CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY**

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Organization”), and by that authority

 (Legal Name of Organization)

duly given and as the act and deed of the Organization, state that the following Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_. I understand that the penalty
 (Day of Month (Month) (Year)

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

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

(Day of Month) (Month) (Year)

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

(Signature)

***Instruction for Organization:***

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

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

 Name of Organization

Reference only — Not for signature

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

 Signature of Organization Official

**Conflict of Interest Policy Example**

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

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

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

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

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

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

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

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

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

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

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

Approved by:

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

Name of Organization

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

Signature of Organization Official

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

Date

### NO OVERDUE TAX DEBTS CERTIFICATION

State Grant Certification – No Overdue Tax Debts¹

To: State Agency Head and Chief Fiscal Officer

**Certification:**

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

**Sworn Statement:**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reference only — Not for signature |  | Board Chair |  |  |
| Reference only — Not for signature | Title | Date |
| Signature  | Title of Second Authorizing Official | Date |

Sworn to and subscribed before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

Reference only — Not for signature

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

Notary Signature and Seal

Notary’s commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_.

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

MS&NCD Form 0008, Eff. July 1, 2005. Revised July 18, 2006, 7/07, 8/09, 9/11

### 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](http://www.uscis.gov)
3. Pursuant to G.S. 143-59.1(b), the undersigned hereby certifies that the Contractor named below is not an “ineligible Contractor” as set forth in G.S. 143-59.1(a) because:
4. 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
5. [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.

1. 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.
2. 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.
3. The undersigned hereby certifies further that:
4. He or she is a duly authorized representative of the Contractor named below;
5. He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
6. 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**

NCDHHS, Division of Mental Health, Developmental Disabilities and Substance Abuse Services Subawardee Information

1. **Exemptions from Reporting**
2. 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
1. Entities who are not exempted for the FFATA reporting requirement may be exempted from the requirement to provide executive compensation data. This executive compensation data is **required** **only if** **both** are true:
* More than 80% of the entity’s gross revenues are from the federal government **and** those revenues are more than $25 million in the preceding fiscal year
* Compensation information is *not* already available through reporting to the U.S. Securities and Exchange Commission.

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

**The entire FFATA reporting requirement:**

[ ]  as the entity’s gross income is less than $300,000 in the previous tax year.

[ ]  as the entity is an individual.

[ ]  as the reporting would disclose classified information.

**Only executive compensation data reporting:**

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

Reference only — Not for signature

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature |  | Name |       | Title |       |
| Entity |       | Date |       |

1. **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’sLegal Name |       | ContractNumber |       |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Active SAM registration record is attached |       |  |       |
| An active registration with SAM is required | Entity’s UEI |  | Entity’s Parent’s UEI(if applicable) |
| **Entity’s Location** | **Primary Place of Performance for specified contract**Check here if address is the **same** as Entity’s Location [ ]  |
| street address |       | street address |       |
| city/st/zip+4 |       | city/st/zip+4 |       |
| county |       | county |       |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Title |  | Name |  | Total Compensation |
| 1. |       |  |       |  |       |
| 2. |       |  |       |  |       |
| 3. |       |  |       |  |       |
| 4. |       |  |       |  |       |
| 5. |       |  |       |  |       |

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**Appendix A**

**Career Development & Planning Assessment**

This guide is designed to facilitate a series of questions foundational to exploring career opportunities for individuals currently in service. Please complete this document in its entirety with the individual and the person-centered planning team. Please proceed to the next question unless otherwise indicated. **Use this assessment for the development of the Career Development Plan.**

1. **Are you already working in the community making more than $7.25 an hour?** Competitive Integrated Employment Defined: means a full-time or part-time job in the community, where you work alongside other employees without disabilities, earning at least minimum wage, and where people with disabilities are paid the same wages, which is at a rate that is at or above minimum wage and not less than the rate paid for the same or similar work by other employees without disabilities. Further, individuals should be eligible for the same benefits provided to other employees. Self-employment is considered Competitive Integrated Employment.

  **Yes ☐ or No ☐**

*If* ***yes****,* *skip to page 4,* ***Additional Questions for Employed Individuals****.*

 *If* ***no****, go to question 2.*

1. **Have you worked in the past? Yes** [ ]  **or No** [ ]

If ***yes***, list vocational themes or types of jobs held in the past: *Click or tap here to enter text.*

## Are you interested in earning money so you can buy things or go places?

## Yes [ ]  or No [ ]

## Are you interested in having a job that so you can make money? Yes ☐ or No

1. **Do you know what kind of job you want?** **(***Or are you interested in employment in a job choice that you have worked in the past?)* **Yes** [ ]  **or No** [ ]

*If* ***yes****, please specify here:* *Click or tap here to enter text.*

*If* ***no****, the* ***Guided Employment Self-Reflection: Employment Interest section*** *below can help with exploring different careers and making an informed choice.*

## Would you like to talk with other people who are working or visit possible work sites? Yes [ ]  or No [ ]

1. Do you need more information about working in the community to make a decision about where you work?

 Yes ☐ or No ☐

If yes, provide additional information regarding additional Competitive Integrated Employment and options to access employment services.

**List date additional information given**: Click or tap here to enter text.

## Do you know about college programs that can help you get the kind of job you want?

Yes ☐ or No ☐

If no, provide information regarding post-secondary education opportunities and resources. Please refer to *A Guide to Competitive Integrated Employment* for additional information.

1. **Are you interested in exploring opportunities to work in the community?** Yes ☐ or No ☐
2. **Do you have transportation to get to work?**  **Yes** [ ]  **or No** [ ]

 *If* ***yes****, list planned mode of transportation**or travel plans Click or tap here to enter text.*

 *If* ***no****, the* ***Transportation Planning section*** *can help with developing a transportation*

*plan for work.*

1. **Have you shared your decision about Competitive Integrated Employment with your family, guardian, or advocate? Yes** [ ]  **or No** [ ]

 ***Note****: Determine if the individual has a guardian or person that needs to be informed of their decision regarding Competitive Integrated Employment.*

1. **Do you receive benefits (i.e., SSI, SSDI, Food Stamps, Housing assistance or Medicaid from your local DSS)?** **Yes** [ ]  **or No** [ ]

*If* ***yes****, a referral for benefits counseling services (also known as* [*Work Incentives Planning and Assistance (WIPA) program*](https://www.ncdhhs.gov/divisions/vocational-rehabilitation-services/work-incentives-and-benefits-counseling)*) should be explored/completed as soon as possible.* ***Note:*** *If benefits counseling has been received in the past, encourage benefits counseling/planning follow-up to ensure proper reporting and monitoring of benefits received. Be sure to inform during referral this is a follow-up.*

If **no**, refer individual to Benefits Counseling.

**If undecided regarding Competitive Integrated Employment or plan to decide after review of information, set schedule date to follow-up.**

**List follow-up date:** Click or tap here to enter text.

1. **Do you need assistance with exploring your vocational goal or job choice?** **Yes** [ ]  **or No** [ ]

*If* ***yes****, complete referral for Supported Employment Discovery or Vocational Rehabilitation Services.*

*If* ***no****, go to question number 8.*

1. **Are you interested in operating your own business?**

 **Yes** [ ]  **or No** [ ]

 *If* ***yes****, ensure the* ***Self-Employment Business Exploration section*** *is completed.*

*If* ***no,*** *complete**the* ***Guide Self-Employment Reflection*** *section****.***

**As staff are reviewing this section with individuals, if they express extreme frustration with the questions or refuse to participate, proceed to *Questions for Individuals Not Currently Interested in Employment* for further direction. Otherwise, please continue to** **Employment Self-Reflection.**

**Questions for Individuals Not Currently Interested in Employment**

This section should not be completed unless the following criteria is met:

* At least 7 of the 8 questions on pg. 1-2 have been answered “no.”
* The ***Guided Employment Self-Reflection: Personal Assessment* section** has been completed and the individual has expressed no interest in pursuing employment opportunities.
* Staff supporting with the completion of this assessment should continue to educate the individual on employment options and methods to engage in Discovery to determine possible future employment interest**. Refer to *A Guide to Competitive Integrated Employment* to learn more about Discovery.**
1. **Please share why you are not interested in Competitive Integrated Employment?**

Click or tap here to enter text.

**You have completed this section. Please attach this document to the PCP or ISP.**

**No additional action is required.**

**Questions for Employed Individuals**

If an individual is currently employed, please proceed with the following questions and document responses accordingly.

1. **Are you being paid at least minimum age?**

**Yes** [ ]  **No** [ ]

If **yes,** list current wages and hours per week: Click or tap here to enter text.

If ***no***, inform about options to access Competitive Integrated Employment.

1. **Are you receiving any employment benefits, like health insurance and vacation time off?**
	1. **If so, what type of benefits are you receiving**
		1. **Health**
		2. **Dental**
		3. **Paid vacation**
		4. **Retirement**
2. **Are you working in a Competitive Integrated Employment setting?** (A Competitive Integrated Employment (CIE) setting is a job setting that is in *typical* workplaces, alongside co-workers without disabilities, where people with and without disabilities are paid the same. CIE includes full-time and part-time employment, including self-employment, for which an individual is paid at a rate that is at or above minimum wage and not less than the rate paid for the same or similar work by other employees without disabilities. Further, individuals should be eligible for the level of benefits provided to other employees.) **Yes** [ ]  **No** [ ]

If ***yes***, list details about employer’s name and address: Click or tap here to enter text.

If ***no***, inform about options to access Competitive Integrated Employment and return to page 1.

1. **Are you happy with your job? Yes** [ ]  **No** [ ] If ***no***, please describe what you would change: Click or tap here to enter text.
2. **Do you need assistance with exploring new employment/vocational goal(s) or job choice?**

**Yes** [ ]  **or No** [ ]

If ***yes***, please detail goals: Click or tap here to enter text.

1. **Are you seeking career advancement (job change, increase of hours or pay) or self-employment?**

**Yes** [ ]  **or No** [ ]

If ***yes***, please detail: Click or tap here to enter text.

1. **Do you receive benefits (i.e., SSI, SSDI, Food Stamps, Housing assistance or Medicaid from your local DSS)? Yes** [ ]  **or No** [ ]

If ***yes***, contact a [Work Incentives Planning and Assistance (WIPA) program](https://www.ncdhhs.gov/divisions/vocational-rehabilitation-services/work-incentives-and-benefits-counseling). The program contact is based on where the individual resides. **Note:** If benefits counseling has been received in the past, encourage benefits counseling/planning follow-up. A referral to benefits counseling can be made by contacting a WIPA Program.

1. **Have you shared your decisions around Competitive Integrated Employment with your family, guardian, or advocate?** Yes [ ]  or No [ ]

**Note:** Determine if the individual has a guardian or person that needs to be informed of their decision regarding Competitive Integrated Employment.

Please summarize discussion with others around employment goals: Click or tap here to enter text.

**You have completed this section. Please continue to the Guided Employment Self-Reflection: Personal Assessment.**

**Career Development & Planning Re-Assessment**

Complete this section if the individual has previously completed the full Career Development & Planning Assessment. This section may be utilized at any point after an individual has obtained Competitive Integrated Employment or has had difficulty in current employment and is required to be completed at least annually after the initial assessment.

1. **Are you still employed?**  **Yes** [ ]  **or No** [ ]

If **yes**, and with the same employer specify employer, wages, and job title:Click or tap here to enter text.

If **no**, go to not currently active in competitive integrated employment give summary of what happen to lead to no longer being employed: Click or tap here to enter text.

1. **Do you still have reliable transportation or transportation plan to get to work? Yes** [ ]  **or No** [ ]
2. **Are you satisfied with your job?**  **Yes** [ ]  **or No** [ ]

If **yes**, and satisfied with job go to question 6, if applicable.

If **no**, give summary of why you are not satisfied with your job.

1. **Are you meeting your supervisor’s work expectations?** \*Summarize their response Click or tap here to enter text.

1. **What is the supervisor’s feedback regarding your work performance? \*** (Summarize the supervisor’s comments Click or tap here to enter text.
2. **Are your current accommodations or supports allowing you to work independently as possible?**

 Summarize their response: Click or tap here to enter text.

**Note***: If current supports or accommodations are not working reassessment of accommodation or assistive technology may be warranted.*

1. **Do you need additional supports or accommodations which may help you work more independently to complete your work tasks?** Y**es** [ ]  **or No** [ ]

If yes, Specific additional accommodation needed or an accommodation you used successfully in the past that you desire incorporate. Click or tap here to enter text.

If **no**, further action is not needed.

1. **Are you interested in career advancement, job change or self-employment? \*** Y**es** [ ]  **or No** [ ]

If **yes**, specify new job choice(s): Click or tap here to enter text.

If **no**, further action is not needed.

**You have completed the SE Career Assessment if no further work interventions need to be addressed.**

**No Longer Working or Not Actively Employed**

Complete this section if the individual obtained Competitive Integrated Employment and is no longer employed or if the individual has not been able to successfully obtain Competitive Integrated Employment.

1. **Were you previously employed?**

**Yes** [ ]  **or No** [ ]

**If yes**, proceed to Question 2.

**If no**, detail steps take to obtain Competitive Integrated Employment and proceed to Question 6. Click or tap here to enter text.

1. **If you are not currently active in Competitive Integrated Employment, please provide a summary of what happened**: Click or tap here to enter text.
2. **What did you like or dislike about your prior job**? Summarize response Click or tap here to enter text.
3. **Did you lose your job due to transportation**? **Yes** [ ]  **or No** [ ]
4. **Are you interested in returning to being employed in a Competitive Integrated Employment setting?** **Yes** [ ]  **or No** [ ]

If no, summarize alternative goal choice(s): Click or tap here to enter text.

1. What types of jobs are you most interested in exploring?
2. **Have you already considered another job choice?** **Yes** [ ]  **or No** [ ]

If yes, specify new job choice(s) : Click or tap here to enter text.

1. **Do you want additional information on career options or to complete a new job search?**

**Yes** [ ]  **or No** [ ]

 **If yes, document summary of new job search:** Click or tap here to enter text.

**If no, go to question 8.**

1. **Would you like to talk with people who are working in other types of jobs or visit job sites?**
2. **What other information do you need to make a decision about going to work in the community? (i.e., benefits counseling or educational counseling).** Summarize response: Click or tap here to enter text.
3. **Have you thought any more about going to college to get the kind of job you want? Yes ☐ or No ☐** If **yes**, specific known post-secondary education training plans Click or tap here to enter text.

If **no**, further action not needed.

**You have completed this section. For any questions answered reflecting a need for additional support, please proceed to the applicable sections below.**

**Questions for** **Guided Employment Self-Reflection: Personal Assessment**

1. **Do you plan to work full or part-time?** Click or tap here to enter text.
2. **What is your preferred work setting?** Click or tap here to enter text.
3. **You work your best when you are?** Click or tap here to enter text.

**Guided Self-Assessment of Work Behaviors**

*This section is intended to assess work skills and behaviors as they relate to employment.* *Please mark applicable responses for the individual and staff.* ***Note: Room to grow areas may need to be addressed as goals on ISP or PCP.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Work Skills* | *Strength* | *Average* | *Room to Grow* | *Not Sure* |
|  | *Individual/Staff* | *Individual/Staff* | *Individual/Staff* | *Individual/Staff* |
| *Accepting task changes* | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Asking for help* | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Being on time* | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Being organized* | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Following written or oral instructions* | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Accept workplace rules* | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Helping others* | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Giving instructions* | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Listening* | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |

*Use this section to assess your work behaviors as they relate to employment****. Note: Room to grow areas may need to be addressed as goals on ISP or PCP.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Work Behavior*  | *Strength* | *Average* | *Room to Grow* | *Not Sure* |
|  | *Individual/Staff* | *Individual/Staff* | *Individual/Staff* | *Individual/Staff* |
| *Cooperative*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Courteous*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Flexible*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Respectful* | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Fair* | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Honest* | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Dependable* | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Neat*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Willingness to Volunteer*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |

**Guided Employment Self-Reflection: Employment Interest**

*This section is designed to determine where the individual is in their job exploration. Utilize this section to determine employment interest.*

1. **List any interest of hobbies? List activities that may could develop into a work theme. (i.e., gardening, woodworking, or computers)**

Click or tap here to enter text.

1. Explore career titles and related information by going to [O\*NET](https://www.onetonline.org/) or [Occupational Outlook Handbook.](https://www.bls.gov/ooh/)
2. **Career or Job Search Research**

Document career or job search completed, if applicable. Otherwise, indicate N/A.

Click or tap here to enter text.

1. **List Job Choice (s)**

First choice Click or tap here to enter text.

Second Choice Click or tap here to enter text.

Third Choice Click or tap here to enter text.

1. **Outline steps needed to obtain job choice: (This should include the steps and actions the individual need to complete or required to be done to allow the individual to be employed in the capacity to their job choice)**

Click or tap here to enter text.

1. **Known benefits and risks of desired career plan: As the individual considers their job choices, are there any known risks or benefits that the individual/team should be aware of?**

**List Potential Risk:**

Click or tap here to enter text.

**List Potential Benefits:**

Click or tap here to enter text.

**You have completed this section. Please continue to Self-Employment Business Exploration.**

**Self-Employment Business Exploration**

*Self-Employment is* when you work for yourself by *carrying on a trade, business, or work as an independent contractor for another company. This includes operating a part-time business****. (Define term to individual)***

**Are you interested in starting and/or maintaining self-employment (i.e., entrepreneurship)?**

**Yes** [ ]  **or No** [ ]

*If* ***no****, skip to workplace accommodations.*

1. **Are you currently self-employed? Yes** [ ]  **or No** [ ]

*Is yes, please provide self-employment details****:*** Click or tap here to enter text.

1. **What type of self-employment options are you considering or what type of business would you like to start?**

**List Business Type Choice(s)**

First Choice Click or tap here to enter text.

Second Choice Click or tap here to enter text.

Third Choice Click or tap here to enter text.

1. **List Business Market Research**

List research completed for desired business type conducted by the individual and/or other team members:

Click or tap here to enter text.

1. **Outline steps needed to obtain their business choice goal (i.e., including business plan development, creation of business cards, and/or marketing):**

Click or tap here to enter text.

1. **Have you discussed the option of exploring Vocational Rehabilitation (VR) services for assistance with self-employment? Yes** [ ]  **or No** [ ]

If **yes**, document discussion here and date of referral to Vocational Rehabilitation.

Click or tap here to enter text.

If **no,** document discussion here and determine if referral to Vocational Rehabilitation would be appropriate.

Click or tap here to enter text.

**You have completed this section. Please continue to Support Types and Workplace Accommodations.**

**Support Types and Workplace Accommodation Needs**

**Support types vary based on an individual’s prefer or learning style. Also, the type of work can have an impact on the type of support needs an individual would need to be successful of the job. The responses noted in this section can be used to assist an individual during all phases of employment but especially critical in Employment Stabilization and Long-term Employment Support phase.**

1. Ask if there are specific support types they prefer to utilize? Click or tap here to enter text.

**Support Types Assessment**

*Use this section to assess the individual’s support type preferences for employment. Also, this assessment can be used to explore new or less used support types. Record their responses and your observation/assessment of each.* ***Note: Responses marked as not sure or never tried may be areas to be addressed as goals on ISP or PCP.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Other Effective Support Types:* | *Yes*  | *No*  | *Not Sure*  | *Never Tried* |
|  | *Individual/Staff* | *Individual/Staff* | *Individual/Staff* | *Individual/Staff* |
|  *Verbal Support*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Visual Support* | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Physical Support* | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Visual Cues or gestures* | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Verbal Cues or gestures* | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Physical Demonstrations (hand over hand)* | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Opportunity to show independence*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
| *Use of technology device(s)* | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  | *[ ] [ ]*  |
|  |  |  |  |  |

*List of Recommended or Planned Support Types:* ***(Note: based on preference or recommended support needed)***

Click or tap here to enter text.

**Workplace Accommodation**

Workplace accommodation *or* [job accommodation](https://www.dol.gov/agencies/odep/program-areas/employers/accommodations) is an adjustment to a job or work environment that makes it possible for an individual with a disability to perform their job duties. Accommodations may include specialized equipment, modifications to the work environment or adjustments to work schedules or responsibilities. Not all people with disabilities (or even all people with the same disability) need the same accommodation. **(Define terminology for individual)**

1. **Do you need more information about workplace accommodation**? **Yes** [ ]  **or No** [ ]
2. **Do you need workplace accommodations or know the accommodations that you need?**

**Yes** [ ]  **or No** [ ]

If yes, please select which Workplace Accommodations you may be interested in:

[ ]  Technology (i.e., iPads, apps, timers, watches, screen readers, PDAs, etc.)

[ ]  Checklists, Reminders, Written Instructions

[ ]  Large Displays or Screen Magnification Software

[ ]  Talking Devices

[ ]  Color-Coded Options (i.e., manuals)

[ ]  Writing Aids

[ ]  Modified work schedule

[ ]  Modified work responsibilities

[ ]  Modification to work environment **(Note: Referral to Vocational Rehabilitation is recommended or seek T/A)**

[ ]  Specialized Equipment **(Note: Referral to Vocational Rehabilitation is recommended or seek T/A)**

 [ ]  Other: Click or tap here to enter text.

1. Please provide additional details, if needed regarding workplace accommodations needs: Click or tap here to enter text.

**Additional Accommodation Information:**

The [Job Accommodation Network](https://askjan.org/) (JAN), a service of the U.S. Department of Labor's [Office of Disability Employment Policy](https://www.dol.gov/agencies/odep/) (ODEP) is the leading source of expert, confidential guidance on workplace accommodations and provides consultation to employers and employees, as well as service providers and others, free of charge.

For additional information for individuals needing assistance with workplace accommodation go to JAN and [click here for information for job seekers](https://askjan.org/info-by-role.cfm#for-individuals)

Note: J*AN provides free consulting services for all individuals, regardless of employment status. Services include one-on-one consultation about all aspects of job accommodations, including the accommodation process, accommodation ideas, product vendors, referral to other resources, and ADA compliance assistance.*

**The Americans with Disabilities Act (ADA)** became law in 1990. The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else. The ADA gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, state and local government services, and telecommunications.

Under Title I of the [Americans with Disabilities Act](https://www.eeoc.gov/laws/guidance/fact-sheet-disability-discrimination), there are three areas in which [reasonable accommodations](https://www.eeoc.gov/laws/guidance/enforcement-guidance-reasonable-accommodation-and-undue-hardship-under-ada) may be needed:

* Adjustments to the job application process so a qualified applicant with a disability can be considered for a position;
* Modifications to the physical work environment, or to the way a job is usually performed, so an individual with a disability can perform the essential functions of that position; and
* Changes that enable an employee with a disability to enjoy equal benefits and privileges of employment like those that are enjoyed by other employees without disabilities. This may include access to cafeterias, lounges, auditoriums and company-provided transportation.

The only legal limitation on an employer's obligation to provide reasonable accommodation is that the changes or modifications may not cause "[undue hardship](https://www.eeoc.gov/laws/guidance/enforcement-guidance-reasonable-accommodation-and-undue-hardship-under-ada)" to the employer. "Undue hardship" means significant difficulty, including accommodations that are overly extensive or disruptive, or which could impact the actual running of a business.

**You have completed this section. Please continue to Post-Secondary Education.**

**Post-Secondary Education**

*Post-Secondary Education is* *education or schooling that occurs after attending or completing high school level of education. Post-secondary education opportunities can range from technical programs or trade schools to attending a college or university.* (**Define term to individual**)

1. **Do you want to continue your education after high school?**  **Yes** [ ]  **or No** [ ]

 If **yes,** please specify goal(s) or alternate goal(s):Click or tap here to enter text.

If **no**, explore [O\*NET](https://www.onetonline.org/) or [Occupational Outlook Handbook](https://www.bls.gov/ooh/)  for potential post-secondary educational career choice.

1. **Post-Secondary Educational Career Goal Research.**

Document post-secondary educational career search completed, if applicable. Otherwise, indicate N/A.

Click or tap here to enter text.

1. **Have you been provided information in the past about post-secondary options available to you in your local community, across the state, or outside of NC?** **Yes** [ ]  **or No** [ ]

1. **Are you interested in any college programs that may lead to a job in the community? Yes** [ ]  **or No** [ ]  **If no, please specify why:** Click or tap here to enter text.
2. **Have you identified a school or program to enroll?**  **Yes** [ ]  **or No** [ ]

If **yes**, then follow school or program application process.

If **no**, then use the information [here](#College_Search) to assist with finding a program.

1. **Have you identified funding for your program?** **Yes** [ ]  **or No** [ ]

 If **yes**, then list potential funding sources here. Click or tap here to enter text.

 If ***no***, then begin your financial planning [here](https://thinkcollege.net/resources/innovation-exchange/paying-for-college) to assist with funding the cost of your

 program.

1. Have you asked Vocational Rehabilitation (VR)for help paying for additional educational training that may lead to a job in the community? **Yes** [ ]  **or No** [ ]

**You have completed this section. Please continue to Transportation Planning.**

**Transportation Planning**

*Planning how an individual will get to and from work is integral to promoting community inclusivity and independence. Teams should think beyond staff transporting individuals to and from work and develop long term methods that support an individual’s independence and access to community transportation options.*

1. **As you plan to seek and obtain employment, what transportation options are available in your community?**

**List ALL that apply**: Click or tap here to enter text.

1. **Is public transportation available in your area?** **Yes** [ ]  **or No** [ ]
2. **Have you accessed public transportation before?** **Yes** [ ]  **or No** [ ]

Please detail why or why not and the outcome if tried before: Click or tap here to enter text.

1. **Do you need travel training/practice ‘do a dry-run’ of your travel route or plans?**

 **Yes** [ ]  **or** No [ ]

**List dated scheduled or completed:** Click or tap here to enter text.

**Outcome of travel training/practice:** Click or tap here to enter text.

1. **Will ISP/PCP be updated to provide the travel education/training?** **Yes** [ ]  **or No** [ ]
2. **Has an application for paratransit transportation been considered? (Note:** Paratransit transportation is an alternative mode of public transportation for individuals that are not able to access the regular public transportation. **Defined to the individual.**) **Yes** [ ]  **or No** [ ]

Please detail status: Click or tap here to enter text.

**CONGRATULATIONS! You have completed the full Career Development & Planning Assessment. Please utilize information obtained to complete the Career Development Plan. Please note that additional information regarding resources can be found in *A Guide to Competitive Integrated Employment*. Please ensure a copy of this is included/attached to the Individual Support Plan or Person-Centered Plan, along with the most recent copy of the Career Development Plan.**

**Appendix B**

**Career Development Plan**

The Purpose of the Care Development Plan (CDP) is to clearly communicate what the individual desires to happen regarding employment. The information provided within the CDP will be used as a Competitive Integrated Employment (CIE) roadmap. The CDP must be completed for initial career plans and should be revised at least annually to capture amendments made to planned support services and interventions. A new CDP should be completed for career changes or career advancements that are not within the scope of the prior CDP. Information derived from the Career Development and Planning Assessment tool, the individual’s interest and abilities, general observations, and work performance feedback should be considered when completing the CDP. The CDP should outline an individual’s career exploration interests, their goals and objectives related to obtaining, maintaining, or advancing in CIE once developed.

1. **Summary of Career Exploration**. (This section is intended to highlight the outcome of exploration and career development activities that lead to identifying a career choice.)
	1. Identified Career Interest(s), *Please specify*, all: *Click or tap here to enter text.*
	2. Career Goal**.** *Please specify:* Click or tap here to enter text.
	3. Educational Goal. *Please specify,* ***if applicable***: Click or tap here to enter text.

**Note:** It is important that the Individual understands that what they select as a career goal will be the basis for their employment related supports. A person is free to change their mind and career development goals/plan at any time.

1. **Pre- employment Phase Objectives, Support Services, and Requirements.** This section is intended to outline the support activities or needs to achieve the identified Career Goal during the Pre-Employment Phase. For many individuals who currently are working or interested in working, no pre-employment activities are necessary so this section can be skipped. For other individuals who could not begin working without time-limited support activities needed to prepare them for a specific job or range of jobs, this section should be completed. This section should consist of all the required or planned services needed for this phase. All Pre-employment Phase activities are not required to receive employment services. However, the CDP must be completed.
	1. Identify the individual’s employment needs that should be addressed in order to begin working in a specific job or range of jobs.
	2. Pre-Employment Phase Planned Services. *Please specify all planned services:* Click or tap here to enter text.
	3. Planned services was amended on this date, if applicable: Click or tap to enter a date.
		1. *Please specify what was amended and why:* Click or tap here to enter text.
		2. *Outcome of amended services.* Click or tap here to enter text.
	4. Summary of Pre-Employment Phase Outcome*:* Click or tap here to enter text.
	5. Pre-Employment Phase planned services was completed on this date: Click or tap to enter a date.
	6. Pre-Employment Phase Extension.

a. Please specify the reason fora Pre-Employment Phase extension of no more than six months is requested: Click or tap to enter a date.

 b. Specify the duration of the requested extension

c. Outline of Planned service to prevent or remove barriers: Click or tap to enter a date.

d. Outcome of the Technical Assistance Meeting: Click or tap to enter a date.

e. Date of approved employment phase extension: Click or tap to enter a date.

1. **Employment Stabilization Phase Objectives, Support Services, and Requirements.** This section is intended to outline the support activities or needs related to obtaining the competitive integrated job choice. This section should consist of all the required or planned services which are designed to allow individual to work as independently as possible.
	1. Identify the individual’s employment needs that should be addressed in order to obtain a competitive integrated job.
	2. Employment Stabilization Phase Planned Services. *Please specify all planned services:*

Click or tap here to enter text.

* 1. **Placement Details. Hire Date**: Click or tap here to enter text. **Job Title:** Click or tap here to enter text. **Hours Per Week:** Click or tap here to enter text. **Pay Rate:** Click or tap here to enter text. **Benefits provided:**
	2. Planned services was amended on this date, if applicable: Click or tap to enter a date.
		1. *Please specify what was amended and why:* Click or tap here to enter text.
		2. *Outcome of amended services.* Click or tap here to enter text.
	3. Summary of Employment Stabilization Phase Outcome*:* Click or tap here to enter text.
	4. Employment Stabilization Phase planned services was completed on this date: Click or tap to enter a date.
	5. Employment Stabilization Phase Extension.
		1. Please specify the reason for a Employment Stabilization Phase extension request: Click or tap to enter a date.

b. Specify the duration of the requested extension

c. Outline of Planned service to prevent or remove barriers Click or tap to enter a date.

d. Outcome of the Technical Assistance Meeting: Click or tap to enter a date.

e. Date of employment phase extension: Click or tap to enter a date.

* 1. **Placement Satisfaction**.
		1. Does this position meet the individual’s interest? **Yes ☐ or No ☐**

Comments: Click or tap here to enter text.

* + 1. Does the individual desire to continue working in this placement? **Yes ☐ or No ☐**

Comments: Click or tap here to enter text.

* + 1. Summary of work performance or supervisor’s work performance: Click or tap here to enter text.
1. **Long Term Supported Employment Phase Objectives, Support Services, and Planning.** This section is intended to outline the support activities or needs related to maintaining the competitive integrated job choice. This section should consist of all the required or planned services to prevent job loss or regression of acquired skills at the individual’s level of workplace impendence.

**Note:** The information outlined in this section consists of the identified Long Term Supports Needs observed from successful completion of Employment Stabilization which will be addressed through Long Term Support Goals. The combination of Long- Term Support Needs and the identified Long Term Support Goals will reflect the Long- Term Support Plan activities and primary objectives for this phase. The goal of this phase is to prepare the individual for the gradual reduction or eventual termination of employment support services, if appropriate, or continue to support the individual to achieve their highest level of independence, prevent loss of acquired work skills or have a negative employment outcome.

* 1. **Long-term Supported Employment Phase Planned Services.**
		1. Long Term Support Needs*: Please specify work performance issues or other work- related needs that reflect areas that require ongoing support. This should include job tasks that require continued support, in essential work skills or concerns that could lead to job loss. (i.e. not completing a job task or forgetting a work task needing reminders, not able to plan or correct an area of concern which can lead to job loss).* Click or tap here to enter text.
		2. Long Term Support Goals*: Please specify goals based upon Long Term Support Needs: This should be a measurable goal(s) that address the ongoing support needs, skill development, work task improvements, or work planning needs. Click or tap here to enter text.*
		3. *Summary of Long-Term Support Plan. This should reflect the outcome of each Long- Term Support Goal(s) or interventions used to assist the individual’s with maintaining their career choice. (i.e. Goal Progress, Completed Goals or Revised Goal.)* Click or tap here to enter text.
	2. Is the individual interested in career advancement or benefit increases? Yes ☐ or No ☐
1. Erickson, W., Lee, C., von Schrader, S. (2022). Disability Statistics from the American Community Survey (ACS). Ithaca, NY: Cornell University Yang-Tan Institute (YTI). Retrieved from Cornell University Disability Statistics website: www.disabilitystatistics.org  [↑](#footnote-ref-2)
2. Winsor, J., Timmons, J., Butterworth, J., Migliore, A., Domin, D., Zalewska, A., & Shepard, J. (2021). State Data: The national report on employment services and outcomes through 2018. Boston, MA: University of Massachusetts Boston, Institute for Community Inclusion. Retrieved from: https://www.thinkwork.org/sites/default/files/files/state\_data\_2021\_F.pdf [↑](#footnote-ref-3)