



## Request for Applications

RFA # DMH23-013-RFA Statewide Peer Warm Line

### *Statewide Peer Warm Line*

**FUNDING AGENCY:** North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities and Substance Abuse Services  
Policy and Programs: Community Mental Health

**ISSUE DATE:** May 15, 2023

**BIDDERS' TELECONFERENCE:** May 23, 2023

**QUESTIONS DUE:** May 25, 2023

**APPLICATIONS DUE:** June 23, 2023

**ANTICIPATED NOTICE OF AWARD:** June 30, 2023

**ANTICIPATED PERIOD OF PERFORMANCE:** September 1, 2023 – August 31, 2024

**INQUIRIES and DELIVERY INFORMATION:** Direct all questions and the application to:  
[988info@dhhs.nc.gov](mailto:988info@dhhs.nc.gov)

**Applications will be received until 5:00 pm on June 23, 2023.**

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

**Email Address:**  
[988info@dhhs.nc.gov](mailto:988info@dhhs.nc.gov)

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

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## **I. INTRODUCTION**

For the purpose of this RFA, Statewide Peer Warm Line is (PWL) is defined as the number that North Carolinians can call for support from a Certified Peer Support Specialist (CPSS) twenty-four (24) hours a day. The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) is seeking a Peer Run Organization to develop and operate a PWL through the development of a toll-free telephone number.

Specifically, the awardee will provide:

- a. North Carolina Certified Peer Support Specialists to answer calls 24/7.
- b. Development of the phone number and technology to support the call center
- c. Data collection on calls that come into the PWL
- d. Sustainability planning to continue the PWL past the funding period

## **ELIGIBILITY**

Eligible applicants must be a non-profit organization and a peer run organization or have a clear plan to become a peer run organization within 6 months of the award. The applicant(s) must have experiencing conducting trainings, evaluation, ongoing research, and consultation with respect to evidence-based or evidence-informed models.

## **FUNDING**

- a. Total Funding Available: \$600,000 for Year 1
- b. Funding Period: September 1, 2023 – August 31, 2024 – Funding for subsequent years will be based upon availability of funds and performance measures
- c. Annual Funding Amount: \$600,000 for Year 2 and 3
- d. Funding Source: SAMHSA 988 State and Territory Supplemental Funding and Mental Health Block Grant

## **II. BACKGROUND**

In 2022, SAMHSA awarded NC with a grant for the workforce development for 988. Part of that funding was to support crisis services. NC DMHDDSAS identifies recognizes that people with mental health diagnoses and co-occurring substance use disorders do recover, and peer support is an evidence-based and effective tool for individuals seeking healing, wellness, and recovery and CPSS's can offer this through a PWL available 24/7.

## **III. SCOPE OF WORK**

### **1. Programmatic Requirements and Priorities:**

- Provide Warmline telephonic peer support services addressing their current crisis and offer appropriate resources and community referrals based on the caller's needs.
- All staff working on this opportunity must be Certified Peer Support Specialists and included in the NC CPSS registry managed by UNC BHS. All Certified Peer Support

Specialists must be knowledgeable about trauma-informed practices, self-help groups, and recovery principles and should have knowledge of relevant peer led interventions that are appropriate to use in this setting.

- CPSS's will offer follow up to callers that agree to a follow up
- CPSS's will refer to a higher level of intervention when appropriate, including but not limited to 988, Mobile Crisis Management (MCM), 911 (Law Enforcement, Emergency Medical Services (EMS)) or other community-based crisis services.
- The awardee must coordinate and work with the NC 988 call center operated by REAL Crisis Intervention, Inc and NC DMHDDSAS weekly to ensure coordination and collaboration.
- Data collection on caller to include at a minimum
  - Number of calls
  - Length of call
  - Demographics (age range, gender, ethnicity)
  - Reason for call
  - County called from
  - Disposition (referrals given, transferred to 988, 911 or other crisis service)
  - Other data points identified during implementation
- The awardee will demonstrate their ability to offer support to all North Carolinians and be able to do so in a culturally and linguistic appropriate approach

## 2. Reporting Requirements:

- Data reports monthly by the 10<sup>th</sup> of the month for the previous month.
- Quarterly Progress Reports:
  - Must be submitted to the Division by the 15<sup>th</sup> of the month following the previous quarter:
    - First Quarter: October 15<sup>th</sup>
    - Second Quarter: January 15<sup>th</sup>
    - Third Quarter: April 15<sup>th</sup>
    - Fourth Quarter: July 15<sup>th</sup>
    - Final Report: September 15<sup>th</sup>

Must include detailed documentation on progress towards each performance indicator and outcomes as noted above

- Other: Reports as requested by the Division

## 3. Applicant Qualifications and Capacity:

- The awardee must be a peer run organization or have a clear plan to become a peer run organization within 6 months of the award.
- To assure the capacity and readiness of organizations to implement the programs specified in this solicitation, the following materials must be submitted in addition to your application. Applications that do not include these materials will be marked as non-responsive and will not be reviewed.

- Resumes of key staff
- List of board members, including documentation of 51% having lived experience
- Organizational chart
- Partnerships and collaboration (demonstrated by letters of support)
- A clear statement on the readiness of the organization including written policies and procedures
  - Business and service record documentation, retention and maintenance
  - Human Rights, Abuse/Neglect/Exploitation Policy
  - Critical Incident Reporting
  - Business Continuity of Operations Planning, in compliance with DMH/DD/SAS
  - Suicidality and/or homicidality of persons served
- List of past projects that compare to the scope of work required along with contact information for each project
- List of subcontractors, or a statement that there are no subcontractors
- Fiscal Management:
  - Must have evidence of sound accounting and financial practices
- Data Collection Experience:
  - Must have experience collecting and providing accurate data
  - Must have data systems that are conducive to collecting and tracking relevant data OR have a detailed plan to develop such systems within one (1) month of start date
  - Must provide a list of past projects that compare to the scope of work required in this RFA along with contact information for each project

**4. Division Responsibilities:**

- DMHDDSAS will provide funding for a minimum of 1 year to the awarded applicant
- DMHDDSAS will provide support and technical assistance regarding project direction, including site selection for new sites
- DMHDDSAS reserves the right to terminate any awards with or without cause

#### **IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS**

**1. Award or Rejection**

All qualified applications will be evaluated, and award will be 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 06/30/2023.

**2. Decline to Offer**

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

**3. Cost of Application Preparation**

Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.

**4. Elaborate Applications**

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

**5. Oral Explanations**

The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

**6. Reference to Other Data**

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

**7. Titles**

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

**8. Form of Application**

Each application must be submitted on the form provided by the funding agency and will be incorporated into the funding agency's Performance Agreement (contract).

**9. Exceptions**

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency or organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract).

**10. Advertising**

In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.

**11. Right to Submitted Material**

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

**12. Competitive Offer**

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

**13. Agency and Organization's Representative**

Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.

**14. Subcontracting**

Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.

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

**15. Proprietary Information**

Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

**16. Participation Encouraged**

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled, including utilization as subcontractor(s) to perform functions under this Request for Applications.

**17. Contract**

The Division will issue a contract to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed contract.



## V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

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

### 1. **Announcement of the Request for Applications (RFA)**

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on 05/15/2023: <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.

### 2. **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 05/15/2023.

### 3. **Bidder's Teleconference / Question & Answer Period**

All prospective applicants are encouraged to attend a Bidder's Teleconference on May 23, 2023 at 1:00pm at <https://ncgov.webex.com/ncgov/j.php?MTID=m584bd6016b12e7dbee735415194fd0fa>. In addition, written questions concerning the specifications in this Request for Applications will be received until 05/25/2023. As an addendum to this RFA, a summary of all questions and answers will be emailed, by 05/31/2023, to agencies and organizations sent a copy of this Request for Applications, or will be placed on <https://www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-and-substance-abuse-services-grant-opportunities> website.

### 4. **Applications**

Applicants shall submit their application as one single, consolidated PDF file with all required attachments and scanned signatures to [988info@dhhs.nc.gov](mailto:988info@dhhs.nc.gov). Paper, mailed, and faxed applications will not be accepted.

### 5. **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.

### 6. **Space Allowance**

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

### 7. **Application Deadline**

All applications must be received by 5:00 pm on 06/23/2023. Only emailed applications will be accepted (scanned signatures are acceptable). Faxed or mailed applications will not be accepted.

**8. Receipt of Applications**

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

**9. 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.

**10. Request for Additional Information**

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

**11. Audit**

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

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

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

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

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

**12. Assurances**

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

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

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

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

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

**14. Federal Certifications**

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

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

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

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

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

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

If your agency does not have a UEI, please use the online registration at [www.SAM.gov](http://www.SAM.gov) to receive one free of charge.

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

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

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

Note: At the start of each calendar year, all agencies with current 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.

**17. Registration with Secretary of State**

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

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

The Contractor shall complete and submit to the Division, the Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement form within 10 State Business Days upon request by the Division when awarded \$35,000 or more in federal funds. A reference version appears in Appendix A.

**19. Iran Divestment Act**

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

**20. Boycott Israel Divestment Policy**

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

**21. Application Process Summary Dates**

- 05/15/2021*: Request for Applications released to eligible applicants.
- 05/23/2023*: Bidder's Conference / Teleconference at 1 pm.
- 05/25/2023*: End of Q&A period. All questions due in writing by 5 pm.
- 05/31/2023*: Answers to Questions released to all applicants, as an addendum to the RFA.
- 06/23/2023*: Applications due by 5 pm.
- 06/30/2023*: Successful applicant will be notified.
- 09/01/2023*: Proposed Start Date of Contract

## VI. **PROJECT BUDGET**

### **Budget and Justification**

Applicants must submit a budget, which requires a line-item budget for the 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 .655 cents per mile.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. However, please be advised that reimbursement rates periodically change. The Division of 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**

<b>Meals</b>	<b>In State</b>	<b>Out of State</b>
Breakfast	\$13.00	\$13.00
Lunch	\$15.00	\$15.00
Dinner	\$26.00	\$26.00
<i>Total Meals Per Diem Per Day</i>	<i>\$54.00</i>	<i>\$54.00</i>
<b>Lodging (Maximum rate per person, excludes taxes and fees)</b>	<b>\$98.00</b>	<b>\$98.00</b>
<b>Total Travel Allowance Per Day</b>	<b>\$152.00</b>	<b>\$152.00</b>
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: Federal Awarding Agency: U.S. Department of Health and Human Services; ALN Number (title): 93.243 (Substance Abuse Mental Health Services Administration); Federal Award Number(s) H79SM086053 for Year 1.

**Federal NC 988/NSPL:**

Indirect cost is allowed on the portion of the sub-award funded by the NC 988/NSPL.

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

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

Estimated portion of subaward funded by NAME OF GRANT is as follows for each year:

<u>Year</u>	<u>NC 988/NSPL</u>
1	\$600,000
2	\$600,000
3	\$600,000

**VII. EVALUATION CRITERIA**

**1. Phase I: Initial Qualifying Criteria:**

The applicant’s proposal must meet all 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 applicant’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 the RFA.			
3	Included in those certifications, the applicant states that it is not excluded from entering into a contract with DMHDDSAS due to restrictions related to the federal debarment list, etc.			
4	Vendor meets eligibility requirements as stated in the RFA			
5	Vendor meets the minimum qualification requirements as described in the RFA			
6	Program’s review of the Applicant verifies that the vendor is not excluded from contracting with DMHDDSAS for any unresolved finding for recovery			
7	Vendor is not on the IRAN Divestment List			

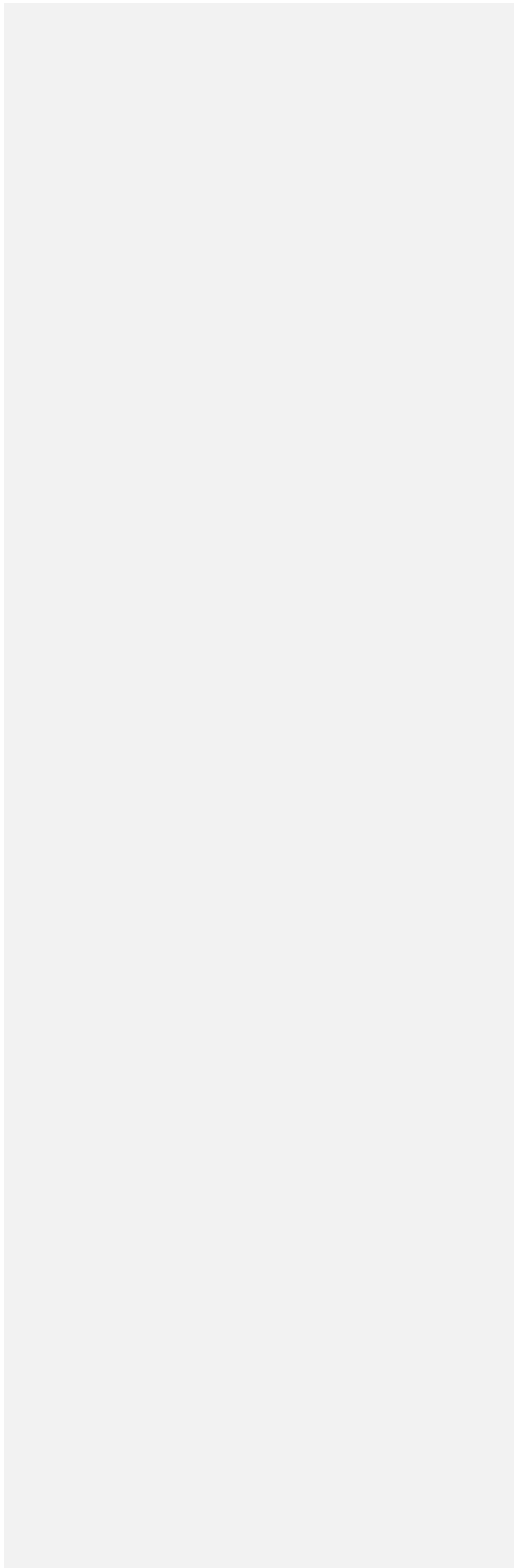
**2. Phase II: Criteria for Scoring Proposal/Application**

Qualifying applications will be collectively scored by the proposal review team. All qualified applications will be evaluated and awarded 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.

DMHDDSAS will consider scores, organizational capacity, distribution among catchment areas, and quality improvement plans in determining awards. **Please note that applicants not meeting the eligibility requirements or any of the minimum or mandatory requirements as listed in Phase I will not be scored.**

Evaluation Criteria	Total Possible Score
Proposal Summary	5
Organizational Background and Qualifications	5
Assessment of Need	10
Approach/Implementation Plan	35
Staffing	10
Sustainability	5

Collaboration and Community Support	15
Supporting Documentation	5
Budget & Narrative	10
<b>TOTAL SCORE</b>	<b>100</b>





## **VIII. APPLICATION**

### **Application Checklist**

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

1. Cover Letter
2. Application Face Sheet
3. Applicant's Response/Form
4. Project Budget: Include a budget in the format provided. Indirect costs are allowed and shall not exceed 10% unless a Federally approved Indirect Cost agreement is in place
5. Indirect Costs Rate Approval Letter (if applicable)
6. IRS Documentation: 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)
7. Verification of 501(c)(3) Status Form (private non-profits)

**1. Cover Letter**

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

Include in the cover letter:

- the legal name of the Applicant agency
- the RFA number
- the Applicant agency's federal tax identification number
- the Applicant agency's Unique Entity Identifier (UEI)
- the closing date for applications.

## 2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with *Statenide Peer Warm Line* 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 -013* are truthful, and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

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

### 3. Applicant's Response

#### A. Proposal Summary (1-PAGE LIMIT):

The summary should be prepared after the application has been developed in order to encompass all the key points necessary to communicate the project objectives. 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 staff 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.

#### B. Organization Background and Qualifications: Describe the organization and its qualifications for funding (2-PAGE LIMIT):

- 1) Mission and goal of the organization
- 2) Brief overview of the applicant's history
- 3) Brief overview of experience providing services (past achievements and evidence of impact)
- 4) Brief overview of all services provided within the last five years
- 5) Details of:
  - i. Any criminal convictions of the Applicant or any of their officers, directors, employees, agents or subcontractors of which the Applicant have knowledge or a statement that there are none
  - ii. Any criminal investigations pending against the Applicant or any of their officers, directors, employees, agents or subcontractors of which the Applicant have knowledge or a statement that there are none
  - iii. Any regulatory sanctions levied against the Applicant or any of their officers, directors, employees, agents or subcontractors by any state or federal regulatory agencies within the past three years of which the Applicant have knowledge or a statement that there are none. As used herein, the term "regulatory sanctions" includes the revocation or suspension of any license or certification, the levying of any monetary penalties or fines, and the issuance of any written warnings
  - iv. Any regulatory investigations pending against the Applicant or any of their officers, directors, employees, agents or subcontractors of which the Applicant have knowledge or a statement that there are none. Note: The Department may reject a proposal solely on the basis of this information.
  - v. Any of the Applicant's directors, partners, proprietors, officers or employees or any of the proposed project staff are related to any DHHS employee. If such relationships exist, identify the related individuals, describe their relationships, and identify their respective employers and positions
  - vi. Assurance that the Applicant and the proposed Applicant staff are not excluded from participation by Medicaid or the Office of the Inspector General of the United State Department of Health and Human Services

#### C. Assessment of Need/s (Problem Statement) (2-PAGE LIMIT):

- 1) Problem (explain why the service is necessary)
- 2) Briefly describe what your organization will do to address this problem

- 3) Eligibility requirements to receive service/s
- 4) Statistical facts and figures (national, state, local)

D. A Written Description of the Applicant's Approach to the Project, Including Identification of Key Partners & Implementation Plan (4-PAGE LIMIT):

List goals and objectives of the project (describe 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 is more specific, quantifiable, and verifiable than the goals. Please be aware of how realistic your outcomes are and that the applicant should be aware of time constraints. Outcomes should be SMART (Specific, Measurable, Achievable, Realistic, and Time-Bound). Applicants 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 and must be tangible, specific, concrete, measurable, and achievable within the specified time period.
  - 3) Task description of activities, strategies, methodologies and schedules
  - 4) Performance Measures: Provide key measures that support and measure the success of the project. When providing these measures, please include the measure description, baseline, target, data source, collection plan, and collection frequency.
  - 5) Project Outcomes: Project Outcome describes the impact or benefit of the service on the caller or customer or describes what was changed or accomplished as a result of the service.
  - 6) Project Implementation Plan (work plans, timelines, schedules, and transitioning plans for the project)
- E. Staffing Plan: description of how the applicant will staff the project, including subcontractors and timeline for hiring all staff including training requirements and ensuring NC CPSS in good standing. (1-PAGE LIMIT)
- F. Sustainability Plan: (steps taken to ensure future success and continuation of the project beyond the awarded period, e.g., future financial support, staff requirements, continued community support/interest) (2-PAGE LIMIT)
- G. Supporting Documentation: Letters of support, Organizational Chart, etc.

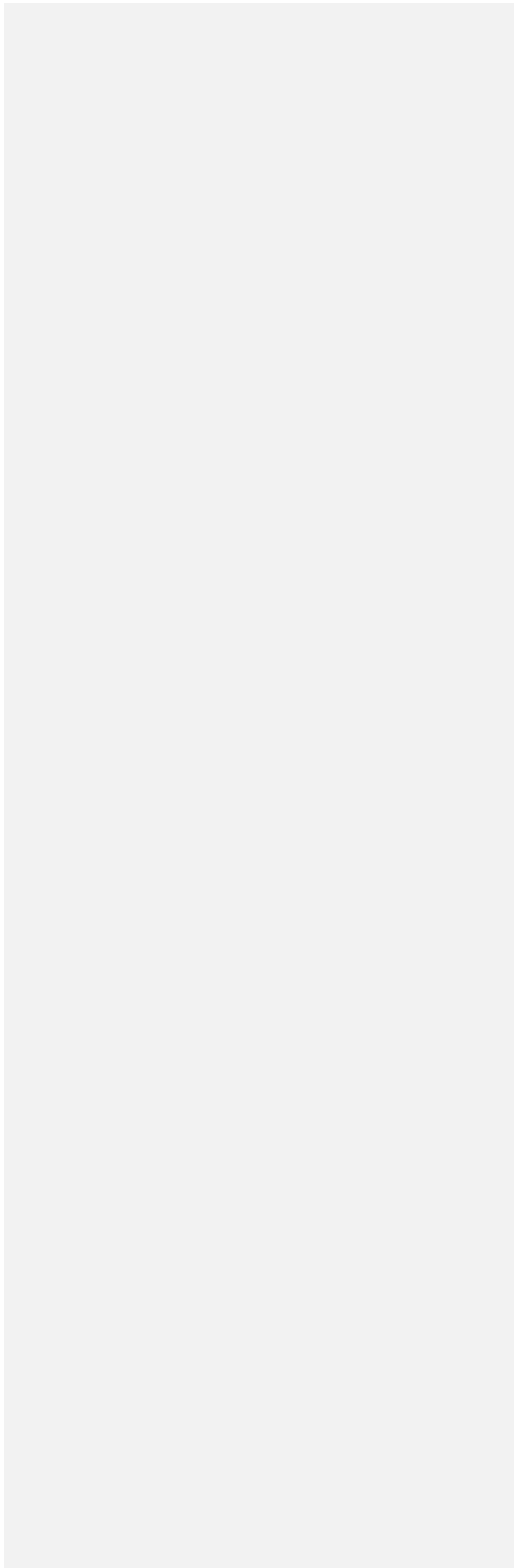
#### 4. Project Budget

- a. Be sure to distinguish between salary and fringe benefits per position required
- b. If subcontractors are required, please include a copy of the contract you will implement with your subcontractor
- c. All line items should be clearly described
- d. Please provide a budget for the project term 9/1/2023 – 8/31/2024.



Master Line Item  
Budget Template.xlsx

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



## **6. Letters of Commitment**

*Include a description of the sort of letter desired, such as:*

*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.*



**IRS Letter**

***Private Non-profits:***

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

This IRS determination letter can also satisfy the documentation requirement of your organization's tax identification number.

**7. Verification of 501(c)(3) Status Form**

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

---

I, \_\_\_\_\_, hereby state that I am \_\_\_\_\_ of  
(Printed Name) (Title)  
\_\_\_\_\_ (“Organization”), and by that authority duly given  
(Legal Name of Organization)

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

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

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

\_\_\_\_\_  
(Signature)

## **Appendix A Forms for Reference**

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

They are for reference only.

---

**FEDERAL CERTIFICATIONS**

**The undersigned states that:**

- 1. He or she is the duly authorized representative of the Contractor named below;
- 2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
  - a. The Certification Regarding Nondiscrimination;
  - b. The Certification Regarding Drug-Free Workplace Requirements;
  - c. The Certification Regarding Environmental Tobacco Smoke;
  - d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
  - e. The Certification Regarding Lobbying;
- 3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
- 4. [Check the applicable statement]
  - He or she **has completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;
  - OR**
  - He or she **has not completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.
- 5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

\_\_\_\_\_  
**Signature** **Title**

\_\_\_\_\_  
**Contractor [Organization’s] Legal Name** **Date**

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

**I. Certification Regarding Nondiscrimination**

**The Contractor certifies** that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on

the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

## II. Certification Regarding Drug-Free Workplace Requirements

1. **The Contractor certifies** that it will provide a drug-free workplace by:
  - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - b. Establishing a drug-free awareness program to inform employees about:
    - (1) The dangers of drug abuse in the workplace;
    - (2) The Contractor's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
    - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
  - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
    - (1) Abide by the terms of the statement; and
    - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
  - e. **Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;**
  - f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
    - (1) taking appropriate personnel action against such an employee, up to and including termination; or

- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
  - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):
- Street Address No.1:  
\_\_\_\_\_
- City, State, Zip Code:  
\_\_\_\_\_
- Street Address No.2:  
\_\_\_\_\_
- City, State, Zip Code:  
\_\_\_\_\_
3. Contractor will inform the Department of any additional sites for performance of work under this agreement.
4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

**III. Certification Regarding Environmental Tobacco Smoke**

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

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

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

**Instructions**

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

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-- Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

#### **Certification**

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

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

#### **V. Certification Regarding Lobbying**

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

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

#### **VI. Disclosure of Lobbying Activities**

##### **Instructions**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.



4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

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

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

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

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

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



**CONFLICT OF INTEREST POLICY**

**CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY**

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

County \_\_\_\_\_

I, \_\_\_\_\_ hereby state that I am the \_\_\_\_\_  
(Printed Name) (Title)  
of \_\_\_\_\_ ("Organization"), and by that authority  
(Legal Name of Organization)

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

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

\_\_\_\_\_  
(Signature)

.....  
**Instruction for Organization:**

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

\_\_\_\_\_  
Name of Organization

Reference only — Not for signature

\_\_\_\_\_  
Signature of Organization Official

### **Conflict of Interest Policy Example**

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

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

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

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

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

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

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

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

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

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

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

Approved by:

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Signature of Organization Official

\_\_\_\_\_  
Date

**NO OVERDUE TAX DEBTS CERTIFICATION**

**State Grant Certification – No Overdue Tax Debts<sup>1</sup>**

To: State Agency Head and Chief Fiscal Officer

**Certification:**

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

**Sworn Statement:**

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

Reference only – Not for signature

Board Chair

Title

\_\_\_\_\_ Date

Reference only – Not for signature

Signature

\_\_\_\_\_ Title of Second Authorizing Official

\_\_\_\_\_ Date

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

Reference only – Not for signature

Notary Signature and Seal

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

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



## **CONTRACTOR CERTIFICATIONS**

### **State Certifications**

#### **Contractor Certifications Required by North Carolina Law**

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

- Article 2 of Chapter 64: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter\\_64/Article\\_2.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf)
- G.S. 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](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf)
- G.S. 143-48.5: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_143/GS\\_143-48.5.html](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html)
- G.S. 143-59.1: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143/GS\\_143-59.1.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf)
- G.S. 143-59.2: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143/GS\\_143-59.2.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf)
- G.S. 143-133.3: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_143/GS\\_143-133.3.html](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html)
- G.S. 143B-139.6C: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143B/GS\\_143B-139.6C.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf)

### **Certifications**

- (1) Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009), the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.
- (2) Pursuant to G.S. 143-48.5 and G.S. 143-133.3, the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: [www.uscis.gov](http://www.uscis.gov)
- (3) Pursuant to G.S. 143-59.1(b), the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:
- (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
- (b) [check **one** of the following boxes]
- Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
- The Contractor or one of its affiliates **has** incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not
- (4) Pursuant to G.S. 143-59.2(b), the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (5) Pursuant to G.S. 143B-139.6C, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.
- (6) The undersigned hereby certifies further that:
- (a) He or she is a duly authorized representative of the Contractor named below;
- (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
- (c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

Contractor's Name: \_\_\_\_\_

Contractor's  
Authorized Agent: Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Witness: Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

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

**FFATA Form**

**Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement**  
NC DHHS, Division of Mental Health, Developmental Disabilities and Substance Abuse Services  
Subawardee Information

**A. Exemptions from Reporting**

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

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

The **entire FFATA reporting requirement:**

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

**Only executive compensation data reporting:**

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

Reference only — Not for signature  
Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Entity \_\_\_\_\_ Date \_\_\_\_\_

**B. Reporting**

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

Entity's Legal Name \_\_\_\_\_ Contract Number \_\_\_\_\_

Active SAM registration record is attached  
An active registration with SAM is **required** \_\_\_\_\_ Entity's UEI \_\_\_\_\_ Entity's Parent's UEI (if applicable) \_\_\_\_\_

<b>Entity's Location</b>	<b>Primary Place of Performance for specified contract</b>
street address _____	street address _____
city/st/zip+4 _____	city/st/zip+4 _____
county _____	county _____

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

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

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

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5.

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