



## Request for Applications

RFA # DMH24-002

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)**

**FUNDING AGENCY:** North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities and Substance Use Services

**ISSUE DATE:** January 3, 2024

**QUESTIONS DUE:** January 17, 2024

**APPLICATIONS DUE:** February 7, 2024

**ANTICIPATED NOTICE OF AWARD:** February 23, 2024

**ANTICIPATED PERIOD OF PERFORMANCE:** July 1, 2024 – June 30, 2025

**INQUIRIES and DELIVERY INFORMATION:**

Direct all questions and the application to email: [rfa.responses@dhhs.nc.gov](mailto:rfa.responses@dhhs.nc.gov)

**Applications will be received electronically until 5:00 p.m. on February 7, 2024.**

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

**Emailing Address:** [rfa.responses@dhhs.nc.gov](mailto:rfa.responses@dhhs.nc.gov)

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

**RFA Table of Contents**

I. INTRODUCTION-----4  
     ELIGIBILITY -----4  
     FUNDING -----4  
 II. BACKGROUND -----6  
 III. SCOPE OF WORK -----8  
 IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS----- 17  
     1. Award or Rejection ----- 17  
     2. Decline to Offer ----- 17  
     3. Cost of Application Preparation----- 17  
     4. Elaborate Applications ----- 17  
     5. Oral Explanations ----- 17  
     6. Reference to Other Data----- 17  
     7. Titles ----- 17  
     8. Form of Application ----- 17  
     9. Exceptions ----- 17  
     10. Advertising ----- 18  
     11. Right to Submitted Material ----- 18  
     12. Competitive Offer ----- 18  
     13. Organization's Representative ----- 18  
     14. Subcontracting ----- 18  
     15. Proprietary Information ----- 18  
     16. Participation Encouraged----- 18  
     17. Contract----- 18  
 V. APPLICATION SUBMISSION PROCESS AND REVIEW -----20  
     1. Announcement of the Request for Applications (RFA) ----- 19  
     2. Distribution of the RFA ----- 19  
     3. Bidder’s Question & Answer Period ----- 19  
     4. Notice of Intent ----- 19  
     5. Applications----- 19  
     6. Format----- 19  
     7. Space Allowance ----- 20  
     8. Application Deadline ----- 20  
     9. Receipt of Applications----- 20  
     10. Review of Applications----- 20  
     11. Request for Additional Information ----- 20  
     12. Audit ----- 20  
     13. Assurances----- 21  
     14. Additional Documentation to Include with Application----- 21  
     15. Federal Certifications ----- 21  
     16. Unique Entity Identifier (UEI) ----- 21  
     17. Additional Documentation Prior to Contract Execution----- 21  
     18. Registration with Secretary of State ----- 22  
     19. Registration in NC e-Procurement via NC Electronic Vendor Portal (eVP) ----- 22  
     20. Federal Funding Accountability and Transparency Act (FFATA)----- 22  
     21. Sudan Divestment Act----- 22

22. Iran Divestment Act----- 22

23. Boycott Israel Divestment Policy ----- 23

24. Application Process Summary Dates----- 23

VI. PROJECT BUDGET----- 24

VII. EVALUATION CRITERIA ----- 31

VIII. APPLICATION----- 32

    Application Checklist ----- 32

    1. Cover Letter ----- 33

    2. Application Face Sheet ----- 33

    3. Applicant’s Response----- 34

    4. Project Budget ----- 36

    5. Indirect Cost Rate Approval Letter ----- 36

    6. IRS Letter----- 37

    7. Verification of 501(c)(3) Status Form----- 38

Appendix A Forms for Reference ----- 39

    FEDERAL CERTIFICATIONS ----- 40

    LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS ----- 48

    LETTER TO IDENTIFY INDIVIDUALS TO SIGN EXPENDITURE REPORTS ----- 49

    CONFLICT OF INTEREST POLICY ----- 50

    NO OVERDUE TAX DEBTS CERTIFICATION ----- 53

    CONTRACTOR CERTIFICATIONS ----- 54

    FFATA Form ----- 55

## I. INTRODUCTION

The NC PATH Program is authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990, subject to Public Health Service Act Part C, Section 521 and administered by Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services, Homeless Programs Branch. The North Carolina NC PATH Program is administrated by the Division of Mental Health, Developmental Disabilities and Substance Use Services (Division). The PATH Legislation allows states to implement the NC PATH Program to fit the needs of the state in identifying, engaging, enrolling, housing and transitioning to community mental health services those individuals meeting PATH eligibility.

### **ELIGIBILITY**

Eligible applicants must be a private non-profit community agency or a political subdivision of the state and located in **Asheville, Charlotte, Durham, Fayetteville, Raleigh, Greensboro, and Wilmington**. Organizations located outside of these cities may apply under the following conditions:

- The Organization provides another service in the city and demonstrates collaboration and partnerships with community mental health providers and/or homeless service providers.
- The Organization has the infrastructure to implement PATH in the city applying for and provides documentation to demonstrate ability to implement a successful PATH Program.

The Organization must have experience providing services, such as street outreach and connecting individuals to community mental health, who are living outdoors with a serious mental illness.

### **FUNDING**

The following funding is proposed for Year 1 of this RFA. Year's 2 and 3 of the RFA will likely have the same funding dependent upon receipt of future federal PATH funding.

<b>PATH Site</b>	<b>PATH Funds</b>	<b>Match Required</b>	<b>Minimum # Positions</b>	<b>State Match Funds</b>	<b>Total Match Funds</b>	<b>Total NC PATH Program Funding</b>
<b>Asheville</b>	<b>\$191,250</b>	\$25,500 (in-kind or cash)	<u>4 positions</u> 1 Team Leader, 1 QMHP, 1-2 CPS, and 1 SOAR and Benefits Specialist	\$38,250	\$63,750	<b>\$255,000</b>
<b>Fayetteville</b>	<b>\$191,250</b>	\$25,500 (in-kind or cash)	<u>4 positions</u> 1 Team Leader, 1 QMHP, 1-2	\$38,250	\$63,750	<b>\$255,000</b>

			CPS, and 1 SOAR and Benefits Specialist			
<b>Wilmington</b>	<b>\$191,250</b>	\$25,500 (in-kind or cash)	<u>4 positions</u> 1 Team Leader, 1 QMHP, 1-2 CPS, and 1 SOAR and Benefits Specialist	\$38,250	\$63,750	<b>\$255,000</b>
<b>Charlotte</b>	<b>\$375,000</b>	\$50,000 (in-kind or cash)	<u>4-6 positions</u> 1 Team Leader, 1-2 QMHP, 2 CPS, and 1 SOAR and Benefits Specialist	\$75,000	\$125,000	<b>\$500,000</b>
<b>Durham</b>	<b>\$191,250</b>	\$25,500 (in-kind or cash)	<u>4 positions</u> 1 Team Leader, 1 QMHP, 1-2 CPS, and 1 SOAR and Benefits Specialist	\$38,250	\$63,750	<b>\$255,000</b>
<b>Greensboro</b>	<b>\$191,250</b>	\$25,500 (in-kind or cash)	<u>4 positions</u> 1 Team Leader, 1 QMHP, 1-2 CPS, and 1 SOAR and Benefits Specialist	\$38,250	\$63,750	<b>\$255,000</b>
<b>Raleigh</b>	<b>\$281,250</b>	\$37,500 (in-kind or cash)	<u>4-5 positions</u> 1 Team Leader, - 2 QMHP, 1-2 CPS, and 1 SOAR and Benefits Specialist	\$56,250	\$93,750	<b>\$375,000</b>

Continued funding is contingent upon the federal award the State receives for the NC PATH Program and available State match funds. The Division reserves the right to adjust the funding of a NC PATH Program due to:

- Increase or decrease in the federal PATH award and/or State match funds;
- Lack of successful implementation of the NC PATH Program; or
- The PATH Provider's inability to meet the PATH goals.

PATH Providers are required to submit the PATH Intended Use Plan, Budget, Budget Narrative and Match Narrative annually.

## **II. BACKGROUND**

The Division manages the delivery of health and human-related services for all North Carolinians, especially our most vulnerable citizens – children, elderly, disabled and low-income families. The Division works closely with health care professionals, community leaders and advocacy groups; local, state and federal entities; and many other stakeholders to make this happen. In collaboration with our partners, the Division provides essential services to improve the health, safety and well-being of all North Carolinians by advancing innovative solutions that foster independence, improve health and promote well-being for all North Carolinians.

The Division provides quality support to achieve self-determination for individuals with intellectual and/or developmental disabilities and quality services to promote treatment and recovery for individuals with mental illness and substance use disorders.

The NC PATH Program is a formula grant authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. PATH, the first major federal legislative response to homelessness, is administered by the SAMHSA, CMHS. PATH grants are distributed annually to all 50 states, the District of Columbia, Puerto Rico, the Northern Mariana Islands, Guam, American Samoa, and the U.S. Virgin Islands. Each state or territory solicits proposals and awards funds to local public or nonprofit organizations, known as PATH providers.

North Carolina has received PATH funding since 1993. The Point-In-Time (PIT) count of individuals who are homeless for January 2022 identified 9,382 adults and children who were homeless. It was estimated 3,625 adults and children experienced unsheltered homelessness in 2022. It is difficult to count individuals who are living outdoors as they tend to be transient, moving from place to place. January weather is the coldest month in NC. Temperatures across the state tend to be below freezing and many individuals usually living outside move indoors temporarily. Therefore, the number of individuals living outdoors is higher than the PIT indicates. The number of individuals who are homeless and have a mental health or co-occurring mental health and substance use disorder is estimated to be between 28% and 55%.

The NC PATH Program serves the NC adult homeless population, including those individuals who historically were perceived as unreachable and “un-house-able.” These are individuals who have lived on the streets for years, who have the most debilitating mental and physical health conditions, and/or who have suffered significant adversity such as childhood abuse or neglect, long-term foster care placement and traumatic military combat that contributed to their homelessness. Despite being the primary target population of substantial public resources, these special need groups have been consistently marginalized or ignored by conventional outreach, shelter and housing systems. These individuals are the most vulnerable and most in need of housing, supports and behavioral health treatment services and are considered to experience chronic homelessness. These individuals rarely receive mental health or substance use treatment. They may have received treatment in the past on more than one occasion but have not completed their treatment. These individuals are concerned with meeting basic needs in order to surviving living outside.

The NC PATH Program provides outreach and case management to adult homeless individuals (the target population). The NC PATH Program prioritizes these individuals meeting PATH

eligibility and encourages prioritizing those individuals meeting PATH eligibility who are Veterans. Individuals with a sole substance use disorder are not eligible for PATH services.

The NC PATH Program Team Leader, Qualified Professionals, Benefit Specialists and Peer Support Specialists work directly with the individuals enrolled in PATH.

SAMHSA's PATH Funding Opportunity Announcement states "SAMHSA encourages all recipients to address the behavioral health and housing needs of those living with serious mental illness and who are incarcerated." NC PATH prioritizes those persons released from incarceration who were homeless prior to incarceration and homeless at time released from incarceration. The Division will contract directly with private, non-profit agencies or political subdivision of the state to implement the NC PATH Program.

### **III. SCOPE OF WORK**

#### **A. Target Population**

The NC PATH Program eligibility covers adults over the age of 18 with a serious mental illness (SMI) or co-occurring SMI and substance use disorder (COD) who are homeless or at imminent risk of homelessness. The NC PATH Program does not serve individuals having only substance use disorders or those individuals whose SMI is the result of their overriding substance use disorder.

#### **B. NC PATH Program Services**

The NC PATH Program provides an array of services with primary focus on street outreach, case management and services which are not financially supported by mainstream behavioral health programs.

The NC PATH Program staff provides the following services:

- Outreach
- Case Management
- Screening
- Residential Support Services
- Housing Moving Assistance
- Housing Eligibility Determination
- Security Deposits

It is expected that the Organization receiving PATH funds has the resources and community connections to refer individuals served by PATH in obtaining the following:

- Community Mental Health
- Substance Abuse Treatment
- Primary Health/Dental Care
- Temporary Housing
- Permanent housing
- Income Assistance
- Employment Assistance
- Medical Insurance

#### **C. PATH Outreach**

Services provided in the NC PATH Program begin with street outreach. Street outreach is planned, strategic, and organized. It is conducted in outside locations such as parks, under bridges, woods/camps, alongside railroad tracks, abandoned buildings, and cars. NC PATH program's participating organizations all develop contacts and relationships with shelters, day programs, drop-in centers or other such locations with resources and/or services to the target



population. Relationships with these providers will provide a source of referrals of possible PATH eligible homeless individuals.

NC PATH staff do not provide clinical services. PATH staff are required to assist individuals receiving PATH services to transition to a mainstream community mental health service such as Assertive Community Treatment (ACT), Community Support Team (CST), Peer Support Programs (PSP), Psychosocial Rehab Services (PSR) and other mental health programs and to obtain temporary and permanent housing.

Successful Applicant Organizations are required to enter information about individuals outreached and enrolled in PATH into NC Homeless Management Information System (NCHMIS). The Organizations must meet the data entry requirements outlined in U.S. Department of Housing and Urban Development (HUD) NC PATH Program HMIS Manual. Every outreach and service contact and the enrollment information are entered in NCHMIS meeting the NCHMIS requirements.

#### **D. PATH Enrollment and Service Delivery**

PATH Teams are required to have training and experience in recognizing symptoms of mental illness and co-occurring disorders to identify individuals who potentially meet PATH eligibility. PATH Teams shall provide outreach and engagement contacts with individuals who are literally homeless and potentially meet PATH eligibility by observing individuals whose behavior, dress, speech, or affect appears to indicate a possible SMI or COD. It is expected most individuals will require numerous outreach contacts before accepting formal screening and diagnostic assessment services. Numerous outreach contacts are necessary, and expected, to allow PATH Teams to understand the individual's wants and needs prior to development of the enrolled individual's strategic PATH Plan.

PATH Teams will also provide in-reach to people whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and individuals who reside in transitional housing. Individuals at imminent risk of becoming homeless, including risk of losing housing, time limited housing, health care or criminal justice discharge with no place to live, and doubled up living who present symptoms of mental illness and co-occurring disorders will be screened and evaluated for potential eligibility. PATH Teams discuss prior mental health treatment with the individual to obtain the names of treatment providers such as psychiatric hospitals or mental health service providers. The initial determination of eligibility for enrollment will be made by the QMHP for each PATH team based upon the interactions and observations made by the PATH team during outreach/inreach and utilizing the CMS Quality Bipolar Disorder MDQ Screener, PCL5 Standard Form, PHQ9 Standard Form, the Biopsychosocial Assessment, and such additional screening/assessment tools as needed.

After enrollment, the PATH team will obtain further confirmation/documentation of an SMI obtained through prior clinical assessment and/or treatment discharge summary. If such documentation/clinical assessment cannot be obtained, the clinical assessment will be completed

by a licensed clinician confirming/identifying the SMI diagnosis and will be added to the PATH Plan for the PATH enrollee and obtained in due course and as part of the referral to treatment. If such documentation/clinical assessment cannot be obtained, the individual will be exited from the PATH Program and connected to the proper community resource based on their person centered PATH Plan.

The enrollment activities and required documents included in the PATH record are as follows:

**1. NCHMIS PATH Entry** – SAMHSA requires all PATH data to be enter in each data elements as listed in the NC HMIS required activities. However, it may take numerous conversations to obtain all the information required by SAMHSA and found in the HMIS Data Manual. It is expected this information will be gathered during outreach and engagement contacts.

**2. PATH Plan** – The PATH staff and the individual enrolled in PATH develop the PATH Plan based on the individual’s long-term and short-term goals. The PATH Program is person-centered, and it is expected PATH staff will receive this training and use the skills and techniques learned to ensure the plan is the individual’s plan. The specific activities and services PATH will provide are documented on the PATH Plan. The due date is short-term, i.e., the day of enrollment, within 1 week, 4 weeks. No due date is more than two to three months. The PATH Plan dictates the activities and services PATH staff provide. As the services/activities are provided and goals are met, the PATH Plan is revised and updated at least every three months. Individuals may decide to have assistance with something new and not work on a documented goal. The new goal and activities are documented on the PATH Plan. It is expected that a goal or activity related to obtaining mental health or substance use treatment is what the individual wants, agrees to, and is committed to attending appointments.

**3. PATH Eligibility Verification** – After enrollment, the PATH team will obtain further confirmation/documentation of an SMI obtained through prior clinical assessment and/or treatment discharge summary. If such documentation/clinical assessment cannot be obtained, the clinical assessment will be completed by a licensed clinician confirming/identifying the SMI diagnosis and will be added to the PATH Plan for the PATH enrollee and obtained in due course and as part of the referral to treatment.

**4. PATH Service Note** – It is required for all contacts with and on the behalf of the individual to be documented on the PATH Service Note. The service note describes all services and activities as specified on the PATH Plan as well as any issues or events with the individual. Outreach contacts are not documented in the PATH Record.

**5. PATH Discharge Summary** –The PATH Discharge Summary documents the reason for the PATH services and the specific outcomes for the individual. This serves as the final service note in the PATH record.

## **E. Transition to Community Mental Health Services**

The Organization's staff are required to assist individuals receiving PATH services to transition to a mainstream community mental health service such as Assertive Community Treatment (ACT), Community Support Team (CST), Peer Support Programs (PSP), Psychosocial Rehab Services (PSR) and other mental health programs. PATH Providers begin the transition to Community Mental Health Services when the individual enrolled agrees and commits to participate in mental health services. At this time, the individual is assisted with a referral for mental health services. The transition steps are as follows:

- The PATH staff assists the individual in keeping the initial appointments to a mental health or substance use provider by providing transportation and attending the appointment if requested by the individual. The initial appointments usually include an appointment to complete the intake and the comprehensive clinical assessment. If the individual gives consent, the PATH staff may share observations and information to ensure appropriate services are provided.

## **PROGRAMMATIC REQUIREMENTS AND PRIORITIES**

### **PATH Annual Application**

SAMHSA requires each State to apply for PATH funds annually. The Division is required to apply for PATH funds for continuation of the NC PATH Program. The PATH Annual Application Packet includes:

- Intended Use Plans
- Budget Narratives
- Local Match Narratives

### **PATH Reporting and Monitoring**

As recipients of PATH funds, the PATH Provider is required to manage and monitor the NC PATH Program. It is expected the PATH Provider shall:

1. Ensure the PATH Team is implementing the NC PATH Program as outlined in all policies and requirements.
2. Ensure all individuals enrolled in PATH meet the PATH eligibility criteria.
3. Ensure all required reports are accurate and correct PRIOR to submission to the Division.
4. Ensure PATH record contains the required documents and meet the documentation requirements.
5. Ensure the NC PATH Program funds are:
  - Expended on individuals enrolled in PATH only;
  - Outlined in the SAMHSA and the Division's approved PATH Budget Narratives;
  - Meet the criteria for allowable charges.
6. Ensure the PATH Local Match is met per the PATH Local Match Requirements and outlined in the SAMHSA and the Division approved PATH Match Narrative
7. Ensure all messages sent from the Division are read and responses are provide as indicated.
  - Ensure all documents, reports, requests, etc. are submitted by the due date.

## CONTRACTOR RESPONSIBILITIES

### PERFORMANCE STANDARDS AND EXPECTATIONS

Selected awardees shall be required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act Modernization Act of 2010 (GPRM) found at <https://www.gpo.gov/fdsys/pkg/PLAW-111publ352/pdf/PLAW-111publ352.pdf> as stipulated in SAMHSA grant. The current GPRM performance requirements for PATH are:

1. Increase the percentage of enrolled homeless persons in the PATH program who receive community mental health services.
2. Number of homeless persons contacted.
3. Percentage of contacted homeless persons with serious mental illness who become enrolled in services.
4. Increase the number of PATH providers trained on SSI/SSDI Outreach, Access, and Recovery (SOAR) to ensure eligible homeless clients are receiving benefits.

In addition, SAMHSA asks that states report the following three outcome measures:

- a. Number of persons referred to and attaining housing.
- b. Number of persons referred to and attaining mental health services.
- c. Number of persons referred to and attaining substance abuse treatment services.

In addition, SAMHSA ask that states report the following three outcome measures. The specific PATH target expectations are:

1. 58% of PATH-eligible individuals contacted through outreach are to be enrolled in the NC PATH Program.
  2. 65% of the individuals who are enrolled in the NC PATH Program are to be transitioned to ACT, CST, PSP, PSR and other mental health programs.
- The data related to referral outcomes that SAMHSA requires on the PATH annual report is:
- a. Number of PATH enrolled individuals who were assisted in obtaining Community Mental Health Services, Substance Abuse Treatment, Primary Health/Dental Care, Temporary Housing, Permanent Housing, Income Assistance, Employment Assistance, and Medical Insurance.
  - b. Number of PATH enrolled individuals who received Community Mental Health Services, Substance Abuse Treatment, Primary Health/Dental Care, Temporary Housing, Permanent Housing, Income Assistance, Employment Assistance, and Medical Insurance.

### REPORTING REQUIREMENTS

Selected Organizations will be required to submit reports as follows:

- A. The NC HMIS Report for each month submitted quarterly. – The PATH staff enters the data in NC HMIS and the PATH Supervisor/Team Leader shall run the report for each quarter, review for accuracy and provide a copy to the State.

- B. The Outreach Logs submitted monthly are used by PATH staff providing outreach and are reviewed by the PATH Supervisor/Team Leader for accuracy.
- C. PATH Outcome Report submitted monthly is completed on all individuals enrolled in PATH to track CMH and Housing Outcomes.
- D. The Benefit Specialist Report submitted quarterly is completed by the Benefit Specialist and reviewed by the PATH Supervisor/ Team Leader for accuracy.

The accumulated reports listed above provide the information required for the PATH Annual report. The PATH Supervisor is required to monitor the accuracy of the PATH Quarterly Reports. The PATH Provider submits the PATH Annual Report via the PATH Data Exchange (PDX) ([www.pathpdx.org](http://www.pathpdx.org)). The PATH Provider will be notified when the reporting period is open and the due date for data entry to be completed. The Contract Administrator reviews all data entries for accuracy, approves and submits the report to SAMHSA via PDX.

## CONTRACTOR QUALIFICATIONS AND CAPACITY

The Division will contract with nonprofit private entities (including community-based veterans' organizations and other community organizations) and political subdivisions of the state meeting the following qualifications to implement the NC PATH Program:

1. History of providing services to individuals who have a serious mental illness or co-occurring substance use disorders meeting the SMI definition.
2. Have experience connecting permanent housing and supports as well as the ability to provide individuals newly enrolled into the NC PATH Program a safe place to stay while permanent housing is obtained. This may be provided by the PATH Provider or by another agency in which the PATH Provider has an agreement to use space.
3. Have experience working with individuals meeting PATH eligibility and have experience and comfort conducting outreach in outside locations such as the streets, woods, parks, under bridges, or abandoned buildings.

### PATH Staff

The majority of NC PATH Program positions are full-time dedicated positions. NC PATH Program staff must dedicate a minimum of 50% of their time to PATH services and activities. All NC PATH Program positions are 40-hours per week. It is expected for all team members to collaborate and develop relationships with local landlords, mental health and substance abuse service providers, and other agencies/organizations providing services/support to individuals enrolled in PATH.

The PATH positions are as follows:

**Qualified Mental Health Professional (QMHP)Team Leader** must meet the QMHP status identified in 10A NCAC 27G .0104. QMHP must have prior supervisory experience and is responsible for ensuring the PATH staff is providing PATH services as required. The Team Leader caseload is between 7-9 individuals at any given time.

The Team Leader must meet the following requirements:

- Have at least 2 years' experience working with individuals with serious mental illness and co-occurring disorders who have experienced street homelessness.
- Have mental health case management skills as described under PATH Services
- Knowledge of symptoms associated with individuals who have schizophrenia and other psychotic disorders, bipolar disorder, depressive disorders, PTSD and anxiety disorders.
- Supervisory experience.

The Team Leader oversees the implementation of the NC PATH Program and supervision of the PATH staff. The Team Leader's administrative responsibilities should be limited to provide PATH services. It is expected no more than 60% of the total PATH Team Leader work time to be used for administrative tasks. The expected Team Leader's administrative tasks include:

- Supervision with PATH Team. This may best be conducted in a group with individual supervision with those needing extra guidance in meeting PATH requirements.
- Complete Division reports and submit to the Contractor Supervisor/Director for review.
- Maintain system to track costs using PATH or Match funds identified in the PATH and Match narratives.
- Ensure collaboration with local Continuum of Care.
- Monitor data entry in NCHMIS such as accessing reports, compare outreach log to outreach contacts entered and number of individuals enrolled in PATH for accuracy.
- Review selected PATH records monthly.

**Qualified Mental Health Professional** must meet the QMHP status identified in 10A NCAC 27G .0104.

The QMHP shall meet the following requirements:

- Have at least 1-year experience working with individuals with serious mental illness and co-occurring disorders who have experienced street homelessness;
- Have mental health case management skills as described under PATH Services;
- Has the skills to engage with individuals potentially meeting PATH eligibility in outside locations.

**Certified Peer Specialist** is an individual meeting the following requirements:

- Has previously experienced homelessness, preferably by living outdoors;
- Living in recovery from a mental illness;
- Ability to share their lived experience with mental illness and homelessness to encourage, motivate, and support the individual moving forward in their recovery.
- Completed the NC Peer Specialist certification process within 6 months from the date hired.
- Has the skills to engage with individuals potentially meeting PATH eligibility in outside locations.
- Maintain certification by meeting additional required certification trainings, meetings or other as established by the NC Certified Peer Specialist Program.

**Benefit Specialists** is an individual meeting the following requirements:

- Has knowledge of symptoms of mental illness and co-occurring disorders and the individual's functional limitations that will prevent the individual from obtaining gainful employment.
- Experience in assisting individuals in applying for benefits such as SSI/SSDI, Medicaid, Veteran
- Experience collecting, organizing and writing a medical summary of individual's personal, psychiatric and functional Information.
- Must meet Certified NC SOAR Caseworker Certification status within 6 months of date of hire.

Benefit Specialist assist individuals enrolled in PATH with obtaining benefits by using the SSI/SSDI Outreach, Access, Recovery (SOAR) model. The Benefit Specialist requirements include:

- Participate in NC SOAR Caseworker Dialogue Group, conferences and training
- Maintain a Benefit Specialist record with service notes
- Complete Benefit Specialist Report and Tracking Log
- Submit Medical Summary to NCCEH SOAR
- Submit NC SOAR Outcome Form to NCCEH found at <https://www.ncceh.org/soar/caseworkers/>
- Meet individuals assigned to them wherever the individuals choose to meet such as the park, shelter, library, etc.

**PATH Veteran Positions** The Veteran PATH Position is filled by either an individual meeting QMHP status or CPS having a Veteran Service Member or Military Service Member designation meeting the following requirements:

- Must have document verifying military service by providing a copy of DD 214 form or Military ID
- Must have experienced homelessness preferably, living outside
- Individuals designated as QP must provide documentation demonstrating having a minimum of one-year full-time accumulated experience with the individuals who have served in the military.

NC Certified Peer Specialist must meet Veteran Service Member or Military Service Member Designation (<https://pss.unc.edu/certification>)

The PATH Veteran is required to work closely with the Veterans Service Office, NC Serves, and any agency providing services or supports to individuals who have served in the military to coordinate services for individuals enrolled in PATH.

**The Team Leader, QMHP, CPS and Veteran Position** shall provide PATH services to include the following:

- Conduct outreach/engagement activities in locations such as wooded areas, homeless camps, downtown streets, abandoned buildings, or under bridges and are comfortable in doing so.

- Ability to recognize symptoms of mental illness and co-occurring disorders in order to identify individuals meeting PATH eligibility. Conduct inreach/engagement activities in day and overnight shelters or other areas where homeless individuals are located.
- Ability to approach individuals to engage in a conversation with the individual.
- Enroll individuals meeting PATH eligibility. The Team Leader assists the CPS in enrollment process.
- Complete data entry in NCHMIS and meet the PATH record requirements.
- Provide PATH Services as described previously.
- Document all activities as previously described.

### **Staff Training**

It is expected that PATH staff receive training each fiscal year to allow for continued growth and skill development. The following training is required:

Training provided through PATH Funds, Local Match, or other funding source:

- HMIS
- Motivational Interviewing
- Outreach and Engagement
- Trauma-Informed Care
- Cultural and Linguistic Competency
- Recovery
- Person-Centered Thinking
- Crisis Response and Suicide Prevention such as Applied Suicide Intervention Skills Training (ASIST)
- Housing First
- SOAR

The Benefit Specialists will use the SSI/SSDI Outreach, Access, Recovery (SOAR) model and shall receive training through the NC Coalition to End Homelessness SOAR Program and meet the requirements to become a Certified SOAR Case Worker within 6 months from the hire date. The Benefit Specialists shall participate in the SOAR Dialogue conference calls and all other SOAR Program trainings, calls or other expectations of a Certified SOAR Case Worker.

The CPS shall maintain their certification by meeting additional required certification trainings, meetings or other as established by the NC Certified Peer Specialist Program. Individuals hired in this position without Certified Peer Specialist status shall have 6 months from date of hire to become certified.

PATH Provider Supervisors and PATH staff are required to participate in all Division Quarterly Conference Calls, Annual PATH Meeting and other meetings or trainings as requested.



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

**1. Award or Rejection**

All qualified applications will be evaluated, and award made to that Organization whose combination of budget and service capabilities are deemed to be in the best interest of the Division. The Division reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by February 23, 2024.

**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 Division. 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 Division 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 Division 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 Division and will be incorporated into the Division'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 Organization may be grounds for rejection of that 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 Division.

**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 Organization will become the property of the Division 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. Organization's Representative**

Each Organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the 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 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 Division 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 the Division website on January 3, 2024:

<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 January 3, 2024.

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

Written questions concerning the specifications in this Request for Applications will be received until January 17, 2024. As an addendum to this RFA, a summary of all questions and answers will be mailed, by January 24, 2024 to all 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. **Notice of Intent**

Any Organization that plans to submit an application is encouraged to submit a Notice of Intent no later than 5pm on January 25, 2024. Please include the following information in the Notice of Intent:

- The legal name of the Organization.
- The name, title, phone number, mailing address, and email address of the person who will coordinate the application submission.

### 5. **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](mailto:rfa.responses@dhhs.nc.gov).

### 6. **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.

**7. Space Allowance**

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

**8. Application Deadline**

All applications must be received by 5:00 pm on February 7, 2024. Only emailed applications will be accepted (scanned signatures are acceptable). Faxed or mailed applications will not be accepted.

**9. Receipt of Applications**

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

**10. 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 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 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 Division reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the Division.

**11. Request for Additional Information**

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

**12. Audit**

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

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

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

Level 1: Less than \$25,000

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

Level 3: \$500,000 or more

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

**13. Assurances**

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

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

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

Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the organization's 501(c)(3) tax-exempt status. (This letter normally includes the organization'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 organization's 501(c)(3) status. (An example of this page is provided in section *VIII.7 Verification of 501(c)(3) Status.*)

**15. Federal Certifications**

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

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

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

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

- a. A completed and signed letter from the Organization's Board President/Chairperson identifying individuals as authorized to sign contracts. (A reference version appears in Appendix A.)
- b. A completed and signed letter from the Organization's Board President/Chairperson identifying individuals as authorized to sign expenditure reports. (A reference version appears in Appendix A.)
- c. Documentation of the Organization's Unique Entity Identifier (UEI). Documentation consists of a copy the Organization's SAM record.

If your Organization 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 Organization's Conflict of Interest Policy. (A reference version appears in Appendix A.)
- b. A completed, signed, and notarized page certifying that the Organization 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/SUS contracts are required to update their contract documentation. These agencies will be contacted a few weeks prior to the due date and will be provided the necessary forms and instructions.

**18. Registration with Secretary of State**

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

**19. Registration in NC e-Procurement via NC Electronic Vendor Portal (eVP)**

Successful applicants must be registered in NC eProcurement via the Electronic Vendor Portal (eVP) in order to receive reimbursement payments. This registration does not change your organization's subrecipient status or how the organization will be treated by DMHDDSUS.

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

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

**21. Sudan Divestment Act**

The Sudan (Darfur) Divestment Act of 2007, as amended, requires State agencies to divest from investments in companies that are engaged in certain activities in Sudan. Any organization identified engaging in investment activities in Sudan (Darfur), as determined by appearing on the Final Divestment List created by the NC Department of the State Treasurer, is ineligible to contract with the State of North Carolina or any political subdivision of the State. Refer to NC General Statutes Chapter 147 Article 6D.

**22. 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.

**23. 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.

**24. Application Process Summary Dates**

*01/03/2024:* Request for Applications released to eligible applicants.

*01/17/2024:* End of Q&A period. All questions due in writing by 5pm.

*01/24/2024:* Answers to Questions released to all applicants, as an addendum to the RFA.

*01/25/2024:* Notice of Intent due (non-binding).

*02/07/2024:* Applications due by 5pm.

*02/23/2024:* Successful applicants will be notified.

*07/01/2024:* Proposed Contract begins.

## **VI. PROJECT BUDGET**

### **Budget and Justification**

Applicants must submit a budget, which requires a line-item budget for each year of funding and a narrative justification. The budget must be submitted using the Excel Budget Template provided with this RFA. **Applicants shall provide a budget showing the combined PATH grant funds and the State match funds utilization.** Applicants shall also provide a budget narrative.

The contract identifies the total amount in PATH funds the Contractor will receive. The Contractor is required to meet the required match using non-federal funds. The PATH Application requires a detailed Budget Narrative describing how PATH funds will be used and a detailed Match Narrative describing how the required match will be met which are approved by SAMHSA and the Division.

PATH funds support the salaries and fringe benefits for the indicated number/positions of staff on the PATH staff, as well as other costs necessary to support the Program, i.e., training, cell phone costs. Funds may be identified to be used as “Other Consumer Assistance” such as utility and rent deposits, psychiatric medications co-pay, vital records and bus passes. Expenditure of PATH and State match funds are submitted to the Contract Administrator who reviews and approves expenditures per the PATH program guidelines. The PATH expenses paid and costs to be used toward match are documented on the Financial Status Report (FSR) and FSR Tracking Report monthly. Only those costs identified on the PATH Budget and Match Narratives are allowable costs. The full PATH allocation and State match funds, if applicable, must be expended by June 30, 2025 and the Contractor must meet the minimum required local match as specified in their contract.

Public Health Service Act, Title V, SAMHSA, Part C, PATH does not specifically include many items NC PATH Programs have used for consumer assistance. The Office of Grants Management determine the allowable costs using PATH funds and to meet the Match.

The use of PATH funds and the Match requirements are governed by the following:

- Public Health Service Act, Title V, SAMHSA, Part C, PATH - <https://www.law.cornell.edu/uscode/text/42/290cc-21>
- Per 45 CFR Part 75.404 Reasonable Cost
- 2 CFR Part 200 "Uniform Administrative Requirements, Cost Principles, and [https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)
- Audit Requirements for Federal Awards (HHS Grant Policy Statement) - <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>
- G.S. 143C-6-23. State grant funds: administration; oversight and reporting requirements - [https://www.ncleg.net/enactedlegislation/statutes/html/bychapter/chapter\\_143c.html](https://www.ncleg.net/enactedlegislation/statutes/html/bychapter/chapter_143c.html)
- 09 NCAC Subchapter 03M – Uniform Administration of State Awards of Financial Assistance - <http://reports.oah.state.nc.us/ncac/title%2009%20-%20governor%20and%20lt.%20governor/chapter%2003%20->



[%20state%20budget%20and%20management/subchapter%203m/subchapter%203m%20rules.pdf](#)

- The Division Travel Policy

Only costs identified in the PATH Budget and Match Narratives are approved costs. No other costs will be reimbursed or used to meet match.

#### **A. Allowable Cost**

PATH funds support the salaries and fringe benefits for the indicated number/positions of staff on the PATH staff, as well as other costs necessary to support the Program, i.e., training, cell phone costs. Funds may be identified to be used as “other” such as utility and rent security deposits, medications, bus passes and copies of medical records. The PATH Application requires a Budget Narrative describing how PATH funds will be used. Only those costs identified on the approved PATH Budget Narrative will be reimbursed. Use of PATH funds for individuals not enrolled in PATH is not allowed except for the use of conducting outreach to determine PATH eligibility.

The full NC PATH Program funds must be expended by June 30, 2025 and the PATH Provider must meet the minimum required local match as specified in the PATH Application.

**PATH Expenses** are documented per line item per month on the Section identifies as “Report of Monthly PATH Fund Expenditures (Federal Allocated Funds Only)”. The approved detailed PATH Budget Narrative details how the Contractor will expend the PATH funds.

PATH funds may be used to support individuals enrolled in PATH listed under “Other” for the following:

#### **Consumer Assistance**

- Bus tickets (No other transportation) – service habilitation/rehabilitation
- Copay cost to individual enrolled in PATH for psychiatric medications (SAMHSA Grants Management requires minimal amount)
- Vital Records (SAMHSA Grants Management requires minimal amount)
- Apartment application fees

#### **Housing**

- First Month’s Rent and Utility Security Deposits

#### **PATH funds cannot pay the cost of:**

- Physical health treatments, medications or over the counter medications (adult diapers)
- Purchase of survival items such as tents, sleeping bags
- Food/groceries
- Clothing
- Cost for hotel, motel, or transitional housing for individuals enrolled in PATH
- Other items per SAMHSA Grants Management

**Local Match.** The Contractor is responsible to fulfill the Federal matching funds requirement as specified in its contract. The Local Match is met through non-federal contributions and may be cash or in-kind to support the NC PATH Program and/or the individuals enrolled in PATH. Amounts provided by the Federal Government or services assisted or subsidized to any significant extent by the Federal Government, shall not be included when determining the amount of such non-federal contributions. Cash donations may be used to supplement staff salaries, pay for housing/utility security deposits for individuals enrolled in PATH or other line items categories identified on the PATH Match Narrative.

The PATH Application requires a Match Narrative describing how the Contractor will meet the match requirement and uses the same line items categories as the PATH Budget Narrative. The items used as match must have clear, descriptive, supportive documentation which is submitted monthly. Only the items identified on the Match Narrative are allowable costs to meet the match. The in-kind match may be met through in-kind donations or cash specifically for individuals enrolled in the NC PATH Program. The Match Narrative describes which expenses are in-kind and which are cash. The donations are appropriate services or items for an individual experiencing homelessness.

The value of the donations is calculated by the fair-market cost of the donated item and the calculated cost of Organization's donations based on the percentage of the donation use by the PATH staff.

These items are documented on the Match Report.

- Office furniture - desk, chair
- Supplies such as paper, cell phone cost,
- Equipment such as a printer, copy machine, cell phones
- Office space – supportive documentation supporting a market-reasonable allocations of rent for building or office space used for the PATH program is required at the time of PATH application and may be used towards Match.

The following items are listed as “Other” - “Consumer Assistance” and “Housing” on the Match Narrative and must be documented on the Consumer Assistance log.

#### Consumer Assistance

Individual hygiene products (SAMHSA Grants Management requires minimal amount and hygiene kits are not allowable)

- Bus tickets for individuals enrolled in PATH
- Copay cost to individual enrolled in PATH for psychiatric medications
- Vital Records
- In-kind donations (e.g., merchandise from stores, volunteer time, food banks) for people enrolled in PATH
- Services (e.g., haircuts, medication management, resume assistance) for people enrolled in PATH
- Items to use for outreach and engagement to people who potentially meet PATH eligibility (e.g., bottled water, healthy snacks, mittens, hygiene kits, tents, blankets)
- Necessary household items essential to move into permanent housing (e.g., dishes, cookware, bedding, furniture, utensils, drinking cups, bathroom supplies) for people enrolled in PATH

- Survival supplies such as blankets, sleeping bags, or tarps for people enrolled in PATH
- Clothing such as pants, tops, jackets, and shoes for people enrolled in PATH
- Hygiene items such as soap, toothpaste, toothbrushes, and shampoo for people enrolled in PATH

### Housing

- Essential Items to necessary to assist an individual enrolled in PATH to move into an apartment such as, kitchen - pots, pans, dishes; bedroom - mattress, bedding; bathroom – towels - Items are not listed separately on the Consumer Assistance Log. The required documentation is a receipt with the person's name, apartment address, company delivering the items, listing all the items delivered to the person.
- Utility security deposits, first month's rent and rent security deposits, and rental application fees for people enrolled in PATH

### **B Limitations and Restrictions**

- PATH funds must be used for purposes described in this document.
- No more than 20% of the federal PATH funds allocated to the state may be expended for eligible housing services as specified in Section 522(h)(1) of the PHS act.
- Security deposits may be made on behalf of an individual enrolled and actively participating in the NC PATH Program to secure permanent housing only. The NC PATH Program must assist the individual in securing the housing and ensure the housing meets all codes and inspections. A case note is written to describe the assistance with housing, location of housing and the individual's PATH plan to pay the on-going rent.
- PATH assists individuals with obtaining housing. The total cost of rent to include utilities should not be over 40% of the individual's income. If the cost is over 40%, a detailed service note shall be completed explaining how housing will be maintained (i.e., interventions, anticipated date of rental subsidy approval and disbursement, etc.).
- PATH funds may not be used for utility assistance, to pay turn-off notices, to pay application fees or rental assistance other than to prevent eviction.

PATH funds may not be expended for the following:

- To support emergency shelters;
- To pay ongoing rent costs;
- For inpatient psychiatric treatment;
- For inpatient substance abuse treatment;
- To make cash payments to intended recipients of mental health or substance abuse services;
- To pay for the purchase or construction of any building or structure to house NC PATH Program staff;
- For lease arrangements in association with the proposed project utilizing PATH funds may not be funded by PATH beyond the project period nor may the portion of the space leased with PATH funds be used for purposes not supported by the grant;
- To purchase items for the NC PATH Program Offices such as paper plates, paper cups, coffee filters, water or plastic utensils.

SAMHSA requires each State to apply for PATH funds annually. The PATH Provider is required to apply for PATH funds for continuation of the NC PATH Program. The PATH Annual Application includes:

- Intended Use Plan
- PATH Budget Narrative
- Local Match Narrative

In addition, the Division requires the following documents if the match is to include PATH Provider staff time.

- PATH Match Narrative – Personnel
- PATH Match Narrative – Fringe Benefits

The RFA line-item budget shall constitute the total cost to the Division to complete performance in accordance with the requirements and specifications herein, including all applicable expenses such as administrative cost. Contractor shall not invoice for any amounts not specifically allowed for in the line-item budget of this RFA.

The Applicant shall use the Budget Template provided with this RFA to document total costs. Each cost identified in the Budget must be described in the PATH and Match narratives which includes specific, detailed and clear narrative descriptions for each cost listed in the Budget. The applicant shall not use any other tables or forms, nor modify any required document.

All costs provided in Line-item budget must be firm and fixed for the duration of the contract. Budget revisions may be considered.

#### 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 0.655 cents per mile.

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

#### **Audits**

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

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

Level 1: Less than \$25,000

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

Level 3: \$500,000 or more

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

#### **Indirect Cost**

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

This RFA is funded by the PATH grant and State match funds.

#### **State Funds**

State funding in these subawards are a federal match requirement. See Federal Funds section below for details on the applicable indirect cost guidelines.

#### **Federal PATH Grant:**

Indirect cost is allowed on the portion of the sub-award funded by the PATH and the State match funds.

Where the Organization has a Federal Negotiated Indirect Cost Rate (FNICR), the Organization 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 Organization's budget.

If the Organization 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.

### **Reimbursement:**

The Organization is required to expend 100% of the PATH and State match funds and meet 100% of the required match by the end of the fiscal year. Failure to do so may result in a decrease in PATH funding. Upon execution of the contract, the Contractor shall submit to the Division Contract Administrator, a monthly reimbursement request for services rendered the previous month by the 20th of each month and, upon approval by the Division, receive payment within 30 days. Monthly payment shall be made based on actual expenditures made in accordance with the approved budget on file with both parties and reported on the monthly expenditure report submitted by the Contractor. If the contract is terminated, the Contractor shall complete a final accounting report and return any unearned funds to the Division within 30 days of the contract termination date. The Division shall have no obligation for payments based on expenditure reports submitted later than 30 days after termination or expiration of the contract period. All payments are contingent upon fund availability.

The following documents, on forms provided by the Division, will be due monthly from the selected Organizations:

- Financial Status Report (FSR)
- PATH FSR Tracking Report (Required to send as Excel document)
- Consumer Assistance Log (Required to send as Excel document)
- Supportive documentation for costs for reimbursement of PATH funds and to meet the Match as identified in the approved PATH and MHBG Veteran (if applicable) Budget and/or Match Narratives
- PATH Outreach Log (Required to send as Excel document)
- PATH Outcome Report (Required to send as Excel document)
- Bus Log (if applicable)
- Donated Items – Fair Market Value List
- Other documentation requested to support costs.

## VII. EVALUATION CRITERIA

### 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
1	Was the application received by the deadline specified in the RFA?
2	The application demonstrates experience providing services, such as street outreach and connecting individuals to community mental health, who are living outdoors with a serious mental illness.
3	The applicant is not excluded from entering into a contract with DHHS/State due to restrictions related to suspension of funding, the federal debarment list, etc.
4	Applicant meets eligibility requirements as stated in Section I
5	Program's review of the Applicant verifies that the applicant is not excluded from contracting with DHHS/State for any unresolved finding for recovery
6	Applicant is not on the Iran/ Boycott Israel/Sudan Divestment Lists

### 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. The Division 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
Proposal Summary	5
Organizational Background and Qualifications	15
Assessment of Need	20
Project Description	5
Collaboration and Community Support	15
Potential Impact	15
Budget and Budget Narrative	20
Supporting Documentation	5
<b>Total Score</b>	<b>100</b>

## VIII. 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 Excel Budget Form (Excel Template provided with this RFA)  
Indirect costs are allowed and will be determined based upon a Federally Negotiated  
Indirect Cost Rate (FNICR), if your organization has one, or a de minimis rate of  
10%.
5. Indirect Cost Rate Approval Letter (FNICR), if applicable
6. \_\_\_ 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
7. \_\_\_ Verification of 501(c)(3) Status Form (private non-profits)



**1. Cover Letter**

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

Include in the cover letter:

- the legal name of the Organization
- the RFA number
- the Organization's federal tax identification number
- the Organization'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 the Division, including the signature of the individual authorized to sign "official documents" for the Organization. This form is the application's cover page. Signature affirms that the facts contained in the applicant's response to RFA # DMH24-002 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 Organization:	
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:	Telephone Number:
Title:	Fax Number:
	Email Address
7. Organization Status (check all that apply):	
<input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> LME/MCO	
8. Organization Federal Tax ID Number:	9. Organization UEI:
10. Organization's URL (website):	
11. Organization'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/DMHDDSUS 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: (**one-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 objectives of the project and the need for the PATH program in applicant's geographic area. 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 the Division 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. In the event that applicant covers more than one proposed geographic area, a Proposal Summary shall be included for each such area, with a one-page limit for each proposed geographic area.

#### B. Organization Background and Qualifications: Describes the organization and its qualifications for funding (**two-page limit**)

- 1) Mission and goal of the Organization
- 2) A brief overview of the Applicant's history
- 3) Brief overview of the applicant's experience with providing service to the homeless community
- 4) Overview of the connections and collaborations that applicant has or intends to develop with other organizations within the community that will assist in applicant's outreach to the homeless an referrals to services for PATH enrollees
- 5) Brief overview of all services provided by the Applicant within the last five years, including:
  - i) The beginning and ending dates of the contracts;
  - ii) The services provided under those contracts;
  - iii) The total number of Applicant employees assigned to service each contract;
  - iv) Whether any of those contracts were extended or renewed at the end of their initial terms;

- v) Whether any of those contracts were terminated early for cause by either party to the contract;
  - vi) The “lessons learned” from each of those contracts; and
  - vii) The name, address, and telephone number of at least one manager in each client organization who is personally familiar with the Applicant’s performance under the contract
- 6) Qualifications/background on organization’s Board of Directors and Key Staff
- 7) The details of:
- i) Any criminal convictions of any of the Applicant or any of their officers, directors, employees, agents or subcontractors of which the Applicant has 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 has knowledge or a statement that there are none;
  - iii) Any regulatory sanctions levied against any of 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 has 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 by any state or federal regulatory agencies of which the Applicant has 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 employees. If such relationships exist, identify the related individuals, describe their relationships, and identify their respective employers and positions.
  - vi) Assurance that the Applicant and its staff are not excluded from participation by Medicaid or the Office of the Inspector General of the United States Department of Health and Human Services.
- 8) Other major donors and summary of dollar amounts of contribution(s)

C. A written description of the Contractor’s approach to the project, including identification of key partners. **(two-page limit)**

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. 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. Your objectives must be tangible, specific, concrete, measurable and achievable in a specified time period.

- D. A description of how the Applicant will meet each of the requirements and deliverable described in the scope of work (The Plan of Action). **(two-page limit)**

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 measurable, 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)

- E. Project Implementation Plan (Work plans, timelines, schedules and transition plans for the project). (two-page limit)
- F. A description of how the Applicant will staff the project, including the name, resume and qualifications of each of the proposed team members (including subcontractors).
- G. Sustainability (Steps taken to ensure future successes or continuing the project beyond the awarded period, e.g. future financial support, staff requirements, continued community interest).
- H. 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)

#### **4. Project Budget**

Please complete the proposed budget using the Excel Budget Template provided with this RFA. In the event that applicant covers more than one proposed geographic area, a Project Budget shall be included for each such area, and a combined budget including all geographic areas.

#### **5. Indirect Cost Rate Approval Letter**

Where the Organization has a Federal Negotiated Indirect Cost Rate (FNICR), the Organization 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 Organization's budget.

If the Organization 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.

## **6. 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.

**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**

---

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

**They are for reference only.**

---

**FEDERAL CERTIFICATIONS**

**The undersigned states that:**

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

---

**Signature**

**Title**

---

**Contractor [Organization’s] Legal Name**

**Date**

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

**I. Certification Regarding Nondiscrimination**

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



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

## II. Certification Regarding Drug-Free Workplace Requirements

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

- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
- 2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

Street Address No.1:

---

City, State, Zip Code:

---

Street Address No.2:

---

City, State, Zip Code:

---

- 3. Contractor will inform the Department of any additional sites for performance of work under this agreement.
- 4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

### **III. Certification Regarding Environmental Tobacco Smoke**

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

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

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

#### **Instructions**

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

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

#### **Certification**

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

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

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

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

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

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

#### **Instructions**

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

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

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

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

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

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

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

**LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS**

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

---

I, \_\_\_\_\_, Board President/Chairperson of  
\_\_\_\_\_ [Agency/Organization’s legal name] hereby  
identify the following individual(s) who is (are) authorized to sign **Contracts** for the organization  
named above:

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

Reference only — Not for signature

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



**LETTER TO IDENTIFY INDIVIDUALS TO SIGN EXPENDITURE REPORTS**

**Letter from Board President/Chairperson  
Identifying Individuals as Authorized to Sign  
Contract Expenditure Reports**

---

I, \_\_\_\_\_, Board President/Chairperson of  
\_\_\_\_\_ [Entity's legal name]

hereby identify the following individuals who are authorized to sign **Contract Expenditure  
Reports** for the entity named above:

Printed Name	Title

Reference only — Not for signature

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

**CONFLICT OF INTEREST POLICY**

**CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY**

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

County \_\_\_\_\_

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

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

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

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

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

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

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

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

_____	<b>Board Chair</b>	_____
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\_\_.

<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**  
The Division Sub awardee 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) \_\_\_\_\_

**Entity’s Location**

street address \_\_\_\_\_  
city/st/zip+4 \_\_\_\_\_  
county \_\_\_\_\_

**Primary Place of Performance for specified contract**

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

street address \_\_\_\_\_  
city/st/zip+4 \_\_\_\_\_  
county \_\_\_\_\_

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

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

**Page left intentionally blank.**