



**NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES**

**DIVISION OF SOCIAL SERVICES**

**REQUEST FOR APPLICATION (RFA)**

**AFTER-SCHOOL PROGRAMS AND SERVICES FOR AT-RISK CHILDREN**

**State Fiscal Year (SFY) 2008-2009**

<b>RFA Release Date:</b>	<b>Wednesday, March 26, 2008</b>
<b>Technical Assistance Workshop:</b>	<b>Tuesday, April 8, 2008</b>
<b>Deadline for Proposals:</b>	<b>Friday, May 9, 2008, at 5:00 p.m.</b>
<b>Return to (Mailing Address –USPS):</b>	<b>NC Division of Social Services Mail Service Center 2410 Raleigh, NC 27699-2410</b>
<b>Hand Delivery/Overnight Delivery: (i.e., Fed EX, UPS, DHL)</b>	<b>NC Division of Social Services 325 N. Salisbury Street Albemarle Building, Suite 779 Raleigh, NC 27603</b>
<b>Attention:</b>	<b>Barbara Graham Social Services Program Coordinator</b>

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## AFTER-SCHOOL PROGRAMS AND SERVICES FOR AT- RISK CHILDREN

### Introduction

The Division is pleased to announce the potential availability of the seventh TANF After-School Program and Services for At-Risk Children Grant. Availability is based on the passage of the State budget. **If this provision is not contained in the TANF Block Grant for SFY 2008-2009 and SFY 2009-2010, this Program will not be funded.**

Included in this application are instructions, required guidelines for operation and support documents. Federal TANF funds can be used to prevent and reduce adolescent pregnancy, reduce school drop out rates, and to discourage gang membership.

During SFY 2008-2009, two grant funds are available:

- ❖ **Children and Youth, K-12, At Risk of Adolescent Pregnancy, School Drop Out and Gang Prevention (Primary Grant Fund)**
- ❖ **Middle School Children and Youth At Risk of Adolescent Pregnancy, School Drop Out and Gang Prevention (Secondary Grant Fund)**

Eligible agencies can apply for either or both of these funding allocations. **If applying for both, a separate application shall be submitted for each fund.**

### Background

Temporary Assistance for Needy Families (TANF) Program was created by the Welfare Reform Law of 1996. TANF became effective July 1, 1997, and replaced what was then commonly known as welfare. TANF provides assistance and work opportunities to needy families by granting states the federal funds and wide flexibility to develop and implement their own public assistance programs. The flexibility available under TANF presents opportunities for funding a greater variety of activities, services, benefits and fostering new collaborative partnerships.

Previous grants have stimulated a number of very effective programs and activities at the local level. They have assisted community organizations in **focusing on and emphasizing prevention services**. During the SFY 2007-2008, TANF After-School Programs and Services for Children are projected to serve

over 2,300 children and their parents in 27 counties in North Carolina.

### Purpose of Grant

The North Carolina General Assembly may provide a provision within the TANF Block Grant to allocate TANF funds to the Department of Health and Human Services, Division of Social Services, to award grants to organizations that provide after-school programs and services for children and youth at risk of adolescent pregnancy, school drop out and gang membership. Before school hours, partial summer programs operating until June 30, 2009, and weekend activities (e.g. Saturday Academies) are also included as possible service hours. The grants will be awarded to agencies that demonstrate the ability to develop links with local departments of social services, area mental health programs, juvenile justice systems, schools and other human service programs. **Participants cannot be charged a fee for receiving services from this after-school program.**

**It is important that proposals reflect prevention focused activities.** Therefore, consideration will be given to proposals that include prevention programs for participants. While adolescent pregnancies, school drop out and gang membership typically does not occur in the younger child, prevention activities such as, character education, conflict resolution skills, good decision making skills etc., are appropriate at any age for the target population. Pregnancy prevention programs may target both males and females. It is the intent of the Division of Social Services to focus current resources and activities to strengthen and enhance prevention and intervention programs.

### Middle School Program

As stated in the introduction section, also potentially available through this grant process is a secondary grant fund which is designated specifically for those projects whose target population are children in the **middle school** age range. The expectations for applicants for these focused funds are essentially the same as the K-12 funding. The difference between the grants is that the primary grant fund (K-12) can serve children of any school age (including middle school students), while the secondary grant fund will serve **only middle school age** children in communities where similar programs do not exist. **Eligible agencies can apply for either or both of these funding allocations. If applying for both, a separate application shall be submitted for each fund.**

### After-School Program Vision

A quality after-school program offers a safe and developmentally appropriate environment for children and youth when they are not in school. TANF after-school programs and services support the nurturing of the academic, civic, creative, social, physical and

emotional development of North Carolina's children and youth with the goal of helping each child reach his or her full potential.

### Award Eligibility

Any tribal government, community-based, public or private nonprofit, tax-exempt organization (including faith-based), school system or local government agency that is duly incorporated and registered under North Carolina Statutes is eligible to apply. It is important that the proposed project does not overlap with existing programs in the county. Factors to take into account when considering program overlap are populations served, duplication of program sites, transportation accessibility, TANF eligibility, etc.

### Award Amount

The proposed allocation for after-school programs and services for at risk children is **\$2,249,642** (primary grant fund). An additional **\$500,000** allocation is proposed for projects whose target population are children in the middle school age range (secondary grant fund). All awards are based on the amount allocated by the NC General Assembly for the SFY 2008-2009. The allocation may be below or above the proposed allocation listed above. If this provision is not contained in the TANF Block Grant for SFY 2008-2009, the Program will not be funded. **There will be a \$125,000 award limit per proposal submitted with a limit of \$1,250 per participant.** Funds do not require a local match. The number of projects funded will depend upon the number of requests received and the funding amounts requested. Funds from this grant may not be used to supplant other funds or used to fully support a school district's extracurricular program.

### Grant Award Period

**Grant award Period:** September 1, 2008, through June 30, 2010. **Proposed Contract Period:** September 1, 2008, through June 30, 2009. Grants will be awarded on a two year cycle; however, annual contract renewal is contingent on organizational capacity, performance history, contractual compliance, and availability of funds.

### Technical Assistance Workshop

Agencies interested in responding to the TANF After-School Programs and Services for At-Risk Children RFA are strongly urged to attend the Technical Assistance Workshop on Tuesday, April 8, 2008, at the Clarion Hotel, 415 Swing Road, Greensboro, NC 27409 from 9:30 a.m. - 1:00 p.m. Please fax the registration form to the Division of Social Services' Community Based Programs Team at (919) 733-4756 to register for the Technical Assistance Workshop. Attendance is not mandatory.

### Number of Copies

**Three** original applications with all signature pages **signed in blue ink** plus **4** copies are required at the time of initial submission. In addition, Attachment B (Direct Client Narrative Face Sheet,

Proposal Summary, Scope of Work,) and Attachment C (Budget Form DSS 6844, and the Budget Narrative) must be e-mailed to [Barbara.Graham@ncmail.net](mailto:Barbara.Graham@ncmail.net) before the deadline date and time. An Acknowledgement of Receipt will be mailed to all applicants with an identification number that will be noted on the acknowledgement. This number must be referenced in all subsequent communications with the Division concerning the application. If an acknowledgment is not received within two weeks after the application deadline, applicants must notify the Division of Social Services' Community Based Programs Team by telephone at (919) 733-2279.

### Deadline

The closing date for submission of applications is **Friday, May 9, 2008, at 5:00 pm**. Applications received after 5:00 p.m. will be classified as late and will not be considered for funding. (Applicants should be aware that certain conditions influence the timely submission of applications, i.e., traffic congestion, available parking, highway construction, weather conditions, faulty driving directions, etc.) Applicants are advised to request a legible, dated United States Postal Services postmark or receipt or to obtain a legible, dated receipt from a commercial carrier. Applicants should allow adequate time (approximately seven calendar days) for mailed application packages to arrive at the Albemarle Building. **No faxes or e-mailed applications will be accepted.** Delivery/mailing address is:

#### Mailing Address –USPS ONLY:

**Barbara Graham, Social Services Program Coordinator  
Community Based Programs  
NC Division of Social Services  
325 N. Salisbury Street  
2410 Mail Service Center  
Raleigh, NC 27699-2410**

#### Hand Delivery/Overnight Delivery: (i.e., Fed-Ex, UPS, DHL)

**Barbara Graham, Social Services Program Coordinator  
Community Based Programs  
NC Division of Social Services  
325 N. Salisbury Street  
Suite 779  
Raleigh, NC 27603**

### Disqualification Factors

Any application that fails to satisfy the deadline requirements referenced on the prior page will be deemed non-responsive and will not be considered for funding under this announcement. Additionally, any applicant that fails to comply with all application

requirements and/or submits an incomplete application will not be considered for funding. For example:

- Application exceeds the maximum application page limits
- Application stapled
- Application does not respond to funding priorities
- Funding request exceeds maximum funding amount

## Selection Process

All applications received before the declared deadline will be reviewed to ensure all necessary worksheets and documentation are complete and included in submitted applications. Incomplete applications will not be reviewed by the grant review committee. Nothing may be added to any application after it has been submitted. Eligible applications will then be forwarded to the grant review committee who will review, score and rank the applications. Please refer to page 19 of this document for the scoring breakdown. Award notices will be sent via USPS mail by July, 2008. Communication via phone, e-mails and fax regarding award notices is prohibited.

## Reporting

If awarded funding, the following are required reporting for all programs:

### I. Monthly:

- a. Reimbursement Form 1571, by the 10<sup>th</sup> of each month. Programs with a subcontract must include a monthly 1571 Form completed by the subcontractor.
- b. Monthly Program Activities report

### II. Quarterly:

- a. 1<sup>st</sup> Quarter: Completed "Performance Status" report
- b. 2<sup>nd</sup> and/or 4<sup>th</sup> Quarter: Monitoring site visit with the Program Coordinator.

### III. Annually:

- a. NC State Auditors GS 143-6.2 Grant Compliance Report for Non-Profit Agencies
- b. End of Year report

## Questions

Questions should be directed to:

Barbara Graham, Social Services Program Coordinator  
(919) 733-2279 -Office

[Barbara.Graham@ncmail.net](mailto:Barbara.Graham@ncmail.net)

Deadline for questions is Friday, May 2, 2008.

## General Instructions

### Format

- Δ Type should be 12 point font size
- Δ The proposal should be typed on 8 ½" x 11" white paper
- Δ Lines should be double-spaced with no less than 1" margins

- Δ Only Attachment B must be numbered sequentially with the Page \_\_\_ of \_\_\_ format in the upper right hand corner. (Worksheets and attachments in Attachment B must be page numbered). **General Information**
- Δ Include a footer identifying the agency submitting the application and the grant you are applying for.
- Δ Adhere to page limits
- Δ **Proposals should not be stapled or bound.** Use binder clips or paperclips
- Δ Respond to each criteria listed in this RFA in the order requested. **Include section headings** in the Scope of Work as listed in the application checklist. **Do NOT insert Section/Attachment pages as dividers.**

**Cover Letter:** A cover letter on organization letterhead must accompany the application. Include in the cover letter: purpose of the request, the specific amount being requested, the grant you are applying for, the number of participants, area/county of program and the population being served. This letter must be signed by the authorized official of the agency in blue ink.

**Application Order** Use the table below to ensure all requested information is included in your application. Please be aware and comply with the maximum page limits in each section. **The Application Checklist in Appendix A must be completed and all boxes checked for consideration of funding.** Incomplete applications will not be considered for funding.

Section	Maximum Page Limit
<b>Cover Letter on agency letterhead</b>	<b>1</b>
<b>Application Checklist - completed</b>	<b>1</b>
<b>Attachment B: Scope of Work must include the following sections:</b>	
<b>Face Sheet – ALL sections completed and signed and dated in blue ink</b>	<b>1</b>
<b>Proposal Summary</b>	<b>2</b>
<b>Needs Assessment</b>	<b>3</b>
<b>Project Design-Include Worksheet 1 and 2</b>	<b>10</b>
<b>Project Goals/Outcomes and Evaluation Plans Include Worksheet 3</b>	<b>3</b>
<b>Organizational Capacity - Include the following: Organizational Chart Board Member Profile - Worksheet 4 Job Descriptions and Qualifications</b>	<b>2</b>



<b>Local Coordination and Collaboration</b>	<b>2</b>
<b>Sustainability – Include the following: Anticipated Revenue Summary Form - Worksheet 5 Funding Chart -Worksheet 6</b>	<b>1</b>
<b>Attachment C - Budget Form DSS-6844S</b>	<b>N/A</b>
<b>Budget Narrative If requested in budget include the following: Draft of Sub-Contract Agreement(s) Lease agreement if requesting rent Indirect Rate Plan if included in Budget Costs</b>	<b>N/A</b>
<b>Reimbursement Acknowledgement- Worksheet 7</b>	<b>N/A</b>
<b>Appendices:</b>	<b>N/A</b>
<b>Attachment D:</b> Conflict of Interest form notarized and a copy of grantee's conflict of interest policy attached	<b>N/A</b>
<b>Attachment E:</b> Certification of No Overdue Tax Debts (on organization's letterhead and notarized)	<b>N/A</b>
<b>Attachment F:</b> IRS Federal Tax Exempt Letter 501 (c) (3)	<b>N/A</b>
Letters of support (5 required)	<b>N/A</b>
Acknowledgement of Receipt	<b>N/A</b>

General Instructions

**Attachment B – Face Sheet and Scope of Work:** Please e-mail a copy of Attachment B before the deadline date. Attachment B will include the following sections:

### Face Sheet-Direct Client Services Narrative:

All sections must be completed. Sign and date three copies in blue ink.

### Proposal Summary:

**General Instructions** (Two page limit). Please provide a clear and concise description of the program. Summarize the major points from the body of the application, including the need for the program, the community being served, the estimated number of participants who will be served, participants' demographic information, physical location where participants will be served, the activities proposed and how the community will be affected if the project is not funded.

### Needs Assessment:

(Three page limit) The proposal should describe the problem(s) within the county that will be addressed by the after-school program. It should be a clear, concise, well-supported statement of what the problems are and why the after-school program is needed. Greater priority will be given to communities with the highest incidence of need

as evidenced by the submission of information from a current needs assessment and supporting statistical data. **The funds are to serve children in areas where similar services or resources do not exist.** Proposals should include:

- How the county currently addresses or fails to address unplanned adolescent pregnancy, school drop out and gang prevention.
- Information on after-school programs currently available in the county. If after-school programs are available, describe why an additional program is needed, i.e., locations factors, time of day factors, funding factors, number of children not being served, etc.
- How the county school district supports after-school programs and extra curricular activities. The proposal should address how the program will augment existing programs.
- Information on the likely outcome for children and youth if an after-school program is not established.

Statistical information provided should include:

- Description of the community (demographics, high school graduation rate, employment rates, poverty rates, etc.) to be served
- Free/reduced price lunch status of students in school
- Schools suspensions/expulsions/dropout statistics
- The drop out rate compared to the graduation rate
- The adolescent pregnancy rate
- End Of Grade test score statistics (Elementary Students)
- End Of Course test score statistics (High School Students)
- Statistics on the number of youth in the county involved in the juvenile court system
- The numbers of children and youth that were reported to DSS for lack of supervision
- Statistics on child abuse and neglect in the county

You may find some of your county's statistical information at any of the agencies that you collaborate with or you may utilize other Needs Assessments completed by agencies and organizations within your county, i.e., United Way, etc. Additional information may also be found on the web at:

<http://quickfacts.census.gov/qfd/states/37000.html>  
<http://www.ncchild.org>

## **Project Design:**

(Ten page limit not including Worksheet 1 - Program Activities and Worksheet 2 - Safety Policy Checklist and attachments). Applicants shall describe in detail how the application addresses the needs described in the Needs Assessment. In this section, applicants must provide a detailed description of the after-school program design, for

example, what will the program look like? The program design and implementation of activities should be based on research or evaluation that provides evidence that the strategies used can improve academic performance and prevent or reduce adolescent pregnancy, school drop out and gang involvement. The program design must be family centered (a collaborative effort with the input of the participant's family you will be serving). Additionally, charts, timetables and position descriptions for key staff shall be used to describe the structure of the program. Include in this section special activities, such as trips, family involvement activities, expert presenters, etc.

This section should include but not be limited to the following:

1. **Target Population:** Describe the students who will be involved in the after-school program, including the number of participants, the demographic information, such as, age, grade levels and ethnicity breakdown. Describe how the program will reach out and involve children who may have special needs, are in the foster care system or homeless system. Proposals must indicate participant selection criteria. Indicate how you will register 100% of your target population by December 1, 2008. It is important to consider that funds from this grant are specifically designated for children and youth that are at risk of adolescent pregnancy, school drop out and gang membership. **Proposals are not limited to one county or a particular area and can cross county lines.**
  
2. **Program Activities: Minimum requirement of 10 hours per week**
  - Describe how the proposed program will reduce risk factors cited in your needs assessment and increase protective factors
  - Demonstrate the capacity to begin programming (services to students) by September 1, 2008, or within 30 calendar days following a fully executed contract
  - Days and hours of operation and site locations
  - Demonstrate how you will maintain an average daily attendance of 85%
  - Staffing qualifications and staffing ratio to students
  - Include staff development plan, professional development opportunities, staff orientation process and how staff will be supervised
  - If school based, describe the linkage between regular school day and after-school
  - How after-school snacks will be provided
  - If transportation services for participants will be provided
  - Describe what precautions will be taken to provide an after-school program that is a safe and healthy place for participants and staff (i.e., scheduled fire drills, first aid training, emergency contact and health information on file, employee/volunteer background checks, safety policies and procedure handbooks, crisis intervention and protocol, etc.) Complete Safety Policy Checklist - Worksheet 2.
  
3. **Pregnancy Prevention, School Drop Out and Gang Prevention:** Describe how your program will prevent and reduce adolescent pregnancy, school drop-

out and gang membership. Provide a clear description of the specific strategies or programming activities. For all age groups, pregnancy prevention, school drop-out program and gang prevention must focus on factors that are common elements to these areas of concern. The program shall address the following: improving self esteem, increasing good decision-making skills, expanding awareness of opportunities with assistance in planning to meet future goals, preparing for the world of work, accessibility to credit recovery programs and increasing the ability of youth to assess how present actions impact on future outcomes, responsibilities and consequences. Adolescent pregnancy prevention programs should target both male and female students.

Programs that only provide services designed to reduce the likelihood of school drop out/gang membership **and do not** provide teen pregnancy prevention services must include a process to determine the income of the child's family. Programs that provide both pregnancy prevention and drop out/gang prevention services are not required to determine financial eligibility. TANF regulations require that drop out prevention grant funds can only be used to provide services to children whose family income is at or below 200% of the federal poverty level. To access the 2007 Federal Poverty Guidelines, go to:

<http://www.liheap.ncat.org/profiles/povertytables/FY2008/popstate.htm>

To receive guidance on this component of the proposal you may consult with the local department of social services.

Under TANF regulations, pregnancy prevention services, as well as school dropout prevention services, may be provided only to children that meet certain citizenship requirements. Generally, these regulations require the child to be a United States Citizen or resident. Additional information on citizenship requirements can be found in the NC Division of Social Services Work First program manual that is available on-line at: <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-95/man/WF111.htm>

**4. Parent Involvement:** Proposals must clearly state how strong family connections will be developed and maintained by the project. Parent involvement is a key indicator for a child's success. Parent involvement will support the impact and success of the project. The inclusion of input from parents or caretakers of potential program participants in the development and implementation of the program design will strengthen the application and contribute toward the success of the program. A maximum of three letters of parent support can be included with the proposal.

## 5. Evidence Based/Best/Well Supported Practice:

Describe how the program design is supported by evidence-based/best/well supported practices. Resources for practices and successful outcomes research can be found on:

- [www.tasc.org](http://www.tasc.org)
- [www.afterschool.gov](http://www.afterschool.gov)
- [www.afterschoolalliance.org](http://www.afterschoolalliance.org),
- [www.nccap.net](http://www.nccap.net)
- [www.niost.org](http://www.niost.org)
- [www.colorado.edu/cspv](http://www.colorado.edu/cspv)
- [www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov)

Complete and attach the **Program Activities - Worksheet 1**. This worksheet must draw on information from your description of your project design. It must provide a clear picture of the planned weekly activities and events. If your program will be in more than one site, complete a separate description for each site. Please view the sample Program Activities Worksheet provided in Appendix B of this RFA. Complete and attach the **Safety Policy Checklist - Worksheet 2**.

## Project Goals/Outcomes and Evaluation:

(Three page limit not including worksheets). The Division of Social Services has compiled five specific goals and related outcomes that will be monitored and tracked throughout the contract period. The specific quantifiable outcomes shall be determined by applicants.

<b>Required Goal 1:</b> Students participating in the TANF after-school programs will improve their academic skills.
<b>Required Outcomes: Must be included in your Evaluation</b>
<b>Required Outcome:</b> Of the participants who received below a “C” in English/Reading in the first grading period of the 08-09 school year, <u>#</u> % of participants will increase their grade to a passing grade by June 2009.
<b>Required Outcome:</b> Of the participants who received below a “C” in Math in the first grading period of the 08-09 school year. <u>#</u> % of participants will increase their grade to a passing grade by June 2009.
<b>Required Outcome:</b> Of the participants who received a “C” or above in English/Reading, <u>#</u> % of participants will maintain a passing grade by June 2009.
<b>Required Outcome:</b> Of the participants who received a “C” or above in Math, <u>#</u> % of participants will maintain a passing grade by June 2009.
<b>Optional Outcomes</b>
<b>Optional Outcome:</b> Of the <u>X</u> number of participants, <u>#</u> % of participants will be

promoted to the next grade.

**Required Goal 2:** To improve parent/caregiver involvement in student's education.

**Required Outcomes: Must be included in your Evaluation**

**Required Outcome:** Of the X number of participants' parents, # % of participants' parents will attend at least X amount parent events/workshops/fieldtrips by June 2009.

**Required Outcome:** Of the X number of participants' parents, # % of participants' parents will attend an after-school orientation for parents by January 2009.

**Optional Outcomes**

**Optional Outcome:** Of the X number of participants' parents, X number of participants' parents will participate on the after-school program's advisory committee.

**Optional Outcome:** Of the X number of participants' parents, one parent-tutor/mentor conference will be held for each participant by June 2009.

**Required Goal 3:** Each participant will establish high school graduation as a personal goal.

**Required Outcomes: Must be included in your Evaluation**

**Required Outcome:** 100% of enrolled participants will have a Student Plan that meets the individual need(s) of the participant within the first 30 days following the student's enrollment in the program.

**Required Outcome:** 100% of enrolled participants will be assigned an advocate within the first 30 days of student's enrollment in the program. The advocate will act as a liaison between various systems in the student's environment to insure that the student has an opportunity to participate in school and community activities and maintain communication with resources.

**Optional Outcomes**

**Optional Outcome:** Of the X number of participants, # % of participants will participate in career/college exploration by June 2009. (Middle-High)

**Optional Outcome:** Of the X number of participants who have missed X number or more days of school in 2008-2009, # % of participants will reduce their absenteeism by # % by June 2009.

**Optional Outcome:** Of the X number of participants in need of credit recovery to graduate high school, # % of participants will recover at least X number of credits by June 2009.

**Required Goal 4:** To prevent and reduce the incidence of out-of wedlock adolescent pregnancies.

**Required Outcomes: Must be included in your Evaluation**

**Required Outcome:** Of the X number of participants, # % of participants will participate in career/college exploration by June 2009. (Middle-High)

**Required Outcome:** Of the X number of participants, # % of participants will increase their knowledge in character education principles by # % by June 2009.

<b>Required Outcome:</b> Of the <u><b>X number of</b></u> participants, <u><b># %</b></u> of participants will increase their knowledge by <u><b># %</b></u> regarding issues related to adolescent pregnancy. (Middle-High)
<b>Optional Outcomes</b>
<b>Optional Outcome:</b> Of the <u><b>X number of</b></u> participants, <u><b># %</b></u> of participants will be able to identify hobbies they are interested in by June 2009.

<b><u>Required Goal 5:</u></b> To reduce negative youth behaviors, such as violence and crime, tobacco, alcohol and substance abuse, disengagement from school, school suspension and truancy.
<b>Required Outcomes: Must be included in your Evaluation</b>
<b>Required Outcome:</b> Of the <u><b>X number of</b></u> participants, <u><b># %</b></u> of participants will increase their knowledge of conflict resolution strategies by <u><b># %</b></u> by June 2009.
<b>Required Outcome:</b> Of the <u><b>X number of</b></u> participants, <u><b># %</b></u> of participants will exhibit an increase in favorable attitudes against the use of alcohol, tobacco, and other drugs by June 2009.
<b>Required Outcome:</b> Of the <u><b>X number of</b></u> participants, <u><b># %</b></u> of participants will increase their attendance in the after-school program by <u><b># %</b></u> by June 2009.
<b>Optional Outcomes</b>
<b>Optional Outcome:</b> Of the <u><b>X number of</b></u> participants who have been suspended, <u><b># %</b></u> of participants will decrease their school suspensions by <u><b># %</b></u> by June 2009.
<b>Optional Outcome:</b> Of the <u><b>X number of</b></u> participants who have been involved with the juvenile justice system, <u><b># %</b></u> of participants will reduce their involvement with law enforcement by <u><b># %</b></u> by June 2009.

Applicants will also be given the opportunity to develop one additional goal and a maximum of three corresponding outcomes that specifically relate to their needs assessment. When composing outcomes for the required goals, keep in mind the following:

- The outcome is derived from the goal, it has the same intention as a goal, but it is more specific, quantifiable and verifiable than the goal.
- Please be aware of how realistic your outcomes are and that the outcomes should be achievable within the time-restraints.
- Outcomes should be **SMART- Specific, Measurable, Achievable, Realistic, and Time-Bound.**
- **Strategies** are the actions/activities that will be implemented in order to achieve the outcomes.
- Number of participants served, types of service provided, quantity of services provided, etc. are not outcome measures - they are output measures and will not be accepted as outcome measures.

Use the enclosed worksheets - **Goals, Outcomes and Evaluation Plan – Worksheet 3**, to list the goals and outcomes and agency generated goal and outcomes

This section should include but not be limited to the following:

**1. Data Collection:** List strategies, the timeline of gathering data and results, the evaluation methods to be used, the measurement tool(s) to be used, and the staff member responsible for this process. Clearly demonstrate in this section how the program's needs assessment and program design are linked to the required goals. Applicants must describe a data collection method or system that will be used to evaluate the progress of the program in meeting its goals and outcomes (questionnaires, surveys, pre/post tests, interviews, etc.) and procedures for how data will be analyzed. Measurement tools to be used in the evaluation plan will be submitted by the awarded agency during the first quarter of the contract period.

**2. History of Success:** Include results of outcomes/past evaluation on after-school programming the agency has administered.

### **Organizational Capacity:**

(Two page limit not including Worksheet 4 – Board Member Profile and Organizational Chart). This section should include, but not be limited to the following:

- State the mission of the organization and how it relates to programming.
- Describe the history of your organization within the community and provide evidence that it has the capacity to serve and reach the target population.
- Whether any of the proposed services be outsourced to a subcontractor. If yes, describe how the services will regularly be monitored and performance evaluated.
- Who will oversee the administration and supervision of the proposed services and what are their qualifications.
- Include an organizational chart of your agency showing how the program fits into the organization's structure (this chart will not be included in the page limit).
- Who will be responsible for submitting all financial forms and the individual's experience with submitting budget modifications and monitoring agency/grant spending.

Complete the **Board Member Profile - Worksheet 4**, listing your current board members, their board position and contact information.

### **Local Coordination and Collaborations:**



(Two page limit). Program applicants must form strong partnerships with family members, local schools, local departments of social services, juvenile justice systems, area mental health programs, local health departments and other partners that focus on child safety, permanency, well-being, and self sufficiency. Describe and list the collaborations with local agencies and organizations. Identify any organizations that will act as partners in funding, managing, or providing services for this program and the specific roles that each shall play in executing the Scope of Work. Applicants must describe how the entire community will be informed about the program.

Support Letters should be addressed to the agency and describes the services that will be provided by both agencies to support one another. Provide at least five (5) letters of support from the following:

- If school based, a letter of support signed by school Principal (required)
- If school based, a letter of support signed by school Superintendent (required)
- Local Department of Social Services (required)
- Juvenile Justice System (required)
- Health Department
- Mental Health Center
- Partnership for Children
- Other Community partner(s) (required)

(NOTE: Do not mail letters of Support to the Division's Community Based Programs office. Attach letters of support to the application. Additional information cannot be attached to a proposal once submitted to the Community Based Programs Office).

### **Sustainability Plan:**

(One page limit, not including worksheets). Applicants must address the potential for continuing the project beyond the initial grant period, as the funding available from this source may not be available on a recurring basis. Sustainability is important because a break in services for children at-risk may compound an already unstable environment. Proposals may include actions that will be taken to insure continuity of programming and identifying specific funding sources that will be contacted. Describe a sustainability plan for the year that includes a plan for diversifying funding for the program. Include the following:

- How the program will be marketed to participants to ensure participation and increase awareness of the program's availability.
- The types of support and resources from the applicant organization and their partners.
- In-Kind sources
- A funds diversification plan which includes identification of sources and types of local, state and federal funds, as well as foundations and corporate sources.

Complete the **Anticipated Revenue Summary Form – Worksheet 5** and the **Funding Chart - Worksheet 6**.

### **Attachment C: Budget (DSS 6844S) and Budget Narrative:**

**Please e-mail a copy of Attachment C before the deadline date and time.** Applicants must submit a line-item budget on form DSS 6844S outlining the proposed use of funds and a budget narrative justifying each line item for 2008-2009. The budget narrative must explain each line item and how the expenditures help the program meet its proposed program deliverables. (Please see the sample budget and budget narrative included in Appendix D of this RFA).

- **Page 1 of Form DSS 6844S must be signed in blue ink by the authorized official.**
- Expenditures for travel and daily subsistence must be in accordance with state approved rates.
- Funds may not be used to purchase or renovate real property or to purchase or lease vehicles.
- Equipment may be purchased if it can be shown to be essential to the overall goals and outcomes of the program.
- Tangible equipment costing \$5,000.00 or more cannot be purchased with these funds.
- Unless the need is clearly articulated, programs that received funding in previous years to purchase equipment (e.g. computers, televisions, vcr/dvd players, etc.) will not be approved to purchase duplicate equipment under this grant.
- If proposed in the budget, include a draft Sub-Contractor's Agreement; lease agreement if requesting rent; and/or an Indirect Cost Rate Plan.
- Complete and sign **Reimbursement Acknowledgement - Worksheet 7**

The DSS-6844S form can be downloaded from the DSS website at [www.ncdhhs.gov/dss/contracts](http://www.ncdhhs.gov/dss/contracts).

### **Attachments:**

**Attachment D:** Conflict of Interest and a copy of organization's conflict of interest policy – required for all Private, Non-profit agencies (**notarized and signed in blue ink**).

**Attachment E:** Certification of No Overdue Tax Debts- required for all Private, Non-profit agencies (**notarized, signed in blue ink and on the organization's letter head**).

**Attachment F:** IRS Federal Tax Exempt 501 (c) (3) status letter, required for all Private, Non-profit agencies.

**Do not include other attachments to the application**

**Proposal Evaluation Criteria:**

		<b>Maximum Points</b>
<b>I</b>	<b>Statement of Need</b>	<b>10</b>
<b>II</b>	<b>Project Design</b>	<b>25</b>
<b>III</b>	<b>Project Goal/Outcomes and Evaluation Design</b>	<b>25</b>
<b>IV</b>	<b>Organizational Capacity</b>	<b>10</b>
<b>V</b>	<b>Sustainability</b>	<b>5</b>
<b>VI</b>	<b>Budget</b>	<b>15</b>
<b>VII</b>	<b>Community Collaboration</b>	<b>10</b>

# APPENDICES

# APPENDIX A

**NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES  
DIVISION OF SOCIAL SERVICES  
SFY 2008-2009**

**TANF AFTER-SCHOOL PROGRAMS AND SERVICES FOR AT RISK CHILDREN**

**APPLICATION CHECKLIST**

\_\_\_\_\_ Cover letter on agency letterhead

\_\_\_\_\_ Application Checklist

**Attachment B – Scope of Work:**

\_\_\_\_\_ Face Sheet –Direct Client Services Narrative

\_\_\_\_\_ Proposal Summary

\_\_\_\_\_ Scope of Work

- A. Needs Assessment
- B. Project Design
- C. Include Program Activities - Worksheet 1
- D. Include Safety Policy Checklist - Worksheet 2
- E. Project Goals/Outcomes and Evaluation Narrative
- F. Include Goals and Outcomes - Worksheet 3
- G. Organizational Capacity
- H. Organizational Chart
- I. Board Member Profile-Worksheet 4
- J. Job Descriptions
- K. Local Coordination and Collaboration
- L. Sustainability
- M. Anticipated Revenue Summary Form -Worksheet 5
- N. Funding Chart - Worksheet 6

**Attachment C - Budget**

- \_\_\_\_\_ A. Budget Form DSS-6844S and Budget Narrative:
- B. Reimbursement Acknowledgement - Worksheet 7

Attach the following if requested in the budget:  
Draft of Sub-Contractor(s) Agreement  
Lease agreement if requesting rent  
Indirect Rate Cost Plan

\_\_\_\_\_ **Attachment D:** Conflict of Interest – Notarized. Include organizational conflict of interest policy. (For non-profit agencies only.)

\_\_\_\_\_ **Attachment E:** Certification of No Overdue Taxes - Notarized (must be printed on Organization Letterhead). (For non-profit agencies only.)

\_\_\_\_\_ **Attachment F:** IRS Federal Tax Exempt Letter (501) (c) (3) (For non-profit agencies only.)

\_\_\_\_\_ Letters of Support

\_\_\_\_\_ Acknowledgement of Receipt

**Attachment B Face Sheet - DIRECT CLIENT SERVICES NARRATIVE**

**K-12 APPLICATION**     **MIDDLE SCHOOL APPLICATION**

**A. CONTRACTOR INFORMATION**

1. Contractor Agency Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Physical Address: \_\_\_\_\_

3. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

4. Contractor Agency Project Director (Name and Title) \_\_\_\_\_

5. Contractor Agency Contract Administrator Name: \_\_\_\_\_

5a. Contractor Agency Contract Administrator Title: \_\_\_\_\_

5b. Address (if different from A.2. and 3. above):  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

6. Name of Program (s): \_\_\_\_\_

7. Status:    ( ) Public    ( ) Private, Not for Profit    ( ) Private, For Profit

8. Contractor Agency Federal Tax ID Number: \_\_\_\_\_

9. Contractor's Financial Reporting Year \_\_\_\_\_ through \_\_\_\_\_

**B. SERVICE DELIVERY SITE(S):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. COUNTY(IES) TO BE SERVED:** \_\_\_\_\_

**D. SERVICES TO BE PROVIDED:**

(1) Service	(2) # of Persons Served	(3) # of Weeks of Service	(4) Definition of Unit of Service
		40 weeks of services	
		40 weeks of services	
		40 weeks of services	

\_\_\_\_\_  
**(Signature of Authorized Person)**

\_\_\_\_\_  
**(Date Submitted)**

# APPENDIX B



## SAMPLE - Program Activities Worksheet 1 - SAMPLE

Name of Organization All Star Organization K-12 Program  or Middle School Program   
 Program Site Little Elementary School Days of the Week in Operation: M-F  
 Hours of the Week in Operation: 3:00-6:00

Activity	Brief Description	Frequency/Time	Who is Participating	Format
Snack Time	All students will come to the cafeteria to have a snack before they start their after-school program.	Daily ½ hour at 3 p.m.	All students	Children will meet with group leaders in the Cafeteria
Homework Help	Students will meet in small groups with a tutor who will assist them in their homework.	1 hour sessions from 3:30p.m. - 4:30 p.m.	All Students	Groups of no more than 10 students at a time.
Theatre Arts	Group of children will meet over a 10 week period to put together a dramatic production to present to families and peers.	4:30 p.m. - 5:30 p.m. – 1 hour scheduled for 3 days a week.	Open sign-up with a limit of number of children for each session.	Students will move through creative process from selection of script to performance
Recreation	All participants will meet for activities outdoors in the gym for physical recreational games or exercises, such as, kickball, double-dutch, basketball etc.	1 hour schedule for 5 days a week.	All students in groups of no more than 20 students per group.	Students meet to interact in structured physical activities with a group leader.
Creative Writing	All students will be given the opportunity to work in small groups to improve writing styles, skills and reading.	1 hour schedule for 5 days a week.	All students/ in group of 10 students per session.	Student will meet in a classroom and work together in order to open their creative minds towards writing.
Math Tutoring	All students will meet in small groups with a math tutor.	4:30 p.m. - 5:30 p.m. – 1 hour scheduled for 3 days a week.	All students/ in group of 10 students per session.	Groups of no more than 10 students at a time.
Down Time	Students have time to be in small groups for table games	30 minutes a day for 5 days a week.	10 students per session.	Down time for students to interact with peers.

### Program Activities Worksheet – Worksheet 1

Name of Organization \_\_\_\_\_  
 Program Site \_\_\_\_\_

K-12 Program  or Middle School Program   
 Days of the Week in Operation: \_\_\_\_\_  
 Hours of the Week in Operation: \_\_\_\_\_

Activity	Brief Description	Frequency/Time	Who is Participating	Format

\*Use as many sheets as necessary. Complete a separate Program Activities Worksheet for each site.

## Safety Policy and Procedures Checklist-Worksheet # 2

---

- |   |                          |                                 |
|---|--------------------------|---------------------------------|
| <p>Are all areas used by children, indoors and outdoors, kept clean and orderly and free of hazards? (Examples include cleaning products, medications, fuel, combustible items, power tools etc.)</p> | <input type="checkbox"/> | YES <input type="checkbox"/> NO |
| <p>Programs have clear and accessible fire exits.</p>   | <input type="checkbox"/> | YES <input type="checkbox"/> NO |
| <p>Fire drills are conducted at least once a month and smoke detectors are operable.</p>  | <input type="checkbox"/> | YES <input type="checkbox"/> NO |
| <p>Are first aid supplies in a place easily accessible to provider but out of reach of children?</p>  | <input type="checkbox"/> | YES <input type="checkbox"/> NO |
| <p>At all times one employee on programming site must have Attended a Basic First Aid and CPR training.</p>   | <input type="checkbox"/> | YES <input type="checkbox"/> NO |
| <p>Emergency Contact Information and Medical/Special Needs are listed in participant's file.</p>  | <input type="checkbox"/> | YES <input type="checkbox"/> NO |
| <p>Recommended staff/participant ratio does not exceed 1:25 for K-12 years of age.</p>  | <input type="checkbox"/> | YES <input type="checkbox"/> NO |
| <p>Incident Report Procedure has been developed and will submitted to the Contract Administrator if a child is hurt/injured on-site.</p>  | <input type="checkbox"/> | YES <input type="checkbox"/> NO |
| <p>Background Checks for all employees will be conducted.</p>   | <input type="checkbox"/> | YES <input type="checkbox"/> NO |
| <p>After-school Policy and Procedure handbook has been developed and is located at each programming site.</p>   | <input type="checkbox"/> | YES <input type="checkbox"/> NO |

## Goals, Outcomes and Evaluation Plan- Worksheet 3

Organization Name: \_\_\_\_\_ K-12 Program  or Middle School Program

Project Name: \_\_\_\_\_

**Goal 1:** Students participating in the TANF after-school programs will improve their academic skills.

Measurable Outcome(s)	Strategies	Timeline	Evaluation Measures	Staff Responsible
<p><b>Required Outcome:</b> Of the participants who received below a “C” in English/Reading in the first grading period of the 08-09 school year, <u>#%</u> of participants will increase their grade to a passing grade by June, 2009.</p> <p><b>Required Outcome:</b> Of the participants who received below a “C” in Math in the first grading period of the 08-09 school year, <u># %</u> of participants will increase their grade to a passing grade by June 2009.</p> <p><b>Required Outcome:</b> Of the participants who received a “C” or above in English/Reading, <u>#%</u> of participants will maintain a passing grade by June 2009.</p> <p><b>Required Outcome:</b> Of the participants who received a “C” or above in Math, <u>#%</u> of participants will maintain a passing grade by June 2009.</p>				

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## Goals, Outcomes and Evaluation Plan

Organization Name: \_\_\_\_\_ K-12 Program  or Middle School Program

Project Name: \_\_\_\_\_

<b>Goal 2:</b> To improve parent/caregiver involvement in student's education.				
Measurable Outcome(s)	Strategies	Timeline	Evaluation Measures	Staff Responsible
<p><b>Required Outcome:</b> Of the <u>X</u> <b>number of</b> participants' parents, <u>#</u> % of participants' parents will attend at least <u>X</u> <b>amount</b> parent events/workshops/fieldtrips by June 2009.</p>				
<p><b>Required Outcome:</b> Of the <u>X</u> <b>number of</b> participants' parents, <u>#</u> % of participants' parents will attend an after-school orientation for parents by January 2009.</p>				

## Goals, Outcomes and Evaluation Plan

Organization Name: \_\_\_\_\_ K-12 Program  or Middle School Program

Project Name: \_\_\_\_\_

<b>Goal 3:</b> Each participant will establish high school graduation as a personal goal.				
Measurable Outcome(s)	Strategies	Timeline	Evaluation Measures	Staff Responsible
<p><b>Required Outcome:</b> 100% of enrolled participants will have a Student Plan that meets the individual need(s) of the participant within the first 30 days following the student's enrollment in the program.</p> <p><b>Required Outcome:</b> 100% of enrolled participants will be assigned an advocate within the first 30 days of student's enrollment in the program.</p>				

## Goals, Outcomes and Evaluation Plan

Organization Name: \_\_\_\_\_ K-12 Program  or Middle School Program

Project Name: \_\_\_\_\_

Goal 4: To prevent and reduce the incidence of out-of wedlock adolescent pregnancies.				
Measurable Outcome(s)	Strategies	Timeline	Evaluation Measures	Staff Responsible
<p><b>Required Outcome:</b> Of the <u>X</u> number of participants, # % of participants will participate in career/college exploration by June 2009. (Middle-High Only)</p> <p><b>Required Outcome:</b> Of the <u>X</u> number of participants, # % of participants will increase their knowledge in character education principles # % by June 2009.</p> <p><b>Required Outcome:</b> Of the <u>X</u> number of participants, # % of participants will increase their knowledge by # % regarding issues related to adolescent pregnancy. (Middle – High only.)</p>				

## Goals, Outcomes and Evaluation Plan

Organization Name: \_\_\_\_\_ K-12 Program  or Middle School Program

Project Name: \_\_\_\_\_

<p><b>Goal 5:</b> To reduce negative youth behaviors, such as violence and crime, tobacco, alcohol and substance abuse, disengagement from school, school suspension and truancy.</p>				
Measurable Outcome(s)	Strategies	Timeline	Evaluation Measures	Staff Responsible
<p><b>Required Outcome:</b> Of the <u>X</u> number of participants, <u>#%</u> of participants will increase their knowledge of conflict resolution strategies by <u>#%</u> by June 2009.</p> <p><b>Required Outcome:</b> Of the <u>X</u> number of participants, <u>#%</u> of participants will exhibit an increase in favorable attitudes against the use of alcohol, tobacco, and other drugs by June 2009.</p> <p><b>Required Outcome:</b> Of the <u>X</u> number of participants, <u># %</u> of participants will increase their attendance in the after-school program by <u>#%</u> by June 2009.</p>				



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## Optional- Goals, Outcomes and Evaluation Plan

**Appendix B**

Organization Name: \_\_\_\_\_ K-12 Program  or Middle School Pr

Project Name: \_\_\_\_\_

Goal:				
Objective:				
Measurable Outcome(s)	Strategies	Timeline	Evaluation Measures	Staff Responsible

--	--	--	--	--

### Board Member Profile- Worksheet 4

Organization Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Name of Board Member	Title	Number of Years on the Board	Address	Phone Number

Please use as many sheets as applicable.

### Anticipated Revenue Summary Form – Worksheet 5

Enter the projected revenue (cash and in-kind) for a two year period. This information must reflect your sustainability plan.

Agency Name		
Grant Year	2008-2009	
Total Grant Funds Requested		
Revenue Sources	2008-2009	2009-2010
<b>Cash Support</b>		
Contributions	\$	\$
Local Government	\$	\$
Grants	\$	\$
School System	\$	\$
Corporate Sector	\$	\$
Church Support	\$	\$
United Way	\$	\$
Other (Identify)	\$	\$
Other (Identify)	\$	\$
Other (Identify)	\$	\$
<b>TOTAL CASH</b>	\$	\$
<b>In-Kind Support</b>		
Space	\$	\$
Transportation	\$	\$
Food and Clothing	\$	\$
Labor	\$	\$
Equipment	\$	\$
Materials	\$	\$
Printing Services	\$	\$
Personnel Support	\$	\$
Other (Identify)	\$	\$
Other (Identify)	\$	\$
Other (Identify)	\$	\$
<b>TOTAL IN-KIND</b>	\$	\$
<b>TOTAL</b>	\$	\$



**Reimbursement Acknowledgement –Worksheet 7**

I do hereby certify that: \_\_\_\_\_  
(Print Organization Name)

Understands the following fiscal guidelines:

- The award amounts do not require a local match.
- ALL funds are distributed on a reimbursement after expenditure basis.
- No advance/startup funds are provided to programs.
- Funds from this grant may not be used to supplant other funds.
- No fees may be charged for any program services.

\_\_\_\_\_  
Authorized Agency Representative Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Agency Representative

\_\_\_\_\_  
Date

# APPENDIX C

**State of North Carolina**  
**Division of Social Services Purchase Contract Budget**  
**(DSS-6844S Rev. 1/01))**

**Purpose:**

The purpose of this form is to provide a detailed estimate of total program costs, including match, and to identify the funding sources and amounts needed to support the program. It will also be used to either compute the reimbursement rate for unit cost and individual fixed rate methods, or to estimate reimbursements for total cost methods based on the projected number of eligible and ineligible clients to be served.

**General Instructions:**

The Supporting Budget (page 2 through 7) should be completed first. Budget for the program as described in the Program Plan in the Narrative Face Sheet (DSS 5006 A/B or T) based on the estimated amount of funds to be awarded from the Division and any required matching funds.

**Budgeted amounts will be limited to those costs that are essential to the operation of the program for the contract period and that are allowable in relation to rules governing the source of funds and the method of reimbursement.**

Unallowable costs are generally those identified in the Social Services Fiscal Manual and those costs that are to be supported by other funding sources. **Consult with your Contract Administrator for any additional unallowable cost.**

**Remember: Other Federal funds received by your agency cannot be used as match for Federal funds being awarded from the Division for this contract.**

**ROUND OFF ALL AMOUNTS TO THE NEAREST DOLLAR.**  
**DOUBLE-CHECK ALL COMPUTATIONS.**

**Distribution:**

**Complete ONE original and FOUR copies of the Purchase Contract Budget (DSS-6844S) and a Budget narrative, and have them signed by the authorizing individual. Attach the Budget/Budget Narrative to the Narrative Face Sheet package to be submitted to the Division of Social Services, Contract Coordinator.**

**Instructions for Completing the Supporting Budget Schedules:**

Include only those costs that are necessary for the support of the program. **The budget should include the maximum state and/or federal funds available and any required matching funds.**

**Any cost included in the agencies Indirect Cost plan should not be listed as a direct cost. Indirect cost should be computed in accordance with the Provider's approved Indirect Cost Plan. Consult your Contract Administrator for any further restrictions.** Appendix C



## Part IV - Supporting Budget Schedules

### A. Salary for Staff only

Budget all salaries in this category except those related to recipient transportation or subcontractors. (Attach a copy of a job description for each position as it relates to the program plan.)

Column 1: List the number of persons to be employed in each position.

Column 2: List all full and part-time positions by title. Enter "P.T" after the position/title for part-time employees. (Employees working less than full time within the total contracting agency are considered part-time employees.)

Column 3: Agencies employing personnel through the merit system or who are subject to the State Personnel Act enter the pay grades for each position. Private agencies enter N/A.

Column 4: List the percent of full time equivalent (FTE) that the employee will be working for the program under contract:

- For full time agency employees working totally under the contract, enter 1.00.
- For full time agency employees working under the contract for a portion of time and in a capacity outside the contract for the rest of the time, enter the percent of FTE to be spent in activities under the terms of the contract.
- For part-time agency employees working totally under the contract, enter the percent of FTE for which the person is employed, i.e. (.5) for half time employee.
- For part-time agency employees working under the contract for a portion of time and in a capacity outside the contract for the rest of the time, enter the product of the percent of time spent working under the contract. (For example, a half-time employee who spends 20% of time working under the contract, would enter 10%. That is, 50% time employed X 20% time working under contract = 10%).

Column 5: List the number of months the employee will be working in the program under contract.

Column 6: List the annual salary for each full time position. If the employee has a 9 month academic appointment, include (9) beside the salary. Example: (9) \$90,000

## Computations

**Full time staff employed 12 months** - Column 1 X Column 6 X Column 4 = Total Salary requested for this position. Enter amounts in Columns 7 and 8 as required.

**Example:**

**1 staff X \$80,000 X .35FTE = \$28,000 (Fed Request \$14,000 / Provider Match \$14,000)**

**Full time staff employed less than 12 months** – Column 1 X Column 6 divided by 12 X Column 4 X Column 5. Enter amounts in Columns 7 and 8 as required.

**Example: 1 staff X \$80,000 / 12 months = \$6,666.67 X .35FTE = \$2,333.33 X 6 mo**

**Appendix C**

**For part-time staff** - (Hourly) Enter # hours per week X # weeks X amount per hour and do not list an annual amount. Time sheets must be maintained for any position less than 100%. )

Example: 10 hours per week X 12 weeks X \$10.00 per hour = \$1,200

Column 7: Compute the total cost for each position and enter the total of salaries for all the individuals employed in the position. Enter amount of Provider Match, if any.

Column 8: List amount of Federal/State funds requested .

Column 9: List total of Columns 7 and 8 for each position.

#### **B. Fringe Benefits Schedule for Staff only**

Budget all fringe benefits in this category for the positions listed in A. Salary except those related to recipient transportation or Subcontractors.

Column 1: Itemize each type of fringe benefit (FICA, retirement, health insurance, etc.)

Column 2: Show the method of computation for all full-time and part-time employees separately.

Columns 3 and 4: Compute the cost for each benefit and enter amounts of Provider match and Federal request in appropriate columns. (*Example: FICA 7.65% X Federal amount / 7.65% X Provider match*)

Column 5: Enter total of Columns 3 and 4.

#### **C. Staff Development for Staff Only**

Budget all staff development expenses (except staff salaries, travel and registration fees). Where known, identify the specific activities for which tuition is budgeted.

Column 1: Itemize staff development expenses by type and cost. Identify whether the expenses are for staff development for direct service staff or administrative staff who do not interact with clients in the provision of services.

Column 2: List the total estimated cost of each item.

Columns 3 and 4: Enter amounts as appropriate

Column 5: Enter total of Columns 3 and 4.

#### **D. Travel for Staff Only**

Budget all expenses related to agency staff travel such as mileage, subsistence, and registration fees required for the delivery of service or staff development in this category. Do not include recipient transportation cost, subcontractor travel costs or other non- - agency personnel travel cost. All entries must be specific to a position. If the specifics are known where excess lodging or out of state travel would be requested, attach a detail description including dates, purpose, itemized cost and the staff position traveling to receive approval with the proposal. If specifics are not known at the time of submission of your proposal refer to the instructions described in the Travel guidelines to receive prior approval to charge cost to the contract.

Column 1: List the number of staff in each position who will be traveling.

Column 2: List each position by Title.

Column 3: Estimate the average number of miles that each employee will travel.

Column 4: Enter the reimbursable rate per mile.

Column 5: Enter the daily subsistence rate, if applicable.

Column 6: Estimate the number of days for subsistence, if applicable.

Columns 7 and 8: Compute the amount of funds needed for each staff and enter the total cost as appropriate.

Column 9: Enter total of Columns 7 and 8.

**An entry must be in Col. 1, Col. 2, Col. 3 and Col. 4 to compute mileage cost.**

**Computation for Columns 7 and/or 8 is Col. 1 x Col. 3 x Col. 4 PLUS Col. 1 x Col. 5 x Col. 6.**

### **E. Equipment Purchases**

Budget the cost of equipment to be purchased. This should include both administrative and program equipment that is necessary to the operation of the program. Budget such costs as equipment rental, equipment maintenance, equipment depreciation, etc., in Schedule K. Budget the cost of equipment used for recipient transportation in Schedule F. The State of NC identifies equipment as having an individual cost of \$500 each - with useful life of more than one year. Agencies must attach a copy of the Federal waiver defining equipment as having an individual cost greater than \$500.

Column 1: List the number of units of each item of equipment.

Column 2: List each item of equipment necessary to meet the needs of the program.

Column 3: List the unit cost of each item of equipment. (List equipment >\$500 and justify in budget narrative)

Columns 4 and 5: Compute the total cost of each item and enter in appropriate column

Column 6: Enter total of Columns 4 and 5.

### **F. Transportation – Recipient**

Budget client transportation costs, such as reimbursement to volunteers for mileage, vehicle depreciation or use allowance, vehicle insurance, vehicle lease, vehicle maintenance, gas and oil in this category. Also budget for the cost of salaries and fringe benefits where transportation is a component of a service. If 10% or more of the duties of staff members are divided between activities related to the transportation component and activities related to other areas of the program, these salaries and fringe benefits must be prorated between this schedule and Section A and B (Salaries and Fringe Benefits) based on an estimated percentage of time spent in each area.

Column 1: Enter the name of each item.

Column 2: Compute the cost of each item and show method of computation.

Columnz 3 and 4: Enter the total costs as appropriate.

Column 1a: List each position that provides transportation to clients and furnish the informa  
Compute the total salary and enter it in Column 3.

Column 1b: Itemize the fringe benefits for each position listed in column 1a. Indicate the method of computation and enter the total of each benefit Columns 3 and 4.

### G. Medical Supplies and Expense

Budget all costs related to medical treatment except staff salaries. This budget category is to be used only for those services that have medical and remedial cost as part of the service definition.

Column 1: Itemize each expense necessary for the provision of medical or remedial care within the program including equipment and supplies. Attach itemized list for general categories.

Columns 2 and 3: Enter the total cost of each item as appropriate. Enter total of 2 and 3 in Column 4.

### H. Cost of Space -- -- Non-Residential

Budget all costs related to occupying the premises such as rent, lease, janitorial services, agreement, utilities, building depreciation, building repairs and maintenance, alterations, and minor renovations for administrative facilities and program facilities (non-residential type). (Attach a copy of the **current lease** if rent is charged. Cost should be prorated per the number of staff included in the application.)

Column 1: List each expense and show method of computation. Do not include the costs of client room and board (shelter) for residential care.

Column 2: Enter method of computing cost of space. (i.e. sq. ft. x amount x months)

Columns 3 and 4: Enter the total cost of each item as appropriate

Column 5: Enter total of Columns 3 and 4.

### I. Room and Board Costs -- Residential Treatment Facilities

Budget the costs for shelter (residential facility costs) and the cost of raw food necessary to the program operation.

Column 1: Itemize the various facility costs such as rent, water, utilities, building maintenance and food.

Column 2: Compute the cost of each item and indicate method of computation.

Columns 3 and 4: List the total estimated cost of each item as appropriate.

Column 5: Enter total of Columns 3 and 4.

### J. Service Payment

Budget for those items in the service definition where the payment is made directly to or on behalf of an individual recipient.

Column 1: Enter the anticipated number of items to be purchased.

Column 2: List each item and the cost per unit to be purchased by or on behalf of the client.

Column 3: Enter the cost of each unit.

Columns 4 and 5: Compute and enter the total cost for each item.

Column 6: Enter total of Columns 4 and 5.

### K. Other Expense

Budget costs such as sub-contracts, in-kind agreements, advertising, computer operations, audit, telephone, licensing fees, equipment related costs, non-tangible property costs (rental, maintenance, depreciation, etc.), supplies, food service, etc., which do not fit within the previous categories. Include a copy of your Equipment Depreciation Schedule if cost is included. **Each Item listed is a separate object of expenditure for reimbursement on the DSS-1571S, Part III.**

Appendix C

Column 1: Itemize all expenses.

Columns 2 and 3: Enter the total cost for each item listed as appropriate.

Column 4: Enter total of Columns 2 and 3.

#### **L. Indirect Costs**

Budget indirect costs according to the percentage and method as approved by HHS, cognizant federal agency, or your Certified Public Accountant as applicable. Attach a copy of the current approved indirect cost plan either from the cognizant federal agency or your Certified Public Accountant. No entry should be made if the Provider does not have an approved plan. Also, consult your Contract Administrator for possible restrictions.

Column 1: Enter the approved indirect cost rate.

Universities use approved F&A rate

Private / Non-profit use rate approved by certifying agency (i.e. DMG)

Column 2: List the approved categories of expense to which this rate is to be applied.

Column 3: Enter the budgeted amount to which the rate is to be applied.

Columns 4 and 5: Compute and enter the anticipated indirect costs. Enter amount of Unrecovered Indirect in Column 4 and amount of Federal request in Column 5.

Column 6: Enter total of Columns 4 and 5.

#### **Instructions for Completing the Purchase Contract Budget Summary (Page 1 and 2 of 7):**

The budget summary - "Estimated Expenditures" (page 1, Part II) is to be completed using the total amounts completed for each object of expenditure on the supporting budget (pages 3 through 6).

Parts I and V detail the estimated revenue from the funding source and rate of participation and Provider matching requirement (cash and/or Inkind), if applicable.

Part III is for the approval signature by the authorized official.

Part IV of this form is to provide a detailed summary of total program costs, including the provider's matching fund amount and the amount of state/federal funds to be awarded.

Part VI is related to the determination of unit cost or individual fixed rate programs.

**The Heading and Parts I, II, III and IV are to be completed by all Providers.**

**In addition Part V is to be completed by total cost Providers when payment is based on client eligibility;  
or**

**In addition Part VI is to be completed by unit cost and individual fixed rate Providers.**

#### **Heading**

#### **Appendix C**

1. Enter the name of the fiscal agency in the space beside provider.
2. Enter the contract ID# (Ex. 00999-02), if known. Do not enter your Federal tax Identification number. If contract ID # is not known this will be completed by the Division.

3. Enter the effective period of the contract for which this budget supports. For example, 7/1/01 through 6/30/02.

## Part I -- Revenues

**NOTE: The Provider will be advised by the Division of the funding sources and matching requirements (amounts and percentages rates and what type of match is allowable). A few examples might be: (75% IV-B-1, 75% IV-B-2, 75% SSBG, 50% IV-E, 75% IV-E, 100% ILP, 100% CAN, 100% RAP, etc.).**

### 1. Program Costs: Follow these instructions if Part I was not completed:

- Line 1: Enter the amount, source and percentage of Federal funds to be awarded, if applicable. (If more than one Federal source is being awarded list each type separately.)
- Line 2: Enter the amount, source and percentage of State funds to be awarded, if applicable. (Remember – all funds that come from the state are not State funds)
- Line 3: Enter the amount of the Provider’s required match that is CASH and the percentage, if applicable.
- Line 4: Enter the amount of the Provider’s required match that is INKIND and the percentage, if applicable.
- Line 5: Enter the amount of State Funds (Cash)
- Line 6: Add lines 1 through 5 and enter total.

### Example:

	Program Costs	Amount	Source and % of Funds
1.	Maximum Federal Funds	\$40,000	75% IV-B-1
2.	Maximum State Funds	\$ 0	50% USDA-FNS
3.	Provider Match Funds – Cash	\$10,000	50% Match USDA
4.	Provider Match Funds - In-Kind	\$13,333	25% Match IV-B1
5.	State Match Funds – Cash	\$ 0	
6.	TOTAL REVENUE (Program Costs)	\$83,333	

Example of computation of Provider Match if Federal amount is known: The Division is awarding \$60,000 of IV-B-1 funds that has a 75% participation rate. Step 1: \$40,000 divided by .75 equals \$53,333 Total. Step 2: \$40,000 Subtracted from \$53,333 equals \$13,333 which is the total Provider’s required match.

Example of computation of Provider Match if Federal amount is NOT known. **Appendix C** The Division is awarding IV-B-1 funds that have a 75 % participation rate. The amount will be determined after the Total program cost on Line M, Column 1, Page 1 of 7 has been calculated. Step 1: Multiply the Total Program Cost times 75% to determine the amount of IV-B-1. Step 2: Subtract the Total Program Cost amount from the IV-B-1 amount to determine the Provider’s required match.

### 2. Program Costs: Follow these instructions if Part I was completed.

- Line 1. Multiply the Costs Eligible for Financial Participation (Column 5, Part I B.) times the federal reimbursable rate if less than 100%. Enter this amount in Line 1. If the reimbursable rate is 100% enter the total figure in Part I B. Column 5. **IF THE APPROVED AWARD IS LESS THAN THE REIMBURSABLE RATE, ENTER THIS AMOUNT INSTEAD.** Also, enter the source of funds and the rate of participation in the space provided.
- Line 2: Enter the amount of State funds awarded to the program, if applicable.
- Line 3. Provider Match: Compute the provider matching requirement by dividing the figure in Line 1 by the proportionate share. See example above. List amount of CASH, if applicable on Line 3 and amount of Inkind on Line 4.
- Line 5. List amount of State Match (Cash).
- Line 6. Add Lines 1-5 together and enter the total.

### **Part II -- Estimated Expenditures**

- Column 1: Enter the total amount for each object of expenditure supported by the Provider's funds (cash and or Inkind). This includes all required match.
- Column 2: Enter the total amount for each object of expenditure as computed on the supporting budget (pages 3 through 7). This includes the Provider's funds and the state/federal award amount.
- Column 3: Enter the difference between Column 1 and Column 2 for each object of expenditure. This Column should total the amount of state/federal funds to be awarded by the Division.

Line M: Total each column. The sum of Columns 1 and 2 must equal the sum of Column 3.

### **Part III -- Approval Signature**

Have the authorized official in the agency sign both copies of the budget statement and enter the date.

### **Part IV - Supporting Budget Schedules (pages 2-6)**

### **Part V -- Distribution of Estimated Revenue for Total Cost Reimbursement Method**

**Section A. Estimated Eligible and Matchable Costs** (If in doubt, ask your Contract Administrator if this is required for your proposal.)

- Line 1-3: Determine the number of clients to be served under this contract. Enter on Line 1, Column a, the number of eligible clients to be served. Enter on Line 2, Column a, the number of ineligible clients. Enter on Line 3, Column a, the total number to be served. Compute the percentage of eligible and ineligible clients by dividing the numbers in Lines 1 and 2 by the total number in Line 3. Enter the percentages in Column b, Lines 1 and 2.

**Appendix C**

### **Section B. Eligible Costs**

Enter the total from Part I, Line M. Column 3 in the space Matchable Costs (1). Enter in Less Earned Income (2) any funds that the project earns over and above its anticipated expenditures. Subtract 2 from 1 and enter the difference in Column 3, Net Matchable Costs. Enter the estimated percentage of eligible

clients in Column 4. Multiply the amount in (3) times the percentage entered in (4) and place the result in Costs Eligible for Financial Participation, Column 5.

**Part VI -- Computation of Unit Cost or Individual Fixed Rate** (If in doubt, ask your Contract Administrator if this is required for your proposal.)

Line A: 1. Enter the total from Part V, Column 3, Line M.  
2. Enter the amount of any Earned Income.  
3. Enter the difference between Lines 1 and 2.

Line B, 1 or 2: Enter the projected level of service provision in terms of units of service for the contract period. The estimate may be based on either the program's capacity or anticipated utilization. Estimates must be stated in terms of the applicable unit of service definition in accordance with the Family Services Manual, Volume VI, Chapter IV. Client eligibility should not be considered in this estimate.

Line C: Describe in detail the source of the data or the method of computation used to arrive at the estimate entered on Line B.1 or B.2; such as the certified capacity for programs requiring certification, licensed capacity for programs requiring licensure, attendance records for previous fiscal years, etc.

Line D: Compute the estimated unit cost or individual fixed rate by dividing the net matchable costs from Line A.3 by the estimated units of service provision from Line B. Enter the results and the unit measure of service provision applicable to the computed rate.

**Appendix C**

**SAMPLE - Budget Narrative – SAMPLe**

**A. Salary – Total \$39,783.00**

The Project Director who currently oversees the After-School program at two sites, Little Elementary and Ashe Middle School, will continue to spend 50% of their time supervising and training staff at Little Elementary. Their annual salary is \$35,000.00. This individual's salary will be covered for the 10 months of the contract totaling \$14,583.00



Six group leaders/tutors will provide small group tutoring, homework help, one on one mentoring and recreational activities with participants. The group leaders/tutors will work Monday through Friday from 3:00pm-6:00pm. Six group leaders x 15 hours per week x \$6.00 per hour x 36 weeks = \$19,440.00.

Four certified teachers will provide math and creative writing classes for 2 hours per week x \$20 per hour x 36 weeks = \$5,760.00

#### **B. Fringes – Total \$4,893.00**

FICA will be paid for all salaries at \$39,783.00 x .0765 = \$3,043.00

All full-time employees are provided with Retirement and health insurance coverage. The Project Director's share is \$370.00 per month x 10 months x 50% = \$1850.00

#### **C. Staff Development – Total \$800.00**

Staff will attend professional development trainings covering a variety of topics, including classroom management, mentoring, youth development, first-aid, cultural sensitivity, etc. Staff will gain skills in order to provide effective services to students and parents.

Trainings will occur on and off-site. Cost will cover registration, fees, books, materials and other related expenses for staff training and development. Total = \$800.00.

#### **D. Travel – Total \$516.00**

The Project Director is expected to travel around the county to visit sites, attend meetings and trainings/conferences which is estimated at 800 miles x 0.445 cents per mile totaling \$356.00. The Project Director is also expected to travel out of town to attend training and conferences for approximately 2 days at the state-subsidized rate of \$80 per day totaling \$160.00. Total travel expense is \$516.00.

#### **E. Equipment Purchases – Total \$3,000.00**

Two computer packages, including printer, scanner, and Word Programs. will be purchased at \$1,500.00 each. Both of the computers will be based in the computer lab, expanding the lab from three computers to five computers and will be used for homework help, creative writing class, and web design class. Total = \$3,000.00.

#### **F. Transportation-Recipient – Total \$5,400.00**

Due to the lack of transportation services in the county, the school bus will transport students home at the end of the after-school program. The cost of a school bus is \$150.00 x 36 weeks = \$5,400.00

#### **G. Medical Supplies and Expense – Total \$275.00**

Appendix C

Five first-aid kits will be purchased and placed in each after-school classroom in case of a medical emergency. Each first-aid kit is \$55.00 x 5 classrooms = \$275.00

#### **H. Cost of Space – Non Residential – Total \$2,750.00**

The Project Director is based at the administrative office during the non after-school hours. Administrative duties for the after-school program will occur at this site. The monthly rent is \$550.00 x 10 months x 50% of prorated use = \$2,750.00.

**I. Room and Board- Residential Treatment – N/A**

**J. Service Payments - N/A**

**K. Other – Total \$17,583.00**

*Supplies* for student activities include paper, pens, recreational supplies, glue, pencils, journals, etc. totaling \$3,100.00.

*Curriculum for Pregnancy Prevention* totaling \$850.00 will cover training materials, videos and student booklets for 60 students.

*Communication: Includes mailing, postage, photocopying, printing of newsletters, flyers, program announcement, etc. at \$400.00.*

*Field Trip Admissions:* Students and parents will attend a variety of educational trips designed to enhance student's learning experience. Each student will attend at least four trips. Museums, college visits, movie night, aquarium visits are all examples of past trips. Admission costs are estimated at \$2,500.00.

*Afternoon Snacks* for participants are essential for students to stay focused after a day at school. \$4.00 per week x 60 students x 36 weeks = \$8,640.00

*Phone and internet Service:* This service is needed to stay connected to funding sources, parents, community collaborators and staff at \$120 per month. Prorated to 50% of usage to \$60 per month x 10 months = \$600.00.

*Office and staff supplies* including binders, file folders, printer paper, toner, staples, etc. approximating \$75.00 per month for 10 months = \$750.00

*Curriculum for Conflict Resolution* program totaling \$743.00 will cover training materials and student booklets for 60 students.

**L. Indirect Costs – N/A**

**M. Totals - \$75,000.00**

# APPENDIX D

**Appendix D**

**Attachment D**

NOTARIZED CONFLICT OF INTEREST POLICY

---

State of North Carolina

County of \_\_\_\_\_

I, \_\_\_\_\_, Notary Public for said County and State, certify that

\_\_\_\_\_ personally appeared before me this day and  
acknowledged

that he/she is \_\_\_\_\_ of \_\_\_\_\_  
[enter name of entity]

and by that authority duly given and as the act of the Organization, affirmed that the foregoing Conflict of  
Interest Policy

was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.

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

\_\_\_\_\_

(Official Seal)

Notary Public

My Commission expires \_\_\_\_\_, 20 \_\_\_\_

**Instruction for Organization:**

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

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

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

**Conflict of Interest Policy**

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

\_\_\_\_\_

**Attachment E**  
**State Grant Certification – No Overdue Tax Debts**

**Appendix D**

Instructions: **Grantee should complete this certification for all state funds received. Entity should enter appropriate data in the yellow highlighted areas. The completed and signed form should be provided to the state agency funding the grant to be attached to the contract for the grant funds. A copy of this form, along with the completed contract,**

should be kept by the funding agency and available for review by the Office of the State Auditor. If you have questions, contact: Angela Gunn, Office of the State Auditor, 919-807-7556.

Note: If you have a contract that extends more than one state fiscal year, you will need to obtain an updated certification for each year of the contract.

**Entity's Letterhead**

**[Date of Certification (mmddyyyy)]**

To: State Agency Head and Chief Fiscal Officer

**Certification:**

We certify that the [insert organization's 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-10-1.

**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 the Second Authorizing Official], respectively, of [insert name of organization] of [City] in the State of [Name 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.

\_\_\_\_\_  
Board Chair

\_\_\_\_\_  
[Title of Second Authorizing Official]

Sworn to and subscribed before me on the day of the date of said certification.

\_\_\_\_\_  
(Notary Signature and Seal)

My Commission Expires: \_\_\_\_\_

If there are any questions, please contact the North Carolina Office of the State Auditor:  
Angela Gunn @ (919) 807-7556 or  
Harriet Abraham @ (919) 807-7673.

<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.”



**NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES  
DIVISION OF SOCIAL SERVICES**

TANF After-School Programs and Services for At Risk Children

**SFY 2008-2009  
ACKNOWLEDGEMENT OF RECEIPT**

**FOR**

**REQUEST FOR FUNDING APPLICATION (RFA)**

**(Agency requesting funding must complete.)**

**AGENCY NAME:** \_\_\_\_\_

**SENDER'S NAME:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**To be completed by the Division of Social Services.**

**Reference Number:** \_\_\_\_\_

**North Carolina Division of Social Services, Family Support and Child Welfare Services'  
Section acknowledges receipt of submitted RFA from above stated agency.**

\_\_\_\_\_  
**DSS Official's Signature**

\_\_\_\_\_  
**Date**