



NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES

DIVISION OF SOCIAL SERVICES

REQUEST FOR APPLICATION (RFA)

ABUSER TREATMENT CURRICULUM AND SERVICES

Federal Fiscal Year (FFY) 2008-2009

RFA Release Date: Monday, September 15, 2008

Letter of Intent Due: Friday, September 26, 2008

**Technical Assistance:
Workshop/Conference Call Wednesday, October 8, 2008**

Deadline for Questions: Friday, October 17, 2008

Deadline for Proposals: Monday, October 27, 2008

**Return to (Mailing Address –USPS): NC Division of Social Services
2410 Mail Service Center
Raleigh, NC 27699-2410**

**Hand Delivery/Overnight Delivery:
(i.e., Fed EX, UPS, DHL,) NC Division of Social Services
325 N. Salisbury Street, Suite 778
Raleigh, NC 27603**

Attention: Kristin O'Connor

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ABUSER TREATMENT CURRICULUM AND SERVICES

Introduction

The Division is pleased to announce the availability of one grant award available under the federal Family Violence Prevention and Services Act for Federal Fiscal Year 2009. Recent research shows that some mothers who have suffered abuse want their children to have safe and healthier contact with their fathers and believe that positive involvement by a father figure can be very beneficial to children's development.¹ Giving fathers more opportunities for change and healing is an essential component to ending violence against women and children. Included in this application are instructions, required guidelines for operation and support documents. These funds are available to assist one agency in developing or adapting a curriculum that uses the Fathering After Violence framework, piloting the program and engaging in an evaluation of the pilot program.

Background

This announcement governs the proposed award of mandatory grants under the Family Violence Prevention and Services Act (FVPSA) to States. Legislative authority comes from Public Law 109-162, the "Violence Against Women and Department of Justice Reauthorization Act of 2005." The function of the Family Violence Prevention and Services Act fund is to establish, maintain, or expand programs and projects that prevent family violence.

Purpose of Grant

One agency will be awarded a two year grant to provide the following deliverables to the NC Division of Social Services:

- Create or adapt an Abuser Treatment Program curriculum which uses the Fathering After Violence framework for a child welfare population
- Develop an evaluation plan
- Operate a pilot program and
- Evaluate the pilot program's effectiveness

The intent of the program is to be used as a stand alone program or as a supplement to an Abuser Treatment Program. The program must focus on families engaged in the child welfare system. The NC Division of Social Services will have ownership of all deliverables produced by the funded agency. Funds for this grant are subject to availability.

Fathering After Violence

Fathering After Violence (FAV) is a national initiative developed by the Family Violence Prevention Fund (FVPPF). FAV is a conceptual framework to help end violence against women by using fatherhood

¹ Atchison, G., Autry, A., Davis, L. & Michell-Clark, K. (2002). Conversations with Women Experienced Domestic Violence Regarding Working with Men to End Violence. San Francisco: Family Violence Prevention Fund.

as a leading approach. More information can be found at <http://endabuse.org/programs/display.php3?DocID=197> .

- Program Vision** To ensure safety, permanency, well being and self sufficiency for children and families by motivating men to renounce their violence, become better fathers or male caretakers and more supportive parenting partners.
- Award Eligibility** Any tribal government, community-based, public or private nonprofit, for-profit, tax-exempt organization, school system or local government agency that is duly incorporated and registered under North Carolina Statutes is eligible to apply.
- Award Amount** There is an \$185,000 federal maximum award limit for two years (combined budget for FFY 2009 and 2010 cannot exceed \$185,000.00). Only one agency will be awarded this grant.
- Grant Award Period** **Grant Award Period:** February 1, 2009, through September 30, 2010. **Proposed Contract Period:** February 1, 2009, through September 30, 2009. However, annual contract renewal for the 2009-2010 contract year is contingent on organizational capacity, performance history, contractual compliance, and availability of funds.
- Letter of Intent** All agencies considering applying for these funds must submit a letter of intent. Agencies that do not submit a letter of intent will not be considered for funding and their application will be disqualified. The Letter of Intent is due on Friday, September 26, 2008 and must be emailed to Kristin O'Connor at Kristin.oconnor@ncmail.net by 5p.m. Please see Appendix A for a sample Letter of Intent.
- Technical Assistance Workshop** Agencies that submit a Letter of Intent will be invited via e-mail to a Technical Assistance Workshop which will be held on Wednesday October 8, 2008. Additional details will be e-mailed to candidates who submit a Letter of Intent.
- Number of Copies** **Three** complete original applications with all signature pages **signed in blue ink** and **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 kristin.oconnor@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 one week after the application deadline, applicants must notify the Division of

Social Services' Community Based Programs Team by telephone at 919-334-1155.

Deadline

The closing date for submission of applications is **Monday, October 27, 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 congestions, available parking, highway construction, weather conditions, faulty driving directions, etc.) Applicants are cautioned to request a legible dated United States Postal Services postmark or receipt or to obtain a legibly dated receipt from a commercial carrier. Applicants should allow adequate time (approximately seven days) for application packages to arrive at the Albemarle Building. **No faxes or e-mailed applications will be accepted.** Delivery/ mailing address is:

Return to (Mailing Address –USPS ONLY):

Kristin O'Connor
Community Based Programs
NC Division of Social Services
325 N. Salisbury Street
Mail Service Center 2410
Raleigh, NC 27699-2410

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

Kristin O'Connor
Community Based Programs
NC Division of Social Services
325 N. Salisbury Street, Suite 778
Raleigh, NC 27603

Disqualification Factors

Any application that fails to satisfy the deadline requirements referenced on this 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:

- Exceeds the maximum application page limits
- Application stapled
- Exceeds maximum funding amount
- Letter of Intent not received by due date and time
- No copies provided
- Required letters of support

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 15 of this document for the scoring breakdown. Award notices will be sent via USPS mail by December, 2008. Communication via phone, e-mails and fax regarding award notices are prohibited.

Reporting

If awarded funding, the following are required reporting.

I. Monthly:

- a. Reimbursement Form 1571, by the 10th of each month. Programs with a subcontract must include a monthly 1571 Form completed by the subcontractor.

II. Quarterly:

- a. 1st Quarter: Completed Desk Monitoring Tool which is sent to programs from the Community Based Programs Team.
- b. 2nd and/or 4th Quarter: Monitoring site visit with the Program Consultant.

III. Annually:

- a. End of Year report due by November 3, 2009.
- b. NC State Auditors GS 143-6.2 Grant Compliance Reports

Questions

Questions should be e-mailed directed to:

Kristin O'Connor, Community Based Programs Administrator
Kristin.oconnor@ncmail.net

Deadline for questions is October 17, 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 which begins with the face sheet must be numbered sequentially with the Page __ of __ format in the upper right hand corner.
- 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** – instead 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 proposed in the pilot program, and the area/county of program. 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 B must be completed and all boxes checked for consideration of funding.** Applications that are incomplete will not be considered for funding.

Section	Maximum Page Limit
Cover Letter on agency letterhead	1
Application Checklist - completed	1
Attachment B: Scope of Work will include the following sections:	
Face Sheet – ALL sections completed and signed and dated in blue ink	1
Proposal Summary	2
Needs Assessment	2
Project Design-Include Worksheet 1	7
Project Goals/Outcomes and Evaluation Plans Include Worksheet 2	3

Organizational Capacity - Include the following: Organizational Chart Board Member Profile - Worksheet 3 Job Descriptions	2
Local Coordination and Collaboration	2
Attachment C - Budget Form 6844S	
Budget Narrative If requested in budget include the following: Draft of Sub-Contract Agreement(s) Lease agreement if requesting rent	N/A
Reimbursement Acknowledgement-Worksheet 4	N/A
Appendices:	N/A
Attachment D: Conflict of Interest form notarized and a copy of grantee's conflict of interest policy attached	N/A
Attachment E: Certification of No Overdue Tax Debts (on organization's letterhead and notarized)	N/A
Attachment F: IRS Federal Tax Exempt Letter 501 (c) (3)	N/A
Letters of support (3 required)	N/A
Acknowledgement of Receipt	N/A

Attachment B – Face Sheet, Proposal Summary, and Scope of Work

Please e-mail a copy of Attachment B to Kristin.oconnor@ncmail.net before the deadline date and time. Attachment B will include the following sections: Face Sheet, Proposal Summary and Scope of Work.

Face Sheet-Direct Client Services Narrative:

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

Proposal Summary:

(Two page limit). Please provide a clear and concise description of the proposed project. Summarize the major points from the body of the application, including the need for the project, the community being served, the estimated number of participants who will be served in the pilot program, physical location where participants will be served, and the evaluation design that will be used.

Scope of Work includes:

Needs Assessment:

(Two page limit). The proposal should describe the needs and problem(s) within the county(ies) that will be addressed by the project. It should be a clear, concise, well-supported statement of what the needs and problems are and how and why the program will improve outcomes for children and families. Proposals should include but not be limited to:

- How the county(ies) currently addresses or fails to address family violence prevention services and models of intervention for fathers which appropriately address child abuse and exposure of children to the abuse of their mother.
- Information on family violence prevention services/ Abuser Treatment Programs that are currently available in the county(ies) you will serve. If family violence prevention services/Abuser Treatment Programs are available, the proposal should describe why the pilot program is needed, i.e., locations factors, time of day factors, funding factors, number of people not being served, etc.
- How county departments of social services address family violence prevention services and how the proposed program will augment existing county programs.
- The proposal should include information on the likely outcome(s) for children/youth and families if the proposed project is not established.

Statistical information provided may include but are not limited to the following:

- Statistics on domestic violence in the county/area
- Child abuse and neglect in the county/area
- Number of 50 B Orders in the county/area
- Unemployment Rates
- Poverty Rates
- Single Parent Households

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 can also be found on the web at:

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

Project Design:

(Seven page limit. Required worksheets and attachments are not included in the page limit). Applicants shall describe in detail how the application addresses the needs described in the Needs Assessment. In this section, applicants must demonstrate the capacity to begin project activities by February 1, 2009, or within 30 calendar days

following a fully executed contract and provide a detailed description of the process of creating/adapting a curriculum for a child welfare population and the proposed setting and implementation of the pilot program. The project design and implementation of activities should be based on research or evaluation that provides evidence that the strategies used will improve project outcomes. Additionally, charts, timetables and position descriptions for key staff shall be used to describe the structure of the program.

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

1. **Target Population:** Fathers or male caretakers (any person other than a parent, guardian, or custodian who has responsibility for the health and welfare of a child) involved in the public child protective system with domestic violence indicators will be the only target population for this program. **Target population may target more than one county.**
 - a. Proposed number of participants the agency anticipates to serve in the pilot project.
 - b. Proposals must indicate participant selection including assessing levels of risk/lethality to the child and mother. Possible assessment tools can include but not be limited to the following:
 - o Domestic Violence Perpetrator Assessment Tool
 - o Non-Offending Parent/Adult Victim's Domestic Violence Assessment Tool
 - o Children's Domestic Violence Assessment Tool.
 Please see Appendix A for samples of these tools.
 - c. Families in which protective orders have been issued stipulating no contact allowed between father and child should not be considered in the target population.

2. **Curriculum Development/Adaptation:** A plan describing how the agency will create/adapt an abuser treatment curriculum using the Fathering After Violence framework (FAV) to meet the needs of families involved in the child welfare system. Please see Appendix A for the outline of the FAV framework. The System of Care principles must be incorporated into the curriculum. Additional information on the System of Care principles can be found at <http://www.ncdhhs.gov/dss/systemofcare/soc.htm>. Agencies developing a combined Abuser Treatment Program (ATP) with FAV should align the curriculum with the Council on Status of Women's requirements for Abuser Treatment Programs, which can be found at <http://www.doa.state.nc.us/cfw/chpt.pdf>. This may enable agencies to have the curriculum approved by the NC Council for Women as an ATP at a later date. Agencies must include a timeline that will have the development or adaptation of the curriculum completed by September 30, 2009.

The following are samples of curriculums that focus on fatherhood and domestic violence:

- Caring Dads Curriculum. Information can be found at www.caringdadsprogram.com.
- Evolve Program- Curriculum can be emailed to agencies by request. Please contact Eric Zechman via e-mail at Eric.Zechman@ncmail.net.

Please note the awarded agency will participate on a Division of Social Services domestic violence advisory committee in order to receive input and feedback in the creation/adaptation of the curriculum and evaluation plan.

3. Pilot Project Activities:

- List and describe project activities for the pilot program; including recruitment strategies, assessing parental capacity, and assessing motivation of the participating father/male caretaker.
- The programs can be used as a stand alone program or as a supplement to an Abuser Treatment Program.
- How the program will be marketed to participants to ensure participation and increase awareness of the program's availability.
- Describe pilot site readiness: does the applying agency have an understanding of domestic violence dynamics, characteristics of men who batter, effects of violence on children and positive engagement of fathers?
- Days and hours of pilot program and site location. Possible site locations can include but are not limited to: Visitation Centers, Abuser Treatment Programs, Family Resource Centers, Community Based Organizations, and Domestic Violence agencies.
- Staffing qualifications and staffing ratio.
- If transportation services for participants will be provided.

Complete and attach the **Service Plan Implementation - Worksheet 1**. This worksheet must draw on information from your description of your project design. It must provide a clear picture of the activities and events that are scheduled to occur.

Project Goals/Outcomes and Evaluation:

(Three page limit, not including worksheets). The Division of Social Services has compiled a required goal and outcome that we intend to monitor and track throughout the contract period.

Required Goal: Enhanced safety and well-being will be provided for victims/survivors of domestic violence and their children.
--

Required Outcomes: Must be included in your Evaluation

Required Outcomes:

- | |
|---|
| <ul style="list-style-type: none"> ○ Increased knowledge and demonstrated competence in parenting skills by Sept. 30, 2010. ○ Increased knowledge regarding the deleterious effects of domestic violence on children, including the identification of negative consequences of violence by Sept. 30, 2010. ○ Increased empathy toward child(ren) by September 30, 2010. ○ Reduction in controlling, coercive, and/or abusive behaviors towards the current or former intimate partner (child's parent) by Sept. 30, 2010. |
|---|

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 goal, 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 aware of 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 service provided etc. are not outcome measures, they are output measures and will not be accepted as outcome measures.

The NC Division of Social Services is interested in the collection of child welfare administrative data which may include but not be limited to tracking:

- Recurrence rates of child maltreatment
- Recurrence rates of child abuse/neglect reports
- Time in foster care prior to reunification
- Foster care reentries within 12 months of exit
- Physical/Mental Health of a Child

Use the enclosed worksheets - **Goals, Outcomes and Evaluation Plan – Worksheet 2**, 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 (experimental, quasi experimental, etc.) the measurement tool(s) to be used, and the staff member responsible for this process. Applicants must describe a data collection method or system that will be used to evaluate the progress of the program in meeting its goal and outcomes (questionnaires, surveys, pre/post tests, interviews, etc.) and procedures for how data will be analyzed and reported. Measurement tools to be used in the evaluation plan will be submitted by the awarded agency during the contract period. Maintenance of model fidelity must be documented in the proposal.

2. History of Success: Include results of outcomes/past evaluations on programming the agency has administered.

Organizational Capacity:

(Two page limit does not include worksheet, organizational chart and job descriptions). 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 provide the proposed project.
- Will any of the proposed services be outsourced to a subcontractor? If so, describe how the services will regularly be monitored and performance evaluated.
- Who will oversee the administration and supervision of the proposed project and what are their qualifications? Please provide their job description (the job description(s) 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? Please provide their job description (the job description(s) will not be included in the page limit).
- 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).

If a private, not for profit agency, please complete the **Board Member Profile-Worksheet 3**, listing your current board members, their board position and contact information.

Local Coordination and Collaborations:

(Two page limit, not including worksheets). Program applicants must form strong partnerships with family members, local departments of social services, local domestic violence agencies, local fatherhood programs, court systems, local management entities (area mental health center), 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.

At least 3 letters of support from the following:

- Director of a local department of social services (required for each pilot county)
- Local Domestic Violence Program (required for each pilot county)
- Abuser Treatment program (required if present in pilot county)
- Court system
- Law Enforcement
- Health Department
- Local Management entities (Area Mental Health Center)
- Other Community partner(s) (required)

Support letters should be addressed to the NC Division of Social Services and submitted within the agency's proposal. Support letters mailed directly to the NC Division of Social Services will not be inserted into a submitted proposal. NC Division of Social Services will return support letters to the agency.

Attachment C: Contract Budget and Budget Narrative

Applicants are required to submit two line-item budgets (form DSS-6844S), one for FFY 2009 and one budget for FFY 2010 (2009-2010). Each budget will outline the proposed use of funds and include a budget narrative justifying each line item for FFY 2009 and for FFY 2010.

The FFY 2009 budget will only reflect the cost of the following:

- Creation/adaptation of a curriculum
- Development of an evaluation plan/evaluation tools
- Site preparedness for implementation of pilot project
- Budget will start from February 1, 2009 - September 30, 2009 (a eight-month budget)

The FFY 2010 budget will only reflect the cost of the following:

- Pilot cost of the program
- Evaluation of the pilot program
- Budget will start from October 1, 2009 - September 30, 2010 (a twelve month budget)

The combined total for both budgets must not exceed \$185,000.00. The budget narrative must explain each line item and how the expenditures help the program meet the 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. Approved rates for in-state travel is \$97.75 and out of state travel is \$111.75.
- Funds may not be used to purchase or renovate real estate property nor 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.
- Include the following if proposed in the budget: a draft Sub-Contractors Agreement, a lease agreement if requesting rent and/or an Indirect Cost Rate Plan.
- Complete and sign Reimbursement Acknowledgement -Worksheet 4

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 organization's letter head**).

Attachment F: IRS Federal Tax Exempt 501 (c) (3) status letter, if applicable.

Do not include other attachments to the application.

Funding Criteria:

		Maximum Points
I	Statement of Need	10
II	Project Design	25
III	Project Goal/Outcomes and Evaluation Design	25
IV	Organizational Capacity	15
V	Local Coordination	10
VI	Budget	15
	TOTAL	100

Thank you for your interest in the Abuser Treatment Curriculum and Services Grant

APPENDIX A

Letter Of Intent Sample
Organization's Letterhead

(Applicant)
(Contact Person)
(Address)
(Phone)
(Email)
(Date)

Kristin O'Connor
NC Division of Social Services
325 N. Salisbury Street
Raleigh, NC 27699

Dear Mrs. O'Connor,

_____ (Applicant) wishes to inform you of our intent to submit a proposal for the Abuser Treatment Curriculum and Services grant due on Monday, October 27, 2008.

It is the objective of this agency to submit a proposal that will include the following deliverables:

- o A curriculum based on the Fathering After Violence framework to be used with the child welfare population.
- o Implementation of a pilot program in (list county/counties) which uses the developed curriculum and
- o Evaluation results of the pilot program

(If your agency is subcontracting with another agency, please insert a paragraph with the following information: the name of the partnering agency and their roles and responsibilities).

Please submit information regarding the technical assistance workshop to (insert e-mail address).

Sincerely,

Applicant Name, Title
Applicant Organizational Affiliation

Domestic Violence Perpetrator Assessment Tool

Case Name: _____ **Case #:** _____ **Date:** _____

The purpose of this tool is to help assess safety, risk, strengths and needs. It may be used to assist in decision making and service planning during any stage of the CPS case (assessment through case planning and case management) in conjunction with the required Structured Decision Making Tools.

Assessing the dangerousness of the alleged perpetrator is important; doing so protects the social worker and lessens the risk for children and the non-offending parent/adult victim.

Assessing Power and Control

According to the DV Perpetrator how often does he or she	Often	Sometimes	Rarely	Never
Feel the relationship with his or her partner is a safe one?				
Use positive methods of communication with his or her partner?				
Use positive methods of conflict resolution in the family?				
Have positive expectations of his or her family members?				
Respond in a positive manner when he or she does not get what he or she expects?				

Follow up questions concerning the DV Perpetrator’s family of origin What method of conflict resolution does he or she say his or her family of origin used?
Did he or she witness violence in his or her family of origin as a child?

Perpetrator of Domestic Violence Assessment Tool

Assessing the Level of Abuse:

According to the DV Perpetrator how often has he or she	Often	Sometimes	Rarely	Never
Been told by someone that his or her temper is a problem?				
Been so angry he or she wanted to physically hurt someone?				
Been physical with someone in his or her family?				
Been involved in an incident which resulted in a law enforcement response?				
Put his or her partner down or called him or her names?				
Made his or her partner feel bad about him or herself, think he or she was crazy, or played mind games?				
Hit, slapped, pushed, kicked, strangled, or burned his or her partner?				
Forced his or her partner to perform sexual acts?				

Assessing Risk to the Children:

According to the DV Perpetrator how often does he or she	Often	Sometimes	Rarely	Never
Speak of his or her children in a positive manner?				
Use positive forms of discipline with his or her children?				
Have positive expectations of his or her children?				

Follow up questions concerning what the Perpetrator of DV believes is the affect of DV on the children

How does he or she believe the children have been affected by domestic violence?

What does he or she believe would keep the children safe?

Non-Offending Parent/Adult Victim Domestic Violence Assessment Tool

Case Name: _____ **Case #:** _____ **Date:** _____

The purpose of this tool is to help assess safety, risk, strengths and needs. It may be used to assist in decision making and service planning during any stage of the CPS case (assessment through case planning and case management) in conjunction with the required Structured Decision Making Tools. The tool is designed for use with the Non-offending Parent/Adult Victim.

Power and Control: His or her answers should provide useful information about the power and control within the relationship. If the answers indicate that violence is present in the family, continued assessment of severity and potential lethality is needed.

According to the NOP/AV, how often does/is he or she	Often	Sometimes	Rarely	Never
Feel the relationship with his or her partner is a safe one?				
Involved in making decisions in the relationship?				
Feel free to do, think and believe what he or she wants?				
Experience his or her partner acting jealous or possessive?				
Feel afraid of his or her partner?				
Experience his or her partner using physical force against him or her (pushed, pulled, slapped, punched or kicked)?				
Afraid for the safety of the children?				

Danger: The following questions will help to assess patterns, frequency, and whether the children and/or non-offending parent/adult victim is in danger. A “non-never” answer to 4 or more of the following indicates a pattern exists.

According to the NOP/AV, how often has the Perpetrator of DV	Often	Sometimes	Rarely	Never
Prevented him or her from going to work / school / church?				
Prevented him or her from seeing friends or family?				
Listened in on his or her phone calls or has his or her privacy violated in other ways?				
Followed him or her?				
Accused him or her of being unfaithful?				
Controlled or stolen his or her money?				
Called him or her degrading names?				
Emotionally insulted him or her?				
Humiliated him or her at home or in public?				
Destroyed his or her possessions?				
Broken furniture?				

(Continued)

According to the NOP/AV, how often has the Perpetrator of DV	Often	Sometimes	Rarely	Never
Pulled the telephone out?				
Threatened to injure him or her, him or herself, the children, or others?				
Exhibited reckless behavior (drove too fast with him or her and/or children in the car)				
Behaved violently in public?				
Been arrested for violent crimes?				
Prevented him or her from using birth control?				
Withheld sex?				
Hurt her during pregnancy?				
Forced him or her to engage in prostitution or pornography?				
Forced him or her to use drugs?				

Assessing Potential Lethality: **The following questions help assess level of potential lethality. A “non-never” answer to any of the following indicates an increased risk of potential lethality.**

According to the NOP/AV, how often has the DV Perpetrator	Often	Sometimes	Rarely	Never
Threatened to use or has used a weapon?				
Threatened to, or has, harmed or kidnapped the child(ren)?				
Threatened to kill him or her, the child(ren) or commit suicide?				
Stalked him or her or the child(ren)?				
Hit, slapped, pushed, kicked, strangled, or burned him or her?				
Escalated the abuse in severity or frequency?				
Abused alcohol or other drugs?				
Forced him or her or the child(ren) to flee?				
Forced him or her to perform sexual acts?				

Assessing Risk to Children: **The following questions will help you assess the level of risk to the children.**

According to the NOP/AV, how often has the DV Perpetrator	Often	Sometimes	Rarely	Never
Called the child degrading names?				
Threatened to take the children from his or her care?				
Called or threatened to call a child protection agency?				
Accused him or her of being an unfit parent?				
Threatened to hurt or kill the child?				
Touched the child in a way that made him or her feel uncomfortable?				

(Continued)

According to the NOP/AV, how often has the DV Perpetrator	Often	Sometimes	Rarely	Never
Assaulted him or her while he or she was holding the child?				
Asked the child to tell him what he or she does during the day?				
Forced the child to participate in or watch the abuse of him or her?				
Withheld money for child's food, medicine, health care?				

According to the NOP/AV, how often have the children	Often	Sometimes	Rarely	Never
Overheard the yelling and/or violence?				
Behaved in ways that remind him or her of his or her partner?				
Physically hurt him or her or other family members?				
Tried to protect him or her?				
Tried to stop the violence?				
Threatened to or has hurt him or herself?				
Hurt pets?				
Been fearful of leaving him or her alone?				
Exhibited physical/behavioral problems at home/school/day care?				

<p>Follow up questions concerning what the NOP/AV believes is the affect of DV on the children</p> <p>How does he or she believe the children have been affected by domestic violence?</p> <p>What does he or she believe would keep the children and him or herself safe?</p>

Use of Interventions: **Answers to the following questions provide an understanding of the non-offending parent/adult victim's history of seeking help, and can assist in recognizing which types of support and services are deemed "helpful" and accessible by the non-offending parent/adult victim.**

According to the NOP/AV, how often has he or she	Often	Sometimes	Rarely	Never
Told anyone about the abuse?				
Seen a professional?				
Left home as a result of the abuse?				
Called the police?				
Filed for a DVPO?				
Accessed a battered woman's group or domestic violence shelter?				
Protected him or herself and/or the child(ren)?				
Experienced a high level of danger posed by the perpetrator of DV to himself or herself and/or the children?				
Experienced an increased capacity of the DV perpetrator to inflict injury or harm to himself or herself and/or the children?				
Experienced any injuries or health problems caused by current or past abuse?				

DSS-5235
Family Support and Child Welfare

Children's Domestic Violence Assessment Tool

Case Name: _____ **Case #:** _____ **Date:** _____

The purpose of this tool is to help assess safety, risk, strengths and needs. It may be used to assist in decision making and service planning during any stage of the CPS case (assessment through case planning and case management) in conjunction with the required Structured Decision Making Tools. The tool is designed for use with the child(ren) in CPS cases involving domestic violence.

Assessing the Children's Exposure to Violence:

According to the children, how often	Often	Sometimes	Rarely	Never
Does violence occur in their family?				
Have they been hit or hurt when there is violence in the family?				

Follow up questions concerning the children's exposure to violence
What happens when there is violence in their family?
If there is yelling during violent incidents, who does it?
If there is hitting during violent incidents, who does it?
What usually happens before the hitting starts?
What do the children do when there is violence in the family?

DSS-5237
Family Support and Child Welfare

Appendix A

Assessing the Impact of the Violence on the Child:

According to the children, how often	Often	Sometimes	Rarely	Never
Do they think about the violence in the family?				
Do they think about the violence while at school or playing?				
Do they have trouble sleeping at night?				
Are they afraid to be at home?				
Are they afraid to leave the home?				

Follow up questions concerning the impact of violence on the children
What do they think causes them to be afraid?
What do they think is the cause of the violence?
How do they say the violence makes them feel?
What would they like to see happen to make their family better?
What is it they do when there is violence in the family?
Have they talked to other adults about the violence in the family? If so, who?

1. Changing abusive behavior. It is imperative that fathers stop all kinds of abuse immediately. This is one of the fundamental goals of batterer intervention and, of course, a prerequisite to starting any reparation.
2. Modeling constructive behavior. Children learn by example. Fathers need to know that as they stop modeling destructive behaviors, they have to make a concerted effort to model positive ones. A key teaching concept in this project is that a father cannot be a good model for their children if he is abusive, disrespectful or hateful to their mother.
3. Stopping denial, blaming and justification. Most batterer intervention works towards having men take full responsibility for their abusive behavior. In the context of this framework, programs need to teach fathers about the negative effects that denial, blaming and justification can have on children.
4. Accepting all consequences for one's behavior. Violence prevention activists often think of consequences primarily from the criminal justice system perspective. Fathers involved in a reparation process need to understand that facing the consequences of their behavior may also include accepting rejection and the loss of trust, love and even contact with their children.
5. Acknowledging damage. It is important that fathers realize the amount of damage they have inflicted and let their children know that they understand specifically how they have hurt them.
6. Supporting and respecting the mother's parenting. Men who are abusive often continue to undermine the authority of the other parent. Fathers need to restore the sense of respect for the mother's authority and decision making and fully support her parenting, especially if the father finds himself in a secondary parenting role.
7. Listening and validating. Fathers need to prepare and be willing to receive anger, hurt, sadness, fear and rejection from their children. It is essential that they understand that this is part of the healing process and not a way for the children to manipulate the situation.
8. Not forcing the process nor trying to "turn the page". Except for the actions that involve personal change work, every action in this framework has to take place on the children's own terms and timing. Fathers have to learn how to be patient, not try to push healing or contact with their children, and should be open to talking about the past as many times as their children need to do it.

APPENDIX B

DIVISION OF SOCIAL SERVICES, SFY 2008-2009

Abuser Treatment Curriculum and Services

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. Service Plan Implementation- Worksheet 1
- D. Project Goals/Outcomes and Evaluation
- E. Goals, Outcomes, and Evaluation - Worksheet 2
- F. Organizational Capacity
- G. Organizational Chart
- H. Board Member Profile-Worksheet 3
- I. Job Descriptions
- J. Local Coordination and Collaboration

Attachment C - Budget

- A. Budget Form DSS-6844S and Budget Narrative:
- B. Reimbursement Acknowledgement - Worksheet 4

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

_____ **Attachment D:** Conflict of Interest- Notarized (Include organizational conflict of interest policy). Required only for private agencies.

_____ **Attachment E:** Certification of No Overdue Taxes- Notarized (must be printed on Organization Letterhead). Required only for private agencies

_____ **Attachment F:** IRS Federal Tax Exempt Letter (501) (c) (3) Required only for private agencies

_____ Letters of Support

_____ Acknowledgement of Receipt

Attachment B Face Sheet - DIRECT CLIENT SERVICES NARRATIVE Page 1 of _____

A. CONTRACTOR INFORMATION

- 1. Contractor Agency Name: _____
- 2. Physical Address: _____
Mailing 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
			<i>See Program Design</i>
			<i>See Program Design</i>
			<i>See Program Design</i>
			<i>See Program Design</i>

(Signature of Authorized Person)

(Date Submitted)

APPENDIX C

WORKSHEET 1 – SERVICE PLAN - IMPLEMENTATION

Copy and complete additional pages as needed.

Agency Name: _____

Service or Activity	Who and how many will you serve?	How will you do it?	Who will do it?	Why will you do it?
<i>What will you do? Identify service or activity.</i>	<i>Describe how many individuals and families you will serve at any given time and over the course of a year. Specify children, teens and adults.</i>	<i>Provide details on the frequency (how often), intensity (length of activity), duration (for how long), and location (physical site) where activity will occur. If this is a group activity, include number of participants per group.</i>	<i>Describe the individual who will provide the service. Include their qualifications.</i>	<i>Provide some evidence that supports this activity as a 'best practice'. Identify any model upon which services are based.</i>

Organization Name: _____

Service Provider Required Goal: Enhanced safety and well-being will be provided for victims/survivors of domestic violence and their children.				
Measurable Outcome(s)	Strategies	Timeline	Evaluation Measures	Staff Responsible
<p>Required Outcome: Increased knowledge and demonstrated competence in parenting skills by Sept. 30, 2010.</p> <p>Required Outcome: Increased knowledge regarding the deleterious effects of domestic violence on children, including the identification of negative consequences of violence by Sept. 30, 2010.</p> <p>Required Outcome: Increased empathy toward child(ren) by September 30, 2010.</p> <p>Required Outcome: Reduction in controlling, coercive, and/or abusive behaviors towards the current or former intimate partner (child's parent) by Sept. 30, 2010.</p>				

Organization Name: _____

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

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.

Reimbursement Acknowledgement –Worksheet 4

I do hereby certify that: _____
(Print Organization Name)

Understands the following fiscal guidelines:

- 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.
- Participants cannot be charged for using services.

Authorized Agency Representative Printed Name

Title

Signature of Authorized Agency Representative

Date

APPENDIX D

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 3 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.

Un-allowable 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 Inc Plan. Consult your Contract Administrator for any further restrictions.

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 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)

Appendix D

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 months = \$14,000

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 for the delivery of service or staff development in this category. Do not include recipient transportation, 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 on schedule and Section A and B (Salaries and Fringe Benefits) based on an estimated percentage of each area.

Column 1: Enter the name of each item.

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

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

Column 1a: List each position that provides transportation to clients and furnish the information requested. 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.

Appendix D

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 when filing for reimbursement on the DSS-1571S, Part III.**

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 In-kind), 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.

Appendix D

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

1. Enter the name of the fiscal agency in the space beside provider.
2. Enter the contract ID# (Ex. 00999-08), 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, 11/1/08 through 9/30/09.

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:

	<u>Amount</u>	<u>Source and % of Funds</u>
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. Step 2: \$40,000 Subtracted from \$53,333 equals \$13,333 which is the total Provider’s required match.

Appendix D

Example of computation of Provider Match if Federal amount is NOT known. 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 In-kind 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 In-kind). 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 number of eligible clients to be served. Enter on Line 2, Column a, the number 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 D**

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.

STATE OF NORTH CAROLINA DIVISION OF SOCIAL SERVICES CONTRACT BUDGET SAMPLE				
SUMMARY	Agency's Name	Contract ID#	Leave Blank	Effective Period
Provider Name				2/1/09 To 09/30/09
Part I - Revenues				
Program Costs	Amount	% of Funds	Source of Funds	
1. Maximum Federal Funds	\$83,826	100% %	FVPSA	
	\$0	0% %		
	\$0	0% %		
2. Maximum State Funds	\$0	0% %		
3. Provider Match Funds - Cash	\$0	0% %		
4. Provider Match Funds - In-Kind	\$0	0% %		
5. State Match Funds - Cash	\$0	0% %		
6. TOTAL PROGRAM COST	\$83,826			
*Total of #1 and #2 Should equal Part II, Column 2 Total.		*Line 6 Should equal Part II, Column 3 Total.		
*Total of #3, #4 and #5 should equal Part II, Column 1 Total.				
Part II - Estimated Expenditures				
Object of Expenditures	Column 1	Column 2	Column 3	
	Provider / Other* (Cash and/or In-Kind)	Federal/State Funds	Total Program Costs	
A. Salaries	\$0	\$48,149	\$48,149	
B. Fringes	\$0	\$7,752	\$7,752	
C. Staff Development	\$0	\$2,090	\$2,090	
D. Travel	\$0	\$1,992	\$1,992	
E. Equipment Purchases - Tangible Property	\$0	\$1,400	\$1,400	
F. Transportation - Recipient	\$0	\$0	\$0	
G. Medical Supplies and Expense	\$0	\$0	\$0	
H. Cost of Space - Non-Residential	\$0	\$1,867	\$1,867	
I. Room and Board - Residential Treatment	\$0	\$0	\$0	
J. Service Payments	\$0	\$0	\$0	
K. Other	\$0	\$20,576	\$20,576	
L. Indirect Costs	\$0	\$0	\$0	
M. Totals	\$0	\$83,826	\$83,826	
Part III - APPROVAL SIGNATURE				
Signed:	Sign in Blue Ink	Date:	Today's Date	
	Provider / Authorized Official			

Persons			Emp'd						
1	Curriculum Developer	30%	12	50,000	8	0	10,000	10,000	
1	P/T Evaluation Specialist	100%	12	0	8	0	16,800	16,800	
	15 hours/wk x 35/hr x 32 weeks (8 months)	0%	0	0	8	0	0	0	
1	Program Coordinator	10%	12	64,000	8	0	4,267	4,267	
1	Administrative Assistant	20%	12	23,000	8	0	3,067	3,067	
1	Executive Director	5%	12	86,000	8	0	2,867	2,867	
1	Chief Fiscal Officer	5%	12	70,000	8	0	2,334	2,334	
1	VP of Programs	10%	12	65,000	8	0	4,334	4,334	
1	Staff Assistant 20 hours each per week	100%	9	5,000	8	0	4,480	4,480	
	\$7 x 20 hrs x 32 wks	0%	0	0	0	0	0	0	
		0%	0	0	0	0	0	0	
		0%	0	0	0	0	0	0	
		0%	0	0	0	0	0	0	
		0%	0	0	0	0	0	0	
	Attach a copy of a job description for each position listed above.								
	<i>Total Fulltime FTE</i>								
	<i>Total Parttime FTE</i>								
Total - Salaries (A)							0	48,149	48,149

B. Fringe Benefits for Provider Staff listed in A. (excluding Recipient Transportation Fringe Benefits)

(1) Type (Itemize)	(2) Method of Computation (Itemize)	(3) Match	(4) Federal State	(5) Total Cost
FICA	7.65% x \$48,149.00	0	3,683	3,683
Health Insurance for FT employees	\$425 per month x 0.80 (FTE) x 8 months	0	2,726	2,726
Pension for FT employees	5% of annual salary contributed by agency-(\$26,869.00 x .05 =\$1,343.00)	0	1,343	1,343
		0	0	0
		0	0	0
		0	0	0
Total - Fringe Benefits (B)		0	7,752	7,752

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Budget and Contracts

Development for Provider Staff Only

(1) Item	(2) Match	(3) Federal State	(4) Total Cost
al Development and Training Costs-registrations, fees, etc.	0	2,090	2,090
	0	0	0
	0	0	0
	0	0	0
Total - Staff Development (C.)	0	2,090	2,090

Travel - Provider Staff Only

(2) Position or Title	(3) No. of Miles	(4) Rate per Mile	Daily Subsistence		(7) Match	(8) Federal State	(9) Total Cost
			(5) Rate	(6) Days			
Curriculum Developer	800	0.585	97.75	2	0	664	664
Evaluation Specialist	800	0.585	97.75	2	0	664	664
Program Coordinator	800	0.585	97.75	2	0	664	664
					0	0	0
					0	0	0
					0	0	0
					0	0	0
Do not list agency Staff					0	0	0
Total - Travel (D.)					0	1,992	1,992

Equipment Purchases - Tangible Property

(2) Item	(3) Cost per Unit	(4) Match	(5) Federal State	(6) Total Cost
<i>**Do not list items with unit cost less than \$500**</i>				
Computer Package	750	0	1,400	1,400
		0	0	0
		0	0	0
		0	0	0
		0	0	0
Total Equipment - Tangible Property (E.)			0	1,400

G. Medical Supplies and Expenses			
(1) Item	(2) Match	(3) Federal State	(4) Total Cost
	0	0	
	0	0	0
	0	0	0
	0	0	0
	0	0	0
Total - Medical Supplies and Expense (G.)	0	0	

H. Cost of Space - Non-Residential				
(1) Item	(2) Method of Computation	(3) Match	(4) Federal State	(5) Total Cost
Office Space	\$789 per month x 8 mo. x 25% of prorated use x0.8FTE	0	1,262	1,262
Electricity	\$378 per month x 8 mo. X 25% of prorated use x.0.8FTE	0	605	605
		0	0	0
		0	0	0
		0	0	0
<i>Attach a copy of current lease if costs are included for rent. If utilities are included, show method of calculation. (All cost should be prorated per # of staff included in application)</i>				
Total Cost of Space - Non-Residential (H.)		0	1,867	1,867

I. Room and Board Costs - Residential Treatment				
(1) Item	(2) Method of Computation	(3) Match	(4) Federal State	(5) Total Cost
		0	0	0
		0	0	0
		0	0	0
		0	0	0
Total Room and Board Costs - Residential Treatment (I.)		0	0	0

F. Transportation - Recipient										
(1)	(2)					(3)	(4)	(5)		
Item	Method of Computation					Match	Federal State	Total Cost		
						0	0			
						0	0	0		
						0	0			
1a. Provider Recipient Transportation Staff Salaries										
# of Persons	Position or Title	Pay Grade	% of Time	# Mos. Employed	Annual Salary					
						0	0	0		
						0	0	0		
						0	0	0		
						0	0	0		
						0	0	0		
						0	0	0		
						0	0	0		
1b. Provider Recipient Transportation Staff Fringe Benefits										
Type	Method of Computation									
						0	0	0		
						0	0	0		
						0	0	0		
						0	0	0		
						0	0	0		
						0	0	0		
Total Transportation - Recipient (F.)						0	0	0		

J. Service Payment					
(1) No. of Units	(2) Item	(3) Cost per Unit	(4) Match	(5) Federal State	(6) Total Cost
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
Total - Service Payments (J.)			0	0	0

K. Other Expense (Each Item listed is an Individual Object to be listed on the DSS-1571S Reimbursement Form, Part III)			
(1) Item	(2) Match	(3) Federal State	(4) Total Cost
Supplies for Focus Group Meetings (\$50 x 9 meetings)	0	450	450
Communication- Mailing and Photocopying costs (\$200 per month x 8 months)	0	1,600	1,600
Office and Staff supplies (\$75 per month x 8 months)	0	600	600
Subcontract - University to develop the evaluation tools	0	16,000	16,000
Office Telephone/Internet Cost (\$90.00 per month x 8 months x 0.8 FTE)	0	576	576
Subcontract- Facilitator for Focus Group Meetings (\$150 x 9 meetings)	0	1,350	1,350
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
Total - Other Expense (K.)	0	20,576	20,576

L. Indirect Cost* Please attach a copy of your approved Indirect Cost Rate Plan					
(1) Rate	(2) Rate Applied to: (list applicable line items included in your indirect cost rate plan)	(3) Amount Rate Applied to:	(4) Match (Unrecovered)	(5) Federal State	(6) Total Cost
			0	0	0
			0	0	0
			0	0	0
Total Indirect Cost (L.)			0	0	0

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

		(a)	(b)	
A.	Estimated Eligible and Matchable Costs	Number	Ratio	
1	Estimated Eligible Clients	_____	_____	%
2	Estimated Ineligible Clients	_____	_____	%
3	Total Clients	_____	_____	%

B. Eligible Costs

(1) Matchable Costs [Part IV, Line M, Col. (3)]	(2) Less Program Income	(3) Net Matchable Costs [B. (1) Less (2)]	(4) Estimated % of Eligibles [A. 1. (B)]	(5) Costs Eligible for Financial Participation [B.(3) x (4)]
\$0	\$0	\$0	\$0	\$0

Part VI - Computation of Unit Cost or Individual Fixed Rate

A.	1	Total Matchable Costs	\$	_____	
	2	Less: Earned Income for Unit Cost Method	\$	_____	
	3	Net Matchable Costs			\$ _____
B.	1	Total Service Unit Capacity, or			
	2	Total Anticipated Utilization Capacity			_____
C.		Method of Computation or Source of Data			
D.		Estimated Unit Cost or Individual Fixed Rate:	\$	_____	per _____

SAMPLE - Budget Narrative – SAMPLE

(NOTE: The Budget Narrative is the justification of 'how' and/or 'why' a line item helps to meet the program deliverables.)

A. Salary –**Federal Total: \$48,149.00**

Curriculum Developer currently oversees the curriculum development and curriculum research and will spend 30% of their FTE on this project. This individual's annual salary is \$50,000.00 and will be covered for the 8 months of the contract totaling \$10,000.00.

P/T Evaluation Specialist will spend 100% of their time developing the evaluation plan and collaborating with the Subcontractor on the evaluation plan development. (This individual's salary is calculated at 15 hours x \$35.00 per hour x 32 weeks (8 months) totaling \$16,800.00.

Program Coordinator will provide supervision to the Curriculum Developer, Evaluation Specialist and Intern. This position will oversee that program deliverables are being met and will spend 10% of their time supervising staff. This individual's annual salary is \$64,000.00 and will be covered for the 8 months of the contract totaling \$4,800.00.

Administrative Assistant currently oversees the program and will spend 20% of their time hiring, supervising and training staff. This individual's annual salary is \$23,000.00 and will be covered for the 8 months of the contract totaling \$3,067.00.

Executive Director- 5% of this position's salary will be used to provide organizational oversight to this contract at \$2,867.00.

Chief Fiscal Officer – 5% of this position's salary will be used to submit the monthly 1571 fiscal forms at \$2,334.00.

VP of Programs- 10% of this position's salary will be used to provide supervision to staff, submit required reports, hire/train staff and ensure contract deliverables are being met at \$4,334.00.

Staff Assistant – This position will provide support and research to staff for this project at \$7 x 20 hrs x 32 wks (8 months) at \$5,000.00.

B. Fringes –**Federal Total: \$7,752.00**

FICA will be paid for all salaries: \$48,149.00 x .0765 = \$3,683.00.

Health Insurance for FT employees will be provided at \$425.00 per month x 0.80 (FTE) x 8 months at \$2,726.00

Pension for FT employees is required for employees and will be provided based on 5% of their salary- \$26,869.00 x .05=\$ 1,343.00

C. Staff Development –**Federal Total: \$2,090.00**

The staff will attend workshops and conferences to keep abreast of Domestic Violence/Abuser Treatment Issues. Included are registrations and fees related to workshops and conferences totaling \$2,090.00.

D. Travel –**Federal Total: 1,992.00**

The staff is expected to travel around the county to visit sites, attend meetings and trainings/conferences, meet with county partners, etc.

Curriculum Developer Coordinator: 800 miles x .0585 = \$468.00; Daily Subsistence \$97.75 00 x 2 days =\$664.00.

Evaluation Specialist: 800 miles x .0585 = \$468.00; Daily Subsistence \$97.75 x 2 days =\$664.00.

Program Coordinator: 800 miles x .0585 = \$468.00; Daily Subsistence \$97.75 x 2 days =\$664.00.

E. Equipment Purchases –**Federal Total: \$1,400.00**

Two computer packages including printer, scanner, and Word Programs will be purchased. The computers will be based in the administrative office and will be used by the P/T Evaluation specialist and the intern. Evaluation software will be installed on both of these computers, in addition to performing administrative work connected to this program.

F. Transportation-Recipient –**Appendix D**

G. Medical Supplies and Expense –**Total: \$0****H. Cost of Space – Non Residential –****Federal Total: \$1,867.00**

Monthly rent and utilities cost is necessary for the site location to provide the services and activities. The cost is pro-rated at 25% for Rent and Utilities because a Victim of Crime Act Contract covers the other 75% of the cost.

Rent: \$789.00 a month (pro-rated 25% of usage) $\$197.25 \times 8 \text{ months} \times 0.80 \text{ FTE} = \1065.00 .

Electricity: \$378.00 a month (pro-rated 25% of usage) $\$94.50 \times 8 \text{ months} \times 0.80 \text{ FTE} = \510.00

I. Room and Board- Residential Treatment – N/A**Total \$0****J. Service Payments - N/A****Total \$0****K. Other –****Federal Total: \$20,576.00**

Supplies for focus group: to provide supplies/food for focus groups, etc. Focus groups will be held in pilot program counties and will include service providers, community members, domestic violence/abuser treatment staff, graduates of Abuser Treatment programs and survivors of domestic violence. This information will aid in informing the curriculum and aid in setting up the pilot program sites. $\$50.00 \times 9 \text{ meetings} = \450.00 .

Communication- Mailing and Photocopying costs- Costs include printing of curriculum and stamps at $\$200.00 \times 8 \text{ months} = \$1,600.00$.

Office and Staff Supplies including binders, file folders, printer paper, toner, staples, etc. $\$75.00 \text{ per month} \times 8 \text{ months} = \600.00 .

Subcontract: (Name the Agency) will aid in development of evaluation tools and risk assessment tools. Draft subcontract is attached. $\$2,000.00 \text{ per month for } 8 \text{ months} = \$16,000.00$.

Office Telephone/Internet Cost: $\$86.66 \text{ per month} \times 8 \text{ months} \times 0.80 \text{ FTE} = \576.00 .

Subcontract- Facilitator for Focus Group Meetings is charging $\$150 \text{ per meeting} \times 9 \text{ meetings} = \$1,350.00$.

L. Indirect Costs – N/A**Total \$0****Total Program Cost: \$83,826.00**

APPENDIX E

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

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.

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



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

FFY 2008-2009 ABUSER TREATMENT CURRICULUM AND SERVICES

ACKNOWLEDGEMENT OF RECEIPT

FOR

REQUEST FOR FUNDING APPLICATION (RFA)

(Agency requesting funding must complete.)

AGENCY NAME: _____

SENDER'S NAME: _____

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