



NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES

DIVISION OF SOCIAL SERVICES

REQUEST FOR APPLICATION (RFA)

**FAMILY VIOLENCE PREVENTION AND SERVICES/GRANTS
FOR BATTERED WOMEN'S SHELTERS AND RELATED
ASSISTANCE**

Federal Fiscal Year (FFY) 2008-2009

RFA Release Date:	Wednesday, April 2, 2008
Technical Assistance: Workshop	Wednesday, April 9, 2008
Deadline for Questions:	Thursday, May 5, 2008 at 5:00 p.m.
Deadline for Proposals:	Monday, May 12, 2008 at 5:00 p.m.
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:	Marina Chatoo, MHC Program Administrator

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FAMILY VIOLENCE PREVENTION AND SERVICES/GRANTS FOR BATTERED WOMEN'S SHELTERS AND RELATED ASSISTANCE

- Introduction** The Division is pleased to announce the potential availability of funding under the federal Family Violence Prevention and Services Act for Federal Fiscal Year 2008 through Federal Fiscal Year 2009. Included in this application are instructions, required guidelines for operation and support documents. These funds are available to assist in establishing, maintaining, and expanding programs and projects to prevent family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents. **Applicants should note that the award of grants is subject to the availability of funds.**
- 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."
- Purpose of Grant** The purpose of the Family Violence Prevention and Services Act fund is to establish, maintain, or expand programs and projects to: (1) prevent family violence and (2) provide immediate shelter and related assistance for victims of family violence and their dependents. The following definitions apply:
1. **Family Violence:** Any act or threatened act of violence, including any forceful detention of an individual, which; (a) Results or threatens to result in physical injury and (b) is committed by a person against another individual (including an elderly person) to whom such person is or was related by blood or marriage or otherwise legally related or with whom such person is or was lawfully residing.
 2. **Shelter:** The provision of temporary refuge and related assistance in compliance with applicable State law and regulation governing the provision, on a regular basis, of shelter, safe homes, meals, and related assistance to victims of family violence and their dependents.
 3. **Related assistance:** The provision of direct assistance to victims of family violence and their dependents for the purpose of

preventing further violence, helping such victims to gain access to civil and criminal courts and other community services, facilitating the efforts to such victims to make decisions concerning their lives in the interest of safety, and assisting such victims in healing from the effects of the violence.

Related assistance includes:

- Prevention services such as outreach and prevention services for victims and their children
- Employment training
- Parenting and other educational services for victims and their children
- Preventive health services within domestic violence programs (including nutrition, disease prevention, exercise, and prevention of substance abuse)
- Domestic violence prevention programs for school age children
- Family violence public awareness campaigns, and violence prevention counseling services to abusers
- Counseling with respect to family violence, counseling or other supportive services provided by peers individually or in groups, and referral to community social services
- Transportation
- Technical assistance with respect to obtaining financial assistance under Federal and State programs
- Referrals for appropriate health-care services, including alcohol and drug abuse treatment (shall not include reimbursement for any health-care services)
- Legal advocacy to provide victims with information and assistance through the civil and criminal courts, and legal assistance
- Children's counseling and support services
- Child care services for children who are victims of family violence or the dependents of such victims, and children who witness domestic violence

Program Vision

To ensure safety, permanency, well being and self sufficiency for children and families by providing shelter and related services for victims of family violence and by supporting the establishment of non violent homes, schools, neighborhoods, and businesses.

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. It is important that the proposed project does not overlap with existing agency programs.

Factors to take into account when considering program overlap are populations served, duplication of program sites, etc.

Award Amount

The proposed allocation for Family Violence Prevention and Services will be announced in July, 2008. **There is a \$25,000.00 award limit per proposal.** However, an applicant can also apply for up to \$1,000 for agency accessibility, in addition to the \$25,000. Accessibility funding may be used for printing materials in large print or in other languages, making the facility physically accessible (replacing door knobs, adding grab bars, etc.), signage, etc.

Additional funding in the following amounts may be requested **FOR ONLY ONE** additional program:

- ❖ \$10,000 for Elder Abuse if no elder abuse funding has previously been received.
- ❖ \$10,000 for child violence prevention or child abuse and neglect prevention or for improving outcomes for children in domestic violence cases. **This funding will be awarded to agencies using evidence based practices/ well supported practices that have proven outcomes.**
- ❖ \$10,000 for an Outreach Store if no Outreach Store funding has previously been awarded.

You may select only one of the three listed options for additional funding if it pertains to your agency's mission.

Required Match

As required by the federal act appropriating these funds, grant recipients must match the federal funds they receive. The matching rate varies depending on the number of years the grant recipient receives these federal funds. The matching rates are shown in the table below:

Grant Year	Year 1	Year 2 or more
Federal Amount	65%	80%
Provider match	35%	20%

For the purpose of determining the matching funds required, applicants should calculate their funding years beginning with 1991/1992. For all applicants, the non-federal matching share must be cash or in-kind, and the non-federal share cannot include any Federal funds.

Grant Award

Grant Award Period: October 1, 2008, through September 30,

Period 2010. **Proposed Contract Period:** October 1, 2008, through September 30, 2009. Grants will be awarded on a two year cycle, however, contract renewal for the second year is contingent on demonstrated organizational capacity, performance history, contractual compliance, and availability of funds.

Technical Assistance Workshop Agencies interested in responding to this RFA can attend the Bidders Workshop on **April 9, 2008**, at Clarion Hotel, 415 Swing Road, Greensboro, NC 27409 from 9:30 a.m. - 1:00 p.m. Please fax the registration form to the Division of Social Services' Community Based Programs Team at (919) 733-4756 (Attention: Janice Williams) to register for the Bidder's Workshop. Attendance is not mandatory.

Number of Copies **Three** 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 marina.chatoo@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 three weeks after the application deadline, applicants must notify the Division of Social Services' Community Based Programs Team by telephone at (919) 733-2279.

Deadline The closing date for submission of applications is **Monday, May 12, 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 advised 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 calendar days) for mailed application packages to arrive at the Albemarle Building. **No faxes or e-mailed applications will be accepted.** Delivery/mailing address is:

Mailing Address –USPS ONLY:

**Marina Chatoo, Program Administrator
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)

**Marina Chatoo, Program Administrator
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 Page 6 will be deemed non-responsive and will not be considered for funding under this announcement. Additionally, any applicant that fails to comply with all application requirements and/or submits an incomplete application will not be considered for funding. For example:

- Application exceeds the maximum application page limits
- Application stapled
- Funding request exceeds maximum funding amount
- No copies provided

Selection Process

All applications received before the declared deadline will be reviewed to ensure all documentation and necessary worksheets 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 18 of this document for the scoring breakdown. Award notices will be sent via USPS mail by mid July, 2008. Communication via phone, e-mails and fax regarding award notices is 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 directed to:

Marina Chatoo, Program Administrator
(919) 733-2279 or
marina.chatoo@ncmail.net

Deadline for questions is Thursday, May 5, 2008.

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.** Use binder clips or paperclips.
- Δ Respond to each criteria listed in this RFA in the order requested. **Include section headings** in the Scope of Work as listed in the application checklist. **Do NOT insert Section/Attachment pages as dividers.**

Cover Letter:

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

Application Order

Use the table below to ensure all requested information is included in your application. Please be aware and comply with the maximum page limits in each section. **The Application Checklist in Appendix B must be completed and all boxes checked for consideration of funding.** Incomplete applications 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 must include the following sections:	
Face Sheet – ALL sections completed and signed and dated in blue ink	1
Proposal Summary	2
Needs Assessment	3
Project Design-Include Worksheet 1	–

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
Sustainability – Include the following: Anticipated Revenue Summary Form - Worksheet 4 Funding Chart -Worksheet 5	1
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 Cost Ratio Plan if included in Budget Costs	N/A
Reimbursement Acknowledgement-Worksheet 6	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
Attachment G: Agency’s Confidentiality Statement	N/A
Attachment H: Agency’s Non-Discrimination Statement	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 marina.chatoo@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:

General Instructions

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

Scope of Work includes:

Needs Assessment:

(Three page limit). The proposal should describe the needs and problem(s) within the county(ies) that will be addressed by the program. 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.
- Information on family violence prevention programs currently available in the county(ies) you will serve. If family violence prevention services are available, describe why an additional 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.
- Information on the likely outcome(s) for children/youth and families if the family violence prevention services are not established.

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

- Statistics on domestic violence in the county
- Child abuse and neglect in the county/area
- Unemployment Rates
- Poverty Rates
- Single Parent Households
- Adolescent Pregnancy Rate

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 plus required worksheets and attachments). Applicants shall describe in detail how the application addresses the needs described in the Needs Assessment. In this section, applicants must provide a detailed description of the Family Violence Prevention Services program, for example, what will the program look like? The program design and implementation of activities should be based on research or evaluation that provides evidence that the strategies used improve program outcomes. The program design must be family centered (a collaborative effort with the input of the participant's family you will be serving). Additionally, charts, timetables and position descriptions for key staff shall be used to describe the structure of the program.

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

1. **Target Population:** Describe the participants who will be involved in Family Violence Prevention Services, including the number of participants the agency anticipates to serve, the demographic information, such as, age and ethnicity breakdown. Proposals must indicate participant selection criteria. **Target population may target more than one county.**

2. **Underserved Population Plan:** A plan describing in detail how the needs of the underserved population will be met. "Underserved populations" include populations underserved because of geographic location (such as rural isolation), underserved racial and ethnic populations, special needs populations (language barriers, disabilities, alienage, or age etc.) and any other population determined to be underserved.

3. **Program Activities:**
 - List and describe program activities pertaining to your program.
 - Describe how the proposed program will reduce risk factors and increase protective factors as cited in your needs assessment.
 - Demonstrate the capacity to begin programming by October 1, 2008, or within 30 calendar days following a fully executed contract.
 - Days and hours of operation and site locations, to include flexible hours.
 - Staffing qualifications and staffing ratio.
 - Include staff development plan, professional development opportunities, staff orientation process and how staff will be supervised.
 - If transportation services for participants will be provided.

4. **Evidence Based/Best/Well Supported Practice:**

If requesting \$10,000 for child violence prevention or child abuse and neglect prevention or for improving outcomes for children in domestic violence cases, describe how the program design is supported by evidence-based/well supported

practices. Resources for practices and successful outcomes research can be found at:

www.promisingpractices.net
www.strengtheningfamilies.org
www.preventchildabuse.com
www.musc.edu/cvc/kauffmanfinal.pdf
www.colorado.edu/cspv/blueprints
www.powerfulfamilies.org
www.childwelfare.gov
www.acf.hhs.gov
www.preventchildabusenc.org
www.friendsnrc.org
www.dotolearn.com
www.cwla.org
www.naswpress.org
www.evaluationtools.org
www.theparentinginstitute.org
www.samsa.gov

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 required goals and outcomes that will be monitored and tracked throughout the contract period.

The following Goal and four outcomes are for Direct Service Providers only (services to DV victims and families):

<u>Direct Service Provider Required Goal</u> : 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 Outcome: Victims/survivors and their children will experience decreased isolation through services, such as shelter nights, court advocacy, support groups, and counseling by September 30, 2009.
Required Outcome: There will be an increase in safe homes in the community by virtue of shelter residents moving from shelter into their own safe homes by September 30, 2009.

Required Outcome: Education provided for victims/survivors will result in increased knowledge of domestic violence issues by September 30, 2009.

Required Outcome: 65% or more of domestic violence survivors will have more knowledge of available community resources by September 30, 2009.

Required Outcome: 65% or more of domestic violence survivors will have more strategies for enhancing their safety.

The following Goal and two outcomes are for Non-Service Providers only (Training, Outreach Support, Thrift Store etc.):

Non-Service Provider Required Goal : Communities will develop zero tolerance for domestic violence.

Required Outcomes: Must be included in your Evaluation

Required Outcome: The public will increase knowledge of domestic violence through awareness and education programming by September 30, 2009.

Required Outcome: The community will support the domestic violence agency through increased volunteer hours, increased donations of money and/or in-kind services, and/or an increase in referrals of victims to the domestic violence agency for services by September 30, 2009.

Applicants will also be given the opportunity to develop one additional goal and a maximum of three corresponding outcomes that specifically relate to their needs assessment. When composing outcomes for the 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 achievable within the time-restraints.
- Outcomes should be **SMART- Specific, Measurable, Achievable, Realistic, and Time-Bound.**
- **Strategies** are the actions/activities that will be implemented in order to achieve the outcomes.
- Number of participants served, types of service provided, quantity of service provided etc. are not outcome measures, they are output measures and will not be accepted as outcome measures.

Use the enclosed worksheets - **Goals, Outcomes and Evaluation Plan – Worksheet 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, the measurement tool(s) to be used, and the staff member responsible for this process. Clearly demonstrate in this section how the program's needs assessment and program design are linked to the required goals. Applicants must describe a data collection method or system that will be used to evaluate the progress of the program in meeting its goals and outcomes (questionnaires, surveys, pre/post tests, interviews, etc.) and procedures for how data will be analyzed. Measurement tools to be used in the evaluation plan will be submitted by the awarded agency during the first quarter of the contract period. 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 worksheets and organizational chart). This section should include, but not be limited to the following:

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

Complete the **Board Member Profile- Worksheet 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 schools, local departments of social services, juvenile justice systems, area mental health programs, local health departments and other partners that focus on child safety, permanency well-being, and self sufficiency. Describe and list the collaborations with local agencies and organizations. Identify any organizations that will act as partners in funding, managing, or providing services for this program and the specific roles that each shall play in executing the Scope of Work.

Provide at least three (3) letters of support from the following:

- Director of a local department of social services (required)
- Juvenile justice system
- Law Enforcement
- Health Department
- Area Mental Health Center
- Other Community partner(s) (required)

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

Sustainability Plan:

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

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

Complete **the Anticipated Revenue Summary Form – Worksheet 4** and the **Funding Chart- Worksheet 5**.

Attachment C: Contract Budget and Budget Narrative

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

- **Page 1 of Form DSS-6844S must be signed in blue ink by the authorized official.**
- Expenditures for travel and daily subsistence must be in accordance with state approved rates.
- Funds may not be used to purchase or renovate real 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.
- Unless the need is clearly articulated, programs that received funding in previous years to purchase equipment (e.g. computers, televisions, vcr/dvd players, etc) will not be approved to purchase duplicate equipment under this grant.
- If proposed in the budget, include a draft Sub-Contractors Agreement, a lease agreement if requesting rent and/or an Indirect Cost Rate Plan.
- Complete and sign **Reimbursement Acknowledgement -Worksheet 6**

As required by the federal act appropriating these funds, grant recipients must match the federal funds they receive. The matching rate varies depending on the number of years the grant recipient receives these federal funds. The matching rates are shown in the table below.

Grant Year	Year 1	Year 2 or more
Federal Amount	65%	80%
Provider match	35%	20%

For the purpose of determining the matching funds required, applicants should calculate their funding years beginning with 1991/1992. For all applicants, the non-federal matching share must be cash or in-kind, and the non-federal share cannot include any Federal funds.

To Calculate Match:

Year One: To calculate a 35% match: \$25,000.00 divided by 0.65 equals \$38,462.00 minus \$25,000.00 equals **\$13,462.00 required match from provider**. Your total budget must be **\$38,462.00** (\$25,000.00 + \$13,462.00 = \$38,462.00).

Year 2 or more: To calculate a 20% match: \$25,000.00 divided by 0.80 equals \$31,250.00 minus \$25,000.00 equals **\$6,250.00 required match from provider**. Your total budget must be **\$31,250.00** (\$25,000.00 + \$6,250.00 = \$31,250.00). **General Instructions**

The DSS-6844S form can be downloaded from the DSS website at www.ncdhhs.gov/dss/contracts.

Attachments:

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

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

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

Attachment G: Agency Confidentiality Statement: Provide a description of the procedures developed and implemented that assure the confidentiality of records pertaining to any individual who receives family violence prevention or treatment services.

Attachment H: Agency Non Discrimination Statement: Federal law prohibits any funding to programs that discriminates based on age, handicap, sex, race, color, national origin or religion. Address how your program does not discriminate. If your program shelters clients, even if only on an emergency basis, address how boys up to age 18 years and men are sheltered.

Do not include other attachments to the application

Proposed Evaluation Criteria:

		Maximum Points
I	Statement of Need	10
II	Project Design	25
III	Project Goal/Outcomes and Evaluation Design	25
IV	Organizational Capacity	10
V	Sustainability	5
VI	Budget	15
VII	Community Collaboration	10
	TOTAL	100

Thank you for your interest in the Family Violence Prevention funding.

APPENDICES

APPENDIX A

Definitions

Evidenced-Based Programs and Practices: the integration of the best available research with child abuse prevention program expertise within the context of the child, family, and community characteristics, culture and preferences. Articulates a theory of change which specifies identified outcomes.*

Evidenced-Informed Programs and Practices: the use of the best available research and practice knowledge to guide program design and implementation within the context of the child, family, and community characteristics, culture and preferences.*

(*Note: Practices are defined as skills, techniques, and strategies that can be used by a practitioner; have evidence to support effectiveness.)

Methodology: the way in which information is found or something is done, to include the methods, procedures, and techniques used to collect and analyze information.

Model Fidelity: the extent to which an intervention is implemented as intended by the designers of the intervention; refers not only to whether or not all the intervention components and activities were actually implemented, but whether they were implemented in the proper order.

Outcomes: the results of program operations or activities; the effect triggered by the program. For example: increased knowledge, changed attitudes or beliefs, or altered behavior; often expressed in terms of: knowledge and skills, behaviors, values, conditions, and status.

Promising Programs and Practices: articulates a theory of change, specifying identified outcomes and describes the activities, but has no empirical evidence or theoretical basis. Program is committed to and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.

Protective Factors: those characteristics that buffer individuals or families from stress and other negative influences and increase the likelihood of positive outcomes occurring.

Risk Factors: increase the likelihood of negative outcomes occurring.

Well-Supported Programs and Practices: articulates a theory of change which specifies clearly identified outcomes. It is generally accepted as appropriate for use with children and their parents receiving child abuse prevention or family support services.

APPENDIX B

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

Family Violence Prevention & Services Programs

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
- K. Sustainability
- L. Anticipated Revenue Summary Form -Worksheet 4
- M. Funding Chart - Worksheet 5

Attachment C - Budget

- A. Budget Form DSS-6844S and Budget Narrative:
- B. Reimbursement Acknowledgement - Worksheet 6

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

_____ **Attachment D:** Conflict of Interest- Notarized (Include organizational conflict of interest policy).

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

_____ **Attachment F:** IRS Federal Tax Exempt Letter (501) (c) (3)

_____ **Attachment G:** Agency Confidentiality Policy

_____ **Attachment F:** Agency Non-Discrimination Policy

_____ 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: _____

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: Education provided for victims/survivors will result in increased knowledge of domestic violence issues by September 30, 2009.</p>	<p>Plan and provide 4 education group sessions each month. Provide within these sessions an interactive parent-child discussion time.</p>	<p>October 2008 to September 2009</p>	<p>- Pre and Post surveys for each group.</p>	<p>Social workers and domestic violence coordinator.</p>

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: Victims/survivors and their children will experience decreased isolation through services, such as shelter nights, court advocacy, support groups, and counseling by September 30, 2009.</p> <p>Required Outcome: There will be an increase in safe homes in the community by virtue of shelter residents moving from shelter into their own safe homes by September 30, 2009.</p> <p>Required Outcome: Education provided for victims/survivors will result in increased knowledge of domestic violence issues by September 30, 2009.</p> <p>Required Outcome: 65% or more of domestic violence survivors will have more strategies for enhancing their safety by September 30, 2009.</p> <p>Required Outcome: 65% of more of domestic violence survivors will have more knowledge of available community resources by September 30, 2009.</p>				

Family Violence Prevention Goals, Outcomes and Evaluation Plan

Organization Name: _____

<u>Non-Service Provider Required Goal</u> : Communities will develop zero tolerance for domestic violence.				
Measurable Outcome(s)	Strategies	Timeline	Evaluation Measures	Staff Responsible
<p>Required Outcome: The public will increase knowledge of domestic violence through awareness and education programming by September 30, 2009.</p> <p>Required Outcome: The community will support the domestic violence agency through increased volunteer hours, increased donations of money and/or in-kind services, and/or an increase in referrals of victims to the domestic violence agency for services by September 30, 2009.</p>				

Agency Generated Goals, Outcomes and Evaluation Plan (OPTIONAL)

Organization Name: _____

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

Board Member Profile- Worksheet 3

Organization Name: _____

Program Name: _____

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

Please use as many sheets as applicable.

Anticipated Revenue Summary Form – Worksheet 4

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

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

Reimbursement Acknowledgement –Worksheet 6

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.
- No fees may be charged for any program 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 Indirect Cost 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 requested for this position. Enter amounts in Columns 7 and 8 as required.

Example:

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

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

Example: 1 staff X \$80,000 / 12 months = \$6,666.67 X .35FTE = \$2,333.33 X 6 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 fees required for the delivery of service or staff development in this category. Do not include recipient transportation cost, subcontractor travel costs or other non- - agency personnel travel cost. All entries must be specific to a position. If the specifics are known where excess lodging or out of state travel would be requested, attach a detail description including dates, purpose, itemized cost and the staff position traveling to receive approval with the proposal. If specifics are not known at the time of submission of your proposal refer to the instructions described in the Travel guidelines to receive prior approval to charge cost to the contract.

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

Column 2: List each position by Title.

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

Column 4: Enter the reimbursable rate per mile.

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

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

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

Column 9: Enter total of Columns 7 and 8.

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

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

E. Equipment Purchases

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

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

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

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

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

Column 6: Enter total of Columns 4 and 5.

F. Transportation – Recipient

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

Column 1: Enter the name of each item.

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

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

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

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.

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

Column 4: Enter total of Columns 2 and 3.

L. Indirect Costs

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

Column 1: Enter the approved indirect cost rate.
 Universities use approved F&A rate
 Private / Non-profit use rate approved by certifying agency (i.e. DMG)

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

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

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

Column 6: Enter total of Columns 4 and 5.

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

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

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

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

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

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

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

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

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

Heading

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

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

Part I -- Revenues

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

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

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

Example:

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

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

Example of computation of Provider Match if Federal amount is NOT known. The Division is awarding IV-B-1 funds that have a 75 % participation rate. The amount will be determined after the Total program cost is determined. 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.

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

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

Part II -- Estimated Expenditures

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

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

Part III -- Approval Signature

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

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

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

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

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

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Section B. Eligible Costs

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

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

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

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

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

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

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

Appendix D

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 –** **Total: \$18,700.00**
Match: \$750.00
- Domestic Violence Director** currently oversees the program and will spend 20% of their time hiring, supervising and training staff. This individual's annual salary is \$35,000.00 and will be covered for the 12 months of the contract totaling \$7,000.00.
- P/T Social Worker** will spend 100% of their time providing direct service to the participants (describe services). This individual's salary is calculated at 15 hours x \$15.00 per hour x 52 weeks a year totaling \$7,800.00.
- Match:** Five social workers will donate 30 hours counseling sessions at a cost of \$25.00 per hour totaling to an in-kind donation of \$750.00.
- B. Fringes –** **Total: \$1,431.00**
- FICA will be paid for all salaries: \$18,700.00 x .0765 = \$4,194.00.
- C. Staff Development –** **Total: \$300.00**
- The Domestic Violence Coordinator will attend workshops and conferences to keep abreast of Domestic Violence Issues. Included are registrations and fees related to workshops and conferences totaling \$300.00.
- D. Travel –** **Total: \$516.00**
- The staff is expected to travel around the county to visit sites, attend meetings and trainings/conferences, meet with county partners, visit families etc,
- Domestic Violence Coordinator 800 miles x .0445 = \$134; Daily Subsistence \$80.00 x 2 days = \$516.00.
- E. Equipment Purchases –** **Total: \$1,102.00**
- One computer package including printer, scanner, and Word Programs will be purchased. The computer will be based in the administrative office and will be used to develop and maintain client databases in addition to performing administrative work connected to this program.
- F. Transportation-Recipient –** **Total \$0**
- G. Medical Supplies and Expense –** **Total: \$0**
- H. Cost of Space – Non Residential –** **Total: \$1,650.00**
- Monthly rent and utilities cost is necessary for the site location to provide the services and activities. The cost is pro-rated at 50% for Rent and Utilities because the Department of Health Contract covers the other 75% of the cost.
- Rent:** \$550.00 a month (pro-rated 25% of usage) \$1660.00 x 12 months x 0.25= \$1,650.00.
- I. Room and Board- Residential Treatment – N/A** **Total \$0**
- J. Service Payments - N/A** **Total \$0**
- K. Other –** **Total: \$6,801.00**
Match: \$5,500.00

Appendix D

Program Supplies: to provide supplies for clients, clothing, meetings, workshops, etc. $\$250.00 \times 12$ months = $\$3000.00$ cash match.

Communication- Mailing and Photocopying costs- To increase community awareness of domestic violence. Costs include printing of flyers, stamps, and resource guides at $\$125.00 \times 12$ months= $\$1500.00$ cash match.

Office and Staff Supplies including binders, file folders, printer paper, toner, staples, etc. $\$75.00$ per month $\times 12$ months = $\$900.00$. cash match.

Personal Hygiene Products- for clients staying at the shelter = $\$100.00$ cash match.

Food - for group meetings and workshops held at the shelter. $\$108.41 \times 12$ months = $\$1301.00$

L. Indirect Costs – N/A

Total \$0

Total: \$31,250.00

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

Appendix E

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 FAMILY VIOLENCE PREVENTION

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**