**North Carolina Farmworker Health Program**

**Office of Rural Health**

**NC Department of Health and Human Services**

**SFY 2018 Funding Guidance**

**Funding Focus**

The North Carolina Farmworker Health Program (NCFHP), within the Office of Rural Health (ORH), NC DHHS, will grant support to qualifying agencies for securing low-cost medications for migrant and seasonal farmworker patients and their dependents. Qualifying agencies include the ORH’s farmworker health contract sites which are not covered by another 340B Drug Pricing Program. Farmworkers are deemed eligible for services if they reside within the state of North Carolina, have worked in agriculture as their principal employment in the last 24 months, and either moved to establish a temporary abode for this employment or work as a farmworker on a seasonal basis.

Funds support co-payment assistance for farmworkers receiving 340B prescriptions and emergency medication assistance for medications not on the 340B formulary.

**Application Process**

Completed applications are due by 5:00 p.m. on **Monday, April 24, 2017**.

Applicants should ensure all required components of the application are completed and submitted by the due date.

Application checklist

All Applicants:

Cover Page

Performance Measures

Budget Section

**340B Drug Pricing Program Budget**

Pharmacy transactions will be reimbursed at $9 per encounter.

Rather than requiring a 340B Budget Computation Worksheet and line item specific budget, complete only the following statement(s) below:

**Pharmacy transactions – The Contractor will be reimbursed monthly on the basis of data reported on the Monthly Pharmacy transaction invoice.  Total reimbursement shall not exceed the amount of the contract.**

**\_\_\_\_ (enter number) 340B Pharmacy Transactions x $9 per transaction = $\_\_\_\_ [TOTAL AMOUNT OF AWARD]**

**Emergency Medication Funds – The Contractor will be reimbursed based on the number of medication transactions that occur in a single month.  Total reimbursement shall not exceed the amount of the contract.**

**\_\_\_\_ (enter number) Emergency medication transactions x average of $50 per transaction = $\_\_\_\_ [TOTAL AMOUNT OF AWARD]**

**Deadline for Submission:**

Agencies seeking funding should submit completed applications by email to Zoë L. Cummings at [zoe.cummings@dhhs.nc.gov](mailto:zoe.cummings@dhhs.nc.gov) by no later than 5:00 PM on April 24, 2017. All application materials can be also be faxed or postmarked prior to the deadline.

Please send to following address:

If sending by UPS/Fed Ex:

311 Ashe Avenue

Raleigh, NC 27606

If sending by USPS

2009 MSC Center

Raleigh, NC 27699-2009