

REQUEST FOR APPLICATIONS

Innovative Approaches 2.0: Improving Systems of Care for Children and Youth with Special Health Care Needs

RFA# DCFW2025-2028WCH-RFA

RFA Posted	August 1, 2024		
Questions Due	August 15, 2024, by 5 pm		
Applications Due	November 1, 2024, by 5 pm		
Anticipated Notice of Award	December 12, 2024		
Anticipated Performance Period	June 1, 2025 – May 31, 2028		
Service	Improving community systems of care for children and youth with special health care needs		
Issuing Agency	Division of Child and Family Well-Being, Whole Child Health Section		
E-mail Applications and Questions to	Danielle Matula	Email	danielle.matula@dhhs.nc.gov

THIS REQUEST FOR APPLICATIONS (RFA) advertises the Division’s need for the services described herein and solicits applications offering to provide those services pursuant to the specifications, terms and conditions specified herein. All applications received shall be treated as offers to contract. If the Division decides to accept an application, an authorized representative of the Department will sign in the space provided below. Acceptance shall create a contract that is effective as specified below.

THE UNDERSIGNED HEREBY SUBMITS THE FOLLOWING APPLICATION AND CERTIFIES THAT: (1) he or she is authorized to bind the named Grantee to the terms of this RFA and Application; (2) the Grantee hereby offers and agrees to provide services in the manner and at the costs described in this RFA and Application; (3) this Application shall be valid for 60 days after the end of the application period in which it is submitted.

To Be Completed by Grantee:

Grantee Name:	Catchment Area # (see p.5):
Grantee’s Street Address:	E-Mail Address:
City, State & Street Address Zip:	Telephone Number:
Name & Title of Authorized Representative:	UEI Number:
Signature of Authorized Representative:	Date:

Unsigned or Incomplete Applications Shall Be Returned Without Being Reviewed

NOTICE OF AWARD/FOR NC DHHS USE ONLY: Application accepted and Contract # _____ awarded on _____. The Contract shall begin on _____ and shall terminate on _____.

By: _____
 Signature of Authorized Representative Printed Name of Authorized Representative Title of Authorized Representative

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1.0 INTRODUCTION

Innovative Approaches 2.0 provides funding to local communities to improve community systems to better meet the needs of children and youth with special health care needs (CYSHCN) and their families. Innovative Approaches 2.0 is an updated version of the original Innovative Approaches initiative that has been in North Carolina for 14 years. The purpose of the update is to better align with current priorities and focus on systems change in key areas of focus for CYSHCN. The Whole Child Health Section is seeking five entities that are positioned to affect change in at least 2 focus areas that will meet the needs of CYSHCN across at least three counties or one large metropolitan county (Mecklenburg, Wake, Guilford).

1.1 PURPOSE

The purpose of Innovative Approaches 2.0 is to enhance community systems of care for CYSHCN and their families. Innovative Approaches (IA) uses a family-driven systems change approach rather than a program-based approach to address community improvements for families of CYSHCN. Innovative Approaches 2.0 will focus system change efforts within key areas of focus which include (1) health care transition from pediatric to adult care, (2) emergency preparedness, (3) community accessibility, and (4) palliative care integration. Applicants will develop and implement substantive, sustainable, and family driven system changes within at least two of these focus areas to improve community systems across multiple counties or large metropolitan area.

1.2 BACKGROUND

The Whole Child Health Section in the Division of Child and Family Well-Being (DCFV) develops, implements, promotes, and monitors programs and services that are consistent with Federal Title V Maternal and Child Health Bureau's goals to protect and enhance the health and well-being of children and their families. There is a strong emphasis on Children and Youth with Special Health Care Needs (CYSHCN).

Target Population

Children and Youth with Special Health Care Needs

The Federal Maternal and Child Health Bureau (MCHB) defines Children and Youth with Special Health Care Needs (CYSHCN) as "children who have or are at risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally." According to the 2022 National Survey of Children's Health, 23.1% of children in North Carolina have a special health care need. CYSHCN have conditions that are expected to last more than 12 months, are often diagnosed with more than one condition, and frequently experience several functional difficulties, including respiratory problems, learning or behavior problems, difficulty with gross or fine motor skills, and/or chronic pain. Parents and caregivers of CYSHCN often experience a complex system of uncoordinated services. The aim of the Innovative Approaches 2.0 (IA) initiative is to improve community systems to better meet the needs of families of children and youth with special health care needs.

Areas Served

To affect change for as many CYSHCN and families as possible, applicants are expected to serve either a multi-county/regional area or a large metropolitan county. Applicants may choose to serve:

- At least **three** neighboring counties, **OR**
- One large metropolitan (population over 500,000) county listed below:
 - Mecklenburg
 - Wake
 - Guilford

Innovative Approaches 2.0 Framework

Blueprint for Change

Innovative Approaches 2.0 aligns with the Maternal and Child Health Bureau's [*Blueprint for Change*](#) which provides a framework for addressing systems of services for CYSHCN. The overall vision is for CYSHCN to enjoy a full life, from childhood through adulthood, and thrive in a system that supports their social, health, and emotional needs, ensuring dignity, autonomy, independence, and active participation in their communities. The Blueprint identifies four critical areas for a well-functioning system which include health equity, family and child well-being and quality of life, access to services, and financing of services. The vision for each of these areas is described below.

Health Equity: All CYSHCN have a fair and just opportunity to be as healthy as possible and thrive throughout their lives (e.g., from school to the workforce), without discrimination, and regardless of the circumstances in which they were born or live.

Family and Child Well-Being and Quality of Life: The service system prioritizes quality of life, well-being, and supports flourishing for CYSHCN and their families.

Access to Services: CYSHCN and their families have timely access to the integrated, easy-to-navigate, high quality health care and supports they need, including but not limited to physical, oral, and behavioral health providers; home and community-based supports; and care coordination throughout the life course.

Financing of Services: Health care and other related services are accessible, affordable, comprehensive, and continuous; they prioritize the well-being of CYSHCN and families.

Systems Change

Innovative Approaches 2.0 uses a system change approach rather than a program-based approach to address community improvements for families of CYSHCN. **Systems change is the core of Innovative Approaches.**

"Systems change" is a shift in the way that a community makes decisions about policies, practices, procedures, and the allocation of resources. To undertake systems changes, a community must build collaborative bridges among multiple agencies, community members, and other stakeholders. A system change extends beyond a single program, to multiple programs and organizations, affecting CYSHCN and families across the community. System changes rely on building partnerships and cultivating these relationships. It has been said of systems change, "if you want to change the system, get the system in the room." Bringing the right partners to the "room" is critical and this includes families and youth with CYSHCN.

System changes affecting CYSHCN and their families should always be family and youth driven. IA focuses on policy, practice, and procedural changes which can be sustained within an organization or system.

- A practice change creates a new way to do things, such as adding a new assessment to a well-child visit for CYSHCN that addresses transition to adult care.
- A policy change is a formalized set of practices and guidelines that inform strategic decisions, day-to-day operations, and decision making. Creating a policy that all patients beginning at the age of 12 years receive a transition to adult care assessment during their well-child visit would be an example of a policy change.
- A procedural change describes what actions to take in specific circumstances. A transition assessment might also require additional implementation guidelines to create clarity and consistency, which would be a procedural change.

While some activities, such as material development, training, or connecting to resources, lay the groundwork for system change, these activities alone are not system changes. System changes are integrated into an organization's practices, policies, and procedures in such a way that if all current staff left an organization, the change would be sustained at the institutional level.

2.0 ELIGIBILITY

Any Local Health Department (LHD), Health District (HD), Federally Qualified Health Center (FQHC), or non-profit organization are eligible to apply for funding.

DCFV is seeking applicants with a history of commitment to serving children and youth with special health care needs and a sufficient track record to indicate a good chance of success.

3.0 AWARD INFORMATION

Funding Sources: Title V Maternal and Child Health Block Grant (100% Federal).

Funding Available: \$1,986,000 in total for June 1, 2025 - May 31, 2028

- FY 25-26: \$662,000
- FY 26-27: \$662,000
- FY 27-28: \$662,000

Up to five grants will be awarded in the amount of \$132,400 each per FY ($5 \times \$132,400 = \$662,000$) of the three-year grant cycle ($\$662,000 \times 3 = \$1,986,000$).

3.1 SOURCE OF FUNDS AND PASS-THROUGH REQUIREMENTS

Federal Award Identification Number: B0452943

Federal Award Date: 02/29/2024

Subaward Period of Performance: June 1, 2025 – May 31, 2028

Amount of Federal Funds Obligated by this Action: \$662,000 per FY

Total Amount of Federal Funds Obligated to the Subrecipient: \$1,986,000

Federal Award Project Description: Maternal and Child Health Services Block Grant to the States

Federal Awarding Agency: Maternal and Child Health Bureau (MCHB)

Pass-through Entity: North Carolina Department of Health and Human Services, Division of Child and Family Well-Being, Whole Child Health Section

ALN Number: 93.994

ALN Name: Maternal and Child Health Services Block Grant to the States

4.0 DEFINITIONS, ACRONYMS AND ABBREVIATIONS

IA	Innovative Approaches 2.0
CYSHCN	Children and youth with special health care needs
DCFW	Division of Child and Family Well-Being, North Carolina Department of Health and Human Services
MCHB	Maternal and Child Health Bureau
WCH	Whole Child Health Section, Division of Child and Family Well-Being, North Carolina Department of Health and Human Services

5.0 SCOPE OF WORK

Innovative Approaches 2.0 scope of work centers around system changes within at least two chosen areas of focus described below. System changes and outcomes must be substantive and sustainable.

System change outcomes within each focus area must:

1. Have significant reach, including all areas of county and/or all counties included in scope.
2. Have substantial impact on CYSHCN and families.
3. Be sustainable beyond the grant cycle.

If existing IA Counties chose an area of focus that aligns with current initiatives, they must demonstrate system changes that significantly expand current initiatives by impacting more CYSHCN and community systems with substantive changes.

System Change Opportunities/Areas of Focus

Applicants must **choose at least two** of the following areas in which to focus system change opportunities during the funding cycle.

Option 1:

Health Care Transition from Pediatric to Adult Health Care

Health care transition (HCT) is the process of moving from a child/family-centered model of health care to an adult/patient-centered model of health care, with or without transferring to a new clinician. It involves planning, transfer, and integration into adult-centered health care. The goals of health care transition are:

1. To improve the ability of youth and young adults with and without special health care needs to manage their own health care and effectively use health services.

2. To ensure an organized process in pediatric and adult health care practices and systems of care to facilitate transition preparation, transfer of care, and integration into adult-centered health care. (www.gottransition.org)

Consider how to improve health care transitions for CYSHCN. Below are some examples of opportunities for systems change.

- Partner with local pediatric health care providers to implement a policy to address health care transition beginning at 12 years old and adopt a tool or checklist that can document the transition process.
- Partner with community organizations, faith groups, community health workers and others that serve historically underserved communities to provide families with information and training on health care transition. Work with a local provider to develop policies and/or procedures to ensure that information is provided in appropriate languages.
- Partner with parent support organization(s) to integrate regular training for parents/caregivers of CYSHCN on promoting health care self-management and advocacy skills in their children.
- Partner with the school system to integrate skills related to health care transition, such as self-advocacy in health care settings, into existing curricula and implement procedures to ensure students with special health care needs receive this training.
- Partner with Community Alternatives Program for Children care managers to integrate skills related to health care transitions and interacting as able with some independence or adaptive supports in planning with home health services, nursing supports, secondary school or vocational opportunities.

Option 2:

Emergency Preparedness

Emergencies or disasters are challenging for all families, but families with CYSHCN face considerations that may require additional planning and coordination. The term “Access and Functional Needs” is used in emergency preparedness to describe those who may need additional assistance to respond to an emergency and includes CYSHCN. Preparedness occurs at both the individual and community level. It is important to address the readiness of families to respond to an emergency or disaster which often involves additional planning for families with CYSHCN. It is also important to ensure that local emergency management, health care providers, and first responders are aware of the needs of CYSHCN, engage with CYSHCN and/or their families and include those needs in community planning efforts.

Consider how to improve emergency preparedness for CYSHCN. Below are some examples of opportunities for systems change.

- Partner with local emergency management to include families with CYSHCN in planning activities including reviewing accessibility of local shelters or participating in local drills on a regular schedule.
- Partner with local emergency management and media outlets to implement and regularly assess policies and processes to ensure that emergency communications are accessible, family-centered, and address language access and access for those with hearing or vision disabilities.
- Partner with health providers to include a process for asking a question on emergency planning as a part of intake or regular questions asked during a well-child visit.
- Partner with school systems to address emergency preparedness plans to ensure they are inclusive of students who may have special health care needs or disabilities.

Option 3:

Community Accessibility

More than 30 years after the Americans with Disabilities Act mandated equal access to all areas of community life, many CYSHCN face barriers to full participation. Improving access to community activities, such as outdoor spaces and recreation, can contribute to improved well-being and quality of life. Improving access to community facilities such as childcare, health care, or others with provided supports, can increase access to care and needed services.

Consider how to improve community accessibility for CYSHCN and their families. Below are some examples of opportunities for systems change.

- Partner with local providers (health care, dental, behavioral health, childcare centers, etc.) to assess physical accessibility of facilities and communication access and identify potential barriers for CYSHCN that can be addressed. Work with providers to develop a specific plan to remove barriers and improve access.
- Partner with local parks or recreation facilities to address and improve physical accessibility of facilities and programmatic access to promote inclusion of CYSHCN and their families. Work with them to remove physical barriers and incorporate practices and policies to increase programmatic access.
- Partner with local food banks and community organizations that address social drivers of health to ensure information provided to the community (print materials, signage, websites, social media, etc.) is accessible to CYSHCN and families and procedures are put in place to ensure all new information is created in accessible formats.
- Work with partners across the community to address communication and information accessibility, such as accessible print materials, plain language, accessible websites and social media, closed captioning, and language access.
- Promote accessibility of community events for CYSHCN and their families by partnering with community coalitions, event planners, local governments, etc. Work with these partners to develop policies and/or procedures to address accessibility and inclusion.

Option 4:

Palliative Care Integration

Pediatric palliative care focuses on making each day as good as it can be. It is not hospice care, although it may include hospice care at the end of life. Although often misunderstood and underused, palliative care is designed explicitly to improve the quality of life of CYSHCN and their families. Its key principles are to relieve suffering (e.g., pain and psychological, social, practical, and spiritual suffering), improve quality of life (both for the child and the family), facilitate informed decision making, and coordinate care among providers and across systems. This holistic approach operationalizes key components of family-centered care. A key resource for providers, families and others can be found at the Courageous Parent Network:

<https://courageousparentsnetwork.org/guides/>

Consider how to improve integration of palliative care into existing community health care and systems of care options for CYSHCN and their families. Below are some examples of opportunities for systems change.

- Partner with local primary care or allied health providers to offer continuing education opportunities for their teams (pediatricians, family physicians, nurse practitioners, physician assistants, nurses, therapists, mental health professionals, care coordinators, etc.) on pediatric palliative care topics. Support providers to develop policies related to ongoing education and evaluation of staff.

- Partner with school staff (especially school nurses) to address palliative care needs in the school setting to help support children with complex and/or life limiting conditions stay in school. Implement policies and procedures for identifying and supporting CYSHCN in the school setting.
- Identify a local/regional partner that will serve as a local hub for information and resources related to palliative care for families, adapt and disseminate culturally sensitive and language-appropriate educational materials, and provide training for families on an ongoing basis.
- Explore and develop partnerships needed to promote the use of telehealth services to provide remote consultations and support for primary care providers and families.

5.1 PROGRAMMATIC REQUIREMENTS AND PRIORITIES

1. Ensure all work and activities are provided in a linguistically and culturally appropriate manner. Please refer to [National Culturally and Linguistically Appropriate Service Standards](#).
2. One full-time staff person or two part-time staff to oversee Innovative Approaches 2.0. Staff lead the development and implementation of Innovative Approaches plans, cultivate relationships with community partners and outreach to engage parents and caregivers of CYSHCN.
3. Ensure all work is **family and/or youth driven** and guided by a group of community partners which meet regularly to monitor progress and provide direction. There is flexibility in the exact group configuration, but it must follow one of the options listed below.

Option 1:

Convene advisory or Steering Committee that is at least 50% parents/caregivers of CYSHCN and/or youth with special health care needs. The group must meet regularly and provide direction for two or more chosen areas of focus and must consist of community partners that are relevant to areas of focus. It must include representation from all three counties or one metropolitan county.

Option 2:

Work within an existing community-based workgroup with focus on CYSHCN and convene an advisory group of parents/caregivers of CYSHCN to advise the work within the areas of focus. The advisory group of parents/caregivers must include representation from all three counties or one metropolitan county. If healthcare transition is chosen as a focus area, youth with special health care needs must also be engaged and serve in an advisory capacity.

4. Address needs for local data on CYSHCN by working with local health departments and associated partners to ensure inclusion of CYSHCN in Community Health Assessments (CHA). Depending on the CHA cycle, activities may include adding questions to identify CYSHCN in data collection, recruiting families with CYSHCN to participate in community planning, or setting goals that include the needs of CYSHCN and their families.
5. Develop a data collection plan in year one to identify needs and gaps **specific to the chosen areas of focus**. This plan can include surveys, focus groups, environmental scans, demographic data, community health needs assessments, or other data sources. It must involve all counties and data should be used to identify how specific system change activities will be accomplished within each focus area.

6. Develop and maintain IA action plans for chosen areas of focus that include systems change objectives, action steps, and results using the existing IA action plan template and updated Quarterly.
7. Developing and maintaining an IA sustainability plan in year two to include/address environmental support, funding stability, partnerships, organizational capacity, program evaluation, program adaptation, communications, and strategic planning using the specified WCH Section IA sustainability plan template and updating the plan annually.

Timeline

Year One

- Six-month planning period which includes partner development and family and/or youth engagement.
- Data collection to identify needs and gaps specific to focus area.
- Implementation of system change activities should begin no later than the second half of year one.

Year Two

- Build and expand on system change activities from year one.
- Ensure reach throughout all three counties or all segments of the metropolitan county.
- Develop sustainability plan.

Year Three

- Build and expand on system change activities from year two.
- Evaluate impact of system change.
- Finalize plans for sustainability of system changes.

5.2 GRANTEE RESPONSIBILITIES

1. Fulfill programmatic requirements listed in Section 5.1.
2. Managing all financial aspects of the IA grant, including meeting expenses, expert faculty, parent/caregiver/youth reimbursements, and subcontracts.
3. Meet reporting requirements, including Quarterly Reports and on-site visits by WCH staff.
4. Involve the WCH Section Program Contact in the hiring process for all project staff, including developing job descriptions, interviewing, and assisting in final staff selection.
5. Participate in training and monitoring as designated by WCH staff.

5.3 PERFORMANCE STANDARDS AND EXPECTATIONS

Outcomes

1. Process measures will include the number of families, providers, and agencies involved in Innovative Approaches, number of qualitative data collection events and information gathered, the number of internal IA meetings held, the number of external meetings attended and partners present, the number and host of professional development programs held, and participants trained, the number of community interventions.
2. Outcome measures will include the number of policies, procedures, or practice changes, as evidenced by reporting. Outcomes will align with at least one of the four critical areas identified by the [Blueprint for Change](#). The four critical areas include health equity, family and child well-being and quality of life, access to services, and financing of services.

5.4 REPORTING REQUIREMENTS

Reports are due quarterly and include the following documents:

- Progress report narrative using template provided by WCH.
- Innovative Approaches Action Plan using template provided by WCH.
- Budget reports showing monthly expenditures.
- Data Collection Plan is required in year one quarterly reports using template provided by WCH.
- Sustainability Plan is required in years two and three quarterly reports using template provided by WCH.

5.5 OTHER GRANTEE REQUIREMENTS

If awarded, the grantee must notify WCH program staff of any staffing changes, including hiring and departures, throughout the grant cycle.

If awarded, the grantee must provide a Unique Entity Identifier (UEI) number. The UEI number can be obtained via [SAM.gov](https://sam.gov) website.

If awarded, the following will apply.

NCGS 143 C 6-21-23, Non-State Entities Receiving State Funds, Use of State Funds, Administration, Oversight and Reporting Requirements. NC Administrative Code Title 09, Chapter 03, Uniform Administration of State Awards of Financial Assistance, Subchapter M Federal Regulations, eCFR Title 2 Part 200, Uniform Guidance.

<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1>

5.6 GRANTEE QUALIFICATIONS AND CAPACITY

Grantees must demonstrate experience working with CYSHCN and knowledge of CYSHCN and family needs, including an understanding of the communities served and demonstrated experience in systems change initiatives.

Additionally, grantees must demonstrate the following organizational, administrative, and fiscal capacity:

1. Organization must have been in business for at least 3 years with demonstrated success fulfilling organizational mission.
2. Organization must have staff and administrative capacity to hire and supervise program staff and provide administrative and fiscal oversight for the grant.
3. Organization must demonstrate fiscal soundness as evidenced by IRS Form 990.
4. Organization must be located in one of the counties chosen to be included in the grant area of service.

6.0 DIVISION RESPONSIBILITIES

The Division of Child and Family Well-Being, Whole Child Health Section will be responsible for monitoring and oversight of the grant. Whole Child Health Section staff will provide technical assistance as appropriate. The Division of Child and Family Well-Being will provide payments as designated by the contract or Agreement Addendum.

6.1 PERFORMANCE OVERSIGHT

1. Participate in training and monitoring as designated by the specified WCH Section.
2. Participate in monthly IA Coordinator calls with WCH staff and other funded IA sites.
3. Annual site visits by WCH staff.

7.0 TERM OF CONTRACT, OPTIONS TO EXTEND

The performance period for the three-year grant cycle begins June 2025 and ends May 2028. This contract begins June 1, 2025, and ends May 31, 2026. The contract will be renewed for a maximum of two additional years by mutual agreement in accordance with the Terms and Conditions.

8.0 BUDGET

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

The Grantee shall use the Cost Table found in ATTACHMENT A: Line-Item Budget to create the Line-Item Budget and Budget Narrative. The Vendor shall not use any other tables or forms, nor modify the contents of any of the shaded cells in the Cost Table.

All costs provided in Line-item budget must be firm and fixed for the duration of the contract, which could last as long as three years if the State exercises its option for one additional year.

9.0 INVOICING AND REIMBURSEMENT

Organizations utilizing an Agreement Addendum with DCFW, such as local health departments, will draw down funds as needed and directed by the agreement.

Organizations utilizing a contract shall submit to the Division Contract Administrator, a monthly reimbursement request for services rendered the previous month by the 10th of each month and, upon approval by the Division, receive payment within 30 days. Monthly payment shall be made based on actual expenditures made in accordance with the approved budget on file with both parties and reported on the monthly expenditure report submitted by the Grantee. If this contract is terminated, the Grantee shall complete a final accounting report and return any unearned funds to the Division within 30 days of the contract termination date. The Division shall have no obligation for payments based on expenditure reports submitted later than 30 days after termination or expiration of the contract period. All payments are contingent upon fund availability.

10.0 THE SOLICITATION PROCESS

The following is a general description of the process by which agencies or organizations will be selected to complete the goal or objective.

1. RFAs are being sent to prospective agencies and organizations.
2. Written questions concerning the RFA specifications will be received until the date specified on the cover sheet of this RFA. A summary of all questions and answers will be posted on the RFA web site.
3. Applications will be received from each agency or organization. The original must be signed and dated by an official authorized to bind the agency or organization. Applications must be mailed with the original and 4 copies of the application. Applications must also be emailed to contact on the cover sheet.
4. All applications must be **postmarked** no later than the date and time specified on the cover sheet of the RFA. Faxed applications will not be accepted.
5. At that date and time, the applications from each responding agency and organization will be logged in.
6. At their option, the evaluators may request additional information from any or all Grantees for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the evaluators are not required to request clarification: therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.
7. Applications will be evaluated according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State.
8. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

11.0 GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection
All qualified applications will be evaluated, and awards made to those agencies or organizations whose capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful Grantees will be notified by December 2, 2024.
2. Decline to Offer
Any agency or organization that receives a copy of the RFA but declines to make an offer is requested to send a written "Decline to Offer" to the funding agency. Failure to respond as requested may subject the agency or organization to removal from consideration of future RFAs.
3. Cost of Application Preparation
Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.
4. Elaborate Applications
Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.
5. Oral Explanations
The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.
6. Reference to Other Data
Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.
7. Titles
Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.
8. Form of Application
Each application must be submitted on the form provided by the funding agency, which will become the funding agency's Performance Agreement (contract).
9. Exceptions
All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency and organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract).
10. Advertising
In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.
11. Right to Submitted Material
All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.
12. Competitive Offer
Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

13. Agency and Organization's Representative

Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.

14. Subcontracting

Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subgrantee, or subcontractor.

15. Proprietary Information

Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

16. Participation Encouraged

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled including utilization as subgrantee/subcontractor(s) to perform functions under this Request for Applications.

17. Contract

The Division will issue a contract to the recipient of the grant that will include their application.

18. Federal Certifications

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

Please be advised that successful Grantees may be required to have an audit in accordance with G. S. 143-6.2 as applicable to the agency or organization's status. Also, the contract may include assurances the successful Grantee would be required to execute when signing the contract. Agencies or organizations receiving Federal funds will be required to execute a Consolidated Federal Certification form (as applicable). Private not-for-profit agency contracts will also include a conflict-of-interest policy statement.

12.0 APPLICATION CONTENT AND INSTRUCTIONS

This section includes what the Grantee is required to provide the division with its application response. *The Grantee must clearly demonstrate (describe) in its proposal response* how the Grantee's Organization will meet or address the programmatic requirements described in the scope of work section of the RFA. The Grantee proposal shall include the following items in this specific order and clearly marked as such.

Whenever possible, use appendices to provide details, supplementary data, references, and information requiring in- depth analysis. These types of data, although supportive of the proposal, if included in the body of the design, could detract from its readability. Appendices provide the proposal reader with immediate access to details if clarification of an idea, sequence or conclusion is required. Timetables, work plans, schedules, activities, and methodologies, legal papers, personal vitae, letters of support, and endorsements are examples of appendices.

Grantees shall populate all attachments of this RFA that require the Grantee to provide information and include an authorized signature where requested. All pages should be single spaced and 12-point font and numbered consecutively. Grantee RFA responses shall include the following items and those attachments should be arranged in the following order:

A. Cover Page with all fields completed, signed by an authorized official of the Grantee organization.

B. Face Page

- 1) The Grantee's name and principal place of business.
- 2) The Grantee's legal status: i.e., whether the Grantee is an individual, a corporation, a general partnership, a limited partnership, a joint venture, or some other legal entity. The state in which the Grantee is incorporated or organized.

C. Proposal Summary: (1 page limit)

The summary should be prepared after the application has been developed to encompass all the key points necessary to communicate the objectives of the project.

D. Organization Background and Qualifications:

Describes the organization and its qualifications for funding.

(10 points) (3-page limit)

- 1) Describe the mission and goal of the Organization.
- 2) Provide a brief overview of the Organizations' history.
- 3) Describe the Organization's experience with CYSHCN and families.
- 4) Briefly describe qualifications/background on organization's Board of Directors and key staff that will be supporting the initiative.
- 5) Describe existing partnership/collaboration with local health providers and community organizations that serve CYSHCN including schools, social services, mental health, etc.
- 6) Describe experience and readiness in assembling an effective community coalition.
- 7) Describe experience in gathering qualitative community data.
- 8) Describe training and experience in the systems approach to community change and provide an example of a possible system change.
- 9) If applicable, describe details of:
 - i. Any criminal convictions of any of the Grantee or any of their officers, directors, employees, agents or subgrantees/subcontractors of which the Grantee have knowledge or a statement that there are none;
 - ii. Any criminal investigations pending against of any of the Grantee or any of their officers, directors, employees, agents or subgrantees/subcontractors of which the

- iii. Any regulatory sanctions levied against any of the Grantees or any of their officers, directors, employees, agents or subgrantees/subcontractors by any state or federal regulatory agencies within the past three years of which the Grantees have knowledge or a statement that there are none. As used herein, the term “regulatory sanctions” includes the revocation or suspension of any license or certification, the levying of any monetary penalties or fines, and the issuance of any written warnings;
- iv. Any regulatory investigations pending against any of the Grantees or any of their officers, directors, employees, agents or subgrantees/subcontractors by any state or federal regulatory agencies of which the Grantees have knowledge or a statement that there are none. Note: The Department may reject a proposal solely on the basis of this information.
- v. Any of the Grantee’s directors, partners, proprietors, officers, or employees or any of the proposed project staff are related to any DHHS employees. If such relationships exist, identify the related individuals, describe their relationships, and identify their respective employers and positions.
- vi. Assurance that the Grantee and the proposed Grantee staff are not excluded from participation by Medicaid or the Office of the Inspector General of the United States Department of Health and Human Services.

E. Assessment of Need/s (Problem Statement) (15 points) (3-page limit)

- 1) List counties included in this application and why these counties were chosen.
 - a. If an existing IA funded county, please explain how initiative will be expanded in current and surrounding counties.
- 2) Provide an overview of CYSHCN in chosen county(ies), including data and identified needs.
- 3) List at least two areas of focus from Section 5.0, pages 5-8 in this application **and** describe why you chose these areas.
 - a. If an existing IA funded county, describe how you are going to expand chosen focus area(s), or why you selected a focus area that has not been addressed previously. Describe what has been accomplished and how plan to expand into further systems changes.
- 4) Describe the needs and the problems faced by families with CYSHCN in the county(ies) you propose to serve specific to EACH area of focus, including how the county(ies) currently address(es) and/or fails to address these areas of focus.

F. Approach to the Problem (25 points) (5-page limit)

- 1) Provide at least three possible system change activities that you will undertake over the 3-year grant period for EACH of the chosen areas of focus, including specific outcomes for EACH system change activity for EACH area of focus. Examples can include but are not limited to those listed on pages 5-8 in Scope of Work (section 5.0)
 - a. Include a description of possible partners and steps that may be needed to achieve desired changes.
 - b. Describe how system changes will have significant reach, including all areas of county and/or all counties included in scope.
 - c. Describe how system changes will have substantial impact on CYSHCN and families.
 - d. Describe how system changes will be sustainable beyond the grant cycle.

Scoring will be based on completeness and documented understanding of what types of system changes are needed and how to effect change in the chosen areas of focus.

- 2) Describe your proposed structure for a group of community partners and families of CYSHCN to guide the work of IA and monitor progress. (Option 1 or Option 2 on page 8)
 - a. Describe how you will recruit families and/or youth with special health care needs to participate in leading IA initiatives.
 - b. Discuss how you plan to orient your committee on the systems change approach rather than a program-based approach to addressing issues within EACH chosen focus area.
 - c. Submit letters of support from local partners to demonstrate commitment to Innovative Approaches 2.0 and chosen areas of focus. Letters of support should describe how the supporting agency will be involved with IA and what they will contribute to the effort. These letters will NOT be included in the page count, but they will be included in the scoring.

G. Action Plan (20 points) (4-page limit)

A description of how the Contractor will meet each of the requirements and deliverable described in the scope of work.

- 1) Provide information on data collection methods you will use to identify needs and gaps in systems issues for CYSHCN and their families for EACH focus area.
- 2) Describe how needs will be prioritized, and system change opportunities and activities will be identified and developed into an action plan.
 - a. Discuss how you will leverage community resources and partnerships to implement the action plan.
 - b. Describe how you will maintain genuine and meaningful family leadership, participation, and input in your planning process.
 - c. If an existing IA funded county, describe systems issues from your existing action plan and your planned activities to address these systems changes. Describe systems changes created by your team over the past three to six years. These should be examples of changes to written policies, practices, or procedures versus a list of events or training.
- 3) Discuss how work and activities will be provided in a linguistically and culturally appropriate manner.
- 4) Describe any challenges you may encounter and how you may overcome them.
- 5) Describe current Community Health Assessment (CHA) process in chosen counties and propose strategies to address needs for local data on CYSHCN by working with local health departments and associated partners to ensure inclusion of CYSHCN in Community Health Assessments (CHA).

H. Implementation Plan (10 points) (2-page limit)

(Work plans, timelines, schedules, and transition plans for the project)

- 1) Provide anticipated timeline. It is expected that your committee will begin implementing the action plan for systems change after a 6-month planning period. Describe how you will move from discussion to action.
- 2) Describe how you will know the system change was implemented and the impact that occurred. Give examples for EACH chosen focus area.

I. Sustainability (10 points) (2-page limit)

Steps taken to ensure future successes or continuing the project beyond the awarded period, e.g., future financial support, staff requirements, continued community interest.

- 1) Describe experience sustaining community health efforts after grant funds have ended.
- 2) Describe any recent sustainable changes in the system of care for CYSHCN, include a discussion of the policies, procedures, or practices that were changed.
- 3) Describe sustainability of the project beyond the three-year grant period by identifying

potential community resources, in-kind support from other agencies for EACH chosen focus area.

- 4) Describe your agency's capacity and staff development efforts that will support continued system building beyond the grant project.

J. Staffing:

Description of how the Grantee will staff the project.

- 1) If new staff will be hired, indicate qualifications and recruitment plans.
- 2) If subcontractors are planned, include subcontractor position title and role in the grant.
- 3) If specific subcontractor is already chosen, include name, contact information, and FY end date for organization. Include tax ID or EIN, but do not include SS#. All subcontractors are subject to approval by DCFW, WCH.

K. Resolution of Challenges: an analysis of the project's risk and limitations, including how these factors will be addressed or minimized. (Regulatory, environmental or other constraints)

L. Line-Item Budget and Budget Narrative (10 points)

Every item that appears in the budget should be explained clearly, so the evaluator/ reviewer will understand it. The budget narrative should explain how the numbers in the budget were calculated and how each expense is related to the proposed project. The Budget Narrative is the justification of 'how' and/or 'why' a line item helps to meet the program deliverables. It is also used to determine if the cost in the contract is reasonable and permissible.

Supporting documents excluded from 20-page limit above:

- A. An organizational chart identifying the personnel who will be assigned to work on this project.
- B. Letters of support from key partners and proposed sub awardees.
- C. Applicable Certifications from Appendix A.

Submit the complete Application, including signature of authorized representative to:

Danielle Matula
Best Practices Unit Manager
Division of Child and Family Well-Being, Whole Child Health Section
5601 Six Forks Road
1928 Mail Service Center
Raleigh, NC 27699-1928

**Applications MUST be mailed and include the original and 4 copies of all materials.
Applications MUST be postmarked by 5pm on November 1, 2024
Applications MUST also be emailed to danielle.matula@dhhs.nc.gov by 5pm on November 1, 2024.**

13.0 EVALUATION CRITERIA AND SCORING

PHASE I: INITIAL QUALIFYING CRITERIA

The applicant’s proposal must meet all the following Phase I application acceptance criteria in order to be considered for further evaluation. Any proposal receiving a “no” response to any of the following qualifying criteria shall be disqualified from consideration.

ITEM	APPLICATION ACCEPTANCE CRITERIA	RFA Section	YES	NO
1	Was the Grantee’s application received by the deadline specified in the RFA?			
2	Vendor proposal includes all required affirmative statements, assurances and certifications signed by the vendor’s responsible representative, as described in Appendix A of the RFA			
3	Included in those certifications, the Grantee states that it is not excluded from entering into a contract with DHHS/State due to restrictions related to the federal debarment list, etc.			
4	Vendor meets eligibility requirements as stated in Section 2.0			
5	Vendor meets the minimum Qualification Requirements as described in Section 5.6.			
6	Program’s review of the Grantee verifies that the vendor is not excluded from contracting with DHHS/State for any unresolved finding for recovery			

PHASE II: CRITERIA FOR SCORING PROPOSAL/APPLICATIONS

Qualifying application proposals will be collectively scored by the proposal review team. All qualified applications will be evaluated, and awards made based on the following criteria considered, to result in awards most advantageous to the State. Applications will be scored on the content, quality, and completeness of the responses to the items in the scope of work and to how well each response addresses the following core factors. DHHS will consider scores, organizational capacity, and distribution among catchment areas, and variety of quality improvement plans in determining awards. Please note that Grantees not meeting the eligibility requirements or any of the minimum or mandatory requirements as stated in Phase I will not be scored.

Evaluation Criteria	Score
Organization Background and Qualifications	10 points
Assessment of Needs	15 points
Approach to the Problem	25 points
Action Plan	20 points
Implementation Plan	10 points
Sustainability	10 points
Budget and Budget Narrative	10 points
Total Score	100 points

ATTACHMENT A

LINE-ITEM BUDGET AND BUDGET NARRATIVE

CATEGORY	ITEM	NARRATIVE	AMOUNT
HUMAN RESOURCES			
	Salary/Wages	Description of FTE(s) duties and % time	\$
	Fringe Benefits	Calculation of fringe from FTE(s)	\$
SUPPLIES MATERIALS			
	Office supplies	Postage, etc.	\$
	Other		\$
EQUIPMENT			
	Communication		\$
	Office		\$
	IT/Computers		\$
	Assistive Technology		\$
TRAVEL		Note: Must adhere to state rates	\$
DUES AND SUBSCRIPTIONS			\$
COMMUNICATIONS			
	Printing		\$
	Material translation	Language translation	\$
	Website		\$
STAFF DEVELOPMENT		Note: Hold \$10,000 for annual DCFW required training and technical assistance	\$10,000
PROFESSIONAL SERVICES			
	Interpretation	Language interpretation or ASL as needed	\$
	Other		\$
SUBCONTRACTORS		Note: Must be approved by DCFW, WCH	\$
FAMILY ENGAGEMENT			
	Reimbursement	\$20 per hour	\$
	Travel	Note: Must adhere to state rates	\$
	Meals	Note: Must adhere to state rates	\$
TOTAL DIRECT COSTS			\$
INDIRECT COSTS*		Rent, utilities, facility costs	\$
GRAND TOTAL		Not to exceed \$132.400	\$

Expenses must be directly related to the objectives of the grant.

*Applicants may utilize their federally negotiated indirect cost rate, or the de minimis rate of 15% if they do not have a negotiated rate.

APPENDIX A
CERTIFICATIONS AND ASSURANCES

Non-Profit Grantees Only

1. Conflict of Interest
 - a. Conflict of Interest Acknowledgement and Policy
(non-governmental agencies)
2. State Grant Certification – No Overdue Tax Debts
3. IRS Tax Exemption Letter and IRS Tax Exemption Verification Form (Annual)

ALL Grantees

4. Federal Certifications
5. State Certifications

CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY

State of _____

County _____

I, _____, Notary Public for said County and State, certify that
_____ personally appeared before me this day and acknowledged
that he/she is _____ of _____
[name of Organization]

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 Example

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors/Trustees or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. Duty to Disclosure -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. Board Action -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

F. Violations of the Conflicts of Interest Policy -- If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

G. Record of Conflict -- The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

##ContractorName##

Name of Organization

Signature of Organization Official

Date

State Grant Certification – No Overdue Tax Debts

Grantee/Contractor 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 State Budget and Management.

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 (mmdyyyy)]

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-10-1b.

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 state agency that provided your grant. If needed, you may contact the North Carolina Office of State Budget and Management:
NCGrants@osbm.nc.gov-(919)807-4795

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.”

FEDERAL CERTIFICATIONS

The undersigned states that:

1. He or she is the duly authorized representative of the Contractor named below;
2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
 - a. The Certification Regarding Nondiscrimination;
 - b. The Certification Regarding Drug-Free Workplace Requirements;
 - c. The Certification Regarding Environmental Tobacco Smoke;
 - d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
 - e. The Certification Regarding Lobbying;
3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
4. [Check the applicable statement]
 - [] He or she **has completed** the attached **Disclosure Of Lobbying Activities** because the Contractor **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;

OR

 - [] He or she **has not completed** the attached **Disclosure Of Lobbying Activities** because the Contractor **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.
5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

Signature

Title

Contractor Name

Date

[This Certification Must be Signed by the Same Individual Who Signed the Proposal Execution Page]

I. Certification Regarding Nondiscrimination

The Contractor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

II. Certification Regarding Drug-Free Workplace Requirements

- 1. The Contractor certifies that it will provide a drug-free workplace by:
 - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor’s workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - b. Establishing a drug-free awareness program to inform employees about:
 - i. The dangers of drug abuse in the workplace;
 - ii. The Contractor’s policy of maintaining a drug-free workplace;
 - iii. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - iv. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
 - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
 - i. Abide by the terms of the statement; and
 - ii. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
 - e. Notifying the Department within ten days after receiving notice under subparagraph (d)(ii) from an employee or otherwise receiving actual notice of such conviction;
 - f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(ii), with respect to any employee who is so convicted:
 - i. Taking appropriate personnel action against such an employee, up to and including termination; or
 - ii. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
 - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

Address

Street

City, State, Zip Code

Street

City, State, Zip Code

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

III. Certification Regarding Environmental Tobacco Smoke

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

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

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

Instructions

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

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

9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

Certification

1. **The prospective lower tier participant certifies**, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

V. Certification Regarding Lobbying

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

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

VI. Disclosure Of Lobbying Activities

Instructions

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

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

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

Disclosure Of Lobbying Activities
(Approved by OMB 0344-0046)

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

<p>1. Type of Federal Action:</p> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<p>2. Status of Federal Action:</p> <input type="checkbox"/> a. Bid/offer/application <input type="checkbox"/> b. Initial Award <input type="checkbox"/> c. Post-Award	<p>3. Report Type:</p> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <p>For Material Change Only:</p> <p>Year _____ Quarter _____</p> <p>Date Of Last Report: _____</p>
<p>4. Name and Address of Reporting Entity:</p> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier (if known) _____ <p>Congressional District (if known) _____</p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District (if known) _____</p>	
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> <p>CFDA Number (if applicable) _____</p>	
<p>8. Federal Action Number (if known)</p>	<p>9. Award Amount (if known) \$</p>	
<p>10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	<p>b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	
<p>11. Amount of Payment (check all that apply):</p> <p>\$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned</p>	<p>13. Type of Payment (check all that apply):</p> <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____	
<p>12. Form of Payment (check all that apply):</p> <input type="checkbox"/> a. cash <input type="checkbox"/> b. In-kind; specify: Nature _____ Value _____		
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 (attach Continuation Sheet(s) SF-LLL-A, if necessary):</p>		
<p>15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No: _____ Date: _____</p>	
<p>Federal Use Only</p>		<p>Authorized for Local Reproduction Standard Form - LLL</p>

State Certifications

Contractor Certifications Required by North Carolina Law

Instructions: The person who signs this document should read the text of the statutes and Executive Order listed below and consult with counsel and other knowledgeable persons before signing. The text of each North Carolina General Statutes and of the Executive Order can be found online at:

- Article 2 of Chapter 64: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- G.S. 133-32: <http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=133-32>
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): <https://ethics.nc.gov/media/242/download?attachment>
- G.S. 105-164.8(b): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- G.S. 143-48.5: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html
- G.S. 143-59.1: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- G.S. 143-59.2: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- G.S. 143-133.3: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html
- G.S. 143B-139.6C: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf

Certifications

- (1) Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009), the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.
- (2) Pursuant to G.S. 143-48.5 and G.S. 143-133.3, the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov
- (3) Pursuant to G.S. 143-59.1(b), the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:
- (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
- (b) [check **one** of the following boxes]
- Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
- The Contractor or one of its affiliates **has** incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (4) Pursuant to G.S. 143-59.2(b), the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (5) Pursuant to G.S. 143B-139.6C, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.
- (6) The undersigned hereby certifies further that:
6. He or she is a duly authorized representative of the Contractor named below;
7. He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
8. He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

Contractor's Name: _____

Contractor's Authorized Agent: Signature _____ Date _____

Printed Name _____ Title _____

Witness: Signature _____ Date _____

Printed Name _____ Title _____

The witness should be present when the Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.