



# Request for Applications

RFA # DMH25-002

*Peer Respite Services: Peer Living Room Models*

**FUNDING AGENCY:** North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities and Substance Use  
Services  
*Community Mental Health*

**ISSUE DATE:** 08/15/2024

**QUESTIONS DUE:** 08/29/2024

**APPLICATIONS DUE:** 09/20/2024

**ANTICIPATED NOTICE OF AWARD:** 10/11/2024

**ANTICIPATED PERIOD OF PERFORMANCE:** 12/01/2024 to 06/30/2027

## **INQUIRIES and DELIVERY INFORMATION:**

Direct all questions and the application to:

[CMHRFA.Responses@dhhs.nc.gov](mailto:CMHRFA.Responses@dhhs.nc.gov)

[Letoria.Brown@dhhs.nc.gov](mailto:Letoria.Brown@dhhs.nc.gov)

**Applications will be received electronically until 5PM on 09/20/2024.**

Send all applications directly to the funding agency email address as indicated below:

**Emailing Address:** [CMHRFA.Responses@dhhs.nc.gov](mailto:CMHRFA.Responses@dhhs.nc.gov) AND [Letoria.Brown@dhhs.nc.gov](mailto:Letoria.Brown@dhhs.nc.gov)

**IMPORTANT NOTE:** Indicate agency/organization name and RFA number in the filename of each submission.

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## **I. INTRODUCTION**

This request for applications (RFA) is in response to the North Carolina Department of Health and Human Services (NCDHHS), Division of Mental Health, Developmental Disabilities and Substance Use Service's (DMH/DD/SUS) recognition that people with mental health diagnoses and substance use disorders do recover, and the use of peer support is an evidence-based tool for individuals seeking healing, wellness, recovery, and support. DMH/DD/SUS seeks to assist communities in building peer-operated resource networks and hubs for individuals seeking recovery from mental health, substance use disorders, and co-occurring substance use and mental health disorders.

The purpose of this RFA is to work with contractors that can facilitate the development and growth of community-based, peer supported, mental health, substance use and/or co-occurring recovery facilities that serve as an alternative to hospital emergency department's (ED). This RFA is seeking established organizations with the ability to create and/or maintain Peer Respite programs and Peer Living Room models.

A Peer Respite Program is an alternative support for individuals in distress. A peer respite is a voluntary, short term, overnight support that is in a home-like environment, usually a residence, primarily staffed by Certified Peer Support Specialists (CPSS). Peer support is the main service provided in a peer respite. The Peer Living Room is a community crisis center model that offers people experiencing a mental health crisis an alternative to crowded emergency rooms and hospitalization. A peer living room model offers voluntary entry into crisis intervention with support from CPSSs with personal experience in managing mental health & substance use recovery.

Organizations must be equipped with the space, location, staffing, procedures, and preliminary outcomes to successfully provide these services for individuals who may or may not be formally engaged by the local public mental health or substance use system of services.

DMH/DD/SUS anticipates establishing two regional hubs and/or facilities as a result of this RFA. Regional hubs and/or facilities must include access to both, a Peer Living Room, and a Peer Respite Program, however, the Peer Living Room and Peer Respite Program may be housed in separate facilities. Applicants may designate additional outreach facilities. For this RFA, applicants must confirm ability to support the Peer Living Room, and Peer Respite Program.

### **ELIGIBILITY**

Eligible applicants must be a non-profit organization, outpatient mental health agency, or a local governmental agency that employs CPSSs with the demonstrated ability to provide peer support services to individuals with intellectual and developmental disabilities, mental health and/or substance use needs.

Applicants must demonstrate the ability to provide the service specifications and standards set forth in this RFA. Award recipients must meet all applicable DMH/DD/SUS regulations and policies, and conditions and requirements for this funding.

1. Integrated Primary and Behavioral Health Providers, Behavioral Health Practices, Human Service Agencies, Community Organizations, Faith-based Institutions, Faith Communities, Relief Organizations, Advocacy Organizations are eligible to apply.

2. Applicants must be a non-profit organization in good standing with the North Carolina Secretary of State's office and if applicant receives over \$750,000 per year from State or Federal funds, must complete a "Yellow Book" audit process each fiscal year satisfactorily. Audit costs can be incorporated into indirect costs which are covered by the project funds.
3. Applications must demonstrate a clear understanding of the structural and cultural barriers that exist within the identified special population as well as strategies to improve access and increase engagement and use of mental health services and supports.
4. Preference will be given to projects that:
  - a. Prioritize the individual.
  - b. Incorporate recognized culturally adapted and trauma-informed practices.
  - c. Leverage peer engagement.
  - d. Seek to share strengths and knowledge through clear partnerships and work across multiple sectors.
  - e. Are designed and implemented by North Carolina based organizations.

## **FUNDING**

- a) Total Funding Available: **\$2,000,000**
- b) Awards: Up to **two (2) applicants** will be selected for funding.
- c) Project Budgets up to \$1,300,000 will be considered. Awardees may be asked to reduce their budgets if multiple projects are selected for funding and/or funding availability concerns.
- d) Funding Period: December 1, 2024 – June 30, 2027; – Funding for subsequent years may be available and will be based upon performance and availability of funds. **\*DMH/DD/SUS is committed to providing funding for at least 2 years pending availability of funds.**
- e) Funding Source: Mental Health Block Grant, CFDA Number 93.958, Block Grants for Community Mental Health Services

## II. BACKGROUND

The need for behavioral health care prevention, treatment, and recovery supports, including crisis alternatives, has grown, and is now receiving federal support through enhanced funding. When a person experiences severe distress, crisis alternatives are a viable option to inpatient hospitalization. DMH/DD/SUS recognizes the importance of programs that provide appropriate care to people in crisis, which also provide a cost effective and safe alternative to emergency and inpatient services. DMH/DD/SUS proposes to use these funds to establish the Peer Living Room and Peer Respite Programs in multiple regions of North Carolina.

Peer Respite is a voluntary, short-term, overnight program that provides community-based, non-clinical crisis support to individuals experiencing, or at risk of experiencing, a mental health crisis. Peer Respite acts to avoid the distress, coercion, trauma, and potentially lengthy stay that is often a part of a psychiatric in-patient stay. Because Peer Respite Programs include overnight stays, they are open and staffed 24 hours per day. Most Peer Respite Programs are staffed and operated by people with lived experience. Programs generally operate within a larger peer-run organization or peer-run wellness center where many leaders, and volunteers are people with lived experience of the behavioral health system. Programs may also function as “hybrids,” where the respite is peer-run, but exists as part of a non-peer-run provider or community-based organization.

Similarly, another program initiative is a community crisis program called the Peer Living Room, or The Living Room. The Peer Living Room is a community crisis center that offers people experiencing a mental health crisis an alternative to hospitalization. The Peer Living Room is named after the familiar home space and offers a home-like, safe, and comfortable area to lounge. Clients who utilize The Peer Living Room are referred to as “guests” to communicate the intent of the Peer Living Room to be a non-clinical environment with an inviting atmosphere. The environment of a successful Peer Living Room is warm and welcoming with carpeted floors, comfortable furniture, and soft lighting. The area is designed so that guests are likely to feel safe and not overwhelmed by excessive stimuli (e.g., television, radio, or an unnecessary number of people). The Peer Living Room staff typically include counselors, nurses, and CPSSs with training in providing services and care to people in crisis.

*The overall goals of this RFA and subcontractors include:*

1. Fostering the start-up of peer-run organizations to establish administrative functions necessary to independently operate, grow and sustain beyond the grant award period,
2. Developing organizational readiness to support 24-hour Peer Respite to ensure recovery-oriented mental health crisis supports in the community,
3. Evaluating the impact including gathering outcomes data regarding the impact of the Peer Respite and Peer Living Room on recovery, as well as the needs, gaps, and trends in each community,
4. Serving as a bridge to individuals transitioning in and out of systems, settings, and services, and
5. Enhancing supports for people without services and/or other supports in place.

### **III. SCOPE OF WORK**

Successful applicants will establish a safe Peer Living Room and Peer Respite Program to connect with and provide care for guests presenting with mental health concerns, and/or substance use disorders. The program will connect guests to treatment, recovery, and community-based supports as needed. The program will also engage and teach participants key concepts of recovery including hope, personal responsibility, self-advocacy and accessing and maintaining support. Interested applicants are required to submit a detailed proposal addressing the objectives, methodology, budget, expenditures, timeline, and expected outcomes of the project.

#### ***Programmatic Requirements and Priorities:***

1. The contractors will be responsible for the strategies and processes required to formally establish the Peer Living Room, and Peer Respite Programs.
2. The contractors will work with the DMH/DD/SUS to determine the specific services to be offered.
3. The contractors will develop a sustainability plan as well as 3-4-year plan for continuance post funding.
4. The contractors, and DMH/DD/SUS will meet within the first 6 months of the award to identify measurable outcomes to track throughout the duration of the grant, the frequency/way the outcomes will be tracked, and the frequency of reporting on the identified outcomes to DMH/DD/SUS.
5. The contractors will collaborate to identify outcomes as well as a track methodology to demonstrate both effectiveness of the service as well as potential cost savings.
6. Establish and/or maintain the Peer Living Room, and Peer Respite Programs. The facilities must include:
  - a. An inviting, home-like environment
  - b. Comfortable group rooms
  - c. Beds
  - d. Bathrooms
  - e. A kitchen.
  - f. An open area that includes spaces designed for talking, reading, listening to music, using a computer, meditating, and smaller group activities.
  - g. A resource area for learning about local community resources and services related to a variety of topics.
7. Provide highly individualized services in the Peer Living Room, and Peer Respite Programs to individuals experiencing behavioral health crises, including mental health crises, substance use crises, or co-occurring mental health and substance use crises.
8. Promote a culture in which an individual's point of view and preferences are recognized, understood, respected, and integrated into treatment, rehabilitation, and community self-help activities.
9. Include appropriate staff, including counselors, nurses, and CPSS, acting within their scope, who can assess the needs of individuals within the region of operation and provide direct treatment services, and a licensed mental health professional to oversee the program, in accordance with North Carolina law.

10. Be available to answer questions individuals may have about recovery supports or treatment options.
11. Allow individuals to terminate services and leave the facility, the Peer Living Room, and Peer Respite Programs at any time without intervention.
12. Offer and provide referral and connection to community-based treatment services and support upon request.
13. Offer and provide system navigation to assist individuals in finding or accessing resources related to employment, housing, and other relevant social determinants of health.
14. Support and assist individuals in following up with community resources and referrals.

## **PERFORMANCE STANDARDS AND EXPECTATIONS**

In the application, the entities shall:

1. Demonstrate active partnership and participation with community partners and resources.
2. Coordinate with other professional and technical services contractors as directed by DMH/DD/SUS.
3. Collaborate North Carolina resources for referrals and explore interoperability with organizations such as 211, NC CARE 360, LME/MCO's, Alcohol/Drug Council of NC (ADCNC) peer line, health departments and other organizations available.
4. Enhance and expand knowledge of community and recovery-based response programs across the state, including 9-8-8, and the Peer Warm Line (1-855-PEERS-NC, 1-855-733-7762).

The selected entities shall provide DMH/DD/SUS monthly and quarterly updates including:

1. Progress made on approved project plan.
2. Financial Status Reports (FSR).
3. Demographic/geographic data on calls/responses, success rate and outcome data (marked resolved, de-escalation needed, arrest data, etc.) number of calls tied to the tiered response model.
4. Feedback on issues that arise during planning and implementation.

## **PERFORMANCE MONITORING/QUALITY ASSURANCE PLAN**

Deliverables will be monitored by site visits, monthly data reports and quarterly programmatic reports. The Selected Entity agrees to participate in periodic site visits as needed (with a minimum of one per year) as determined by the Program Manager. If the Selected Entity is deemed out of compliance, program staff will provide technical assistance; and funds may be withheld until Selected Entity is back in compliance with deliverables. If technical assistance does not prove beneficial, the contract may then be terminated.

## **REIMBURSEMENTS/FINANCIAL STATUS REPORT**

The awarded entities shall submit a monthly Financial Status Report (FSR) Form of expenditures to the Division Contract Administrator by the 10th day of the following month for services provided. An FSR must be submitted when no expenses have been incurred in each month. A detailed description of expenditures is provided in the contract budget.



If the awarded entities need to make any changes to the contracted budget, the awarded entities must submit a written budget realignment request to DMH/DD/SUS and obtain pre-approval for the change (i.e., the awarded entities must obtain approval before expending funds in a manner not included in the contracted budget). Budget realignment requests must be submitted no later than 45 days prior to the end of the contract period.

**CONTRACTOR QUALIFICATIONS AND CAPACITY**

To assure the capacity and readiness of organizations to implement the programs specified in this solicitation, the following materials must be submitted in addition to your application. Applications that do not include these materials will be marked as nonresponsive and will not be reviewed.

1. Verification of non-profit status.

#### **IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS**

**1. Award or Rejection**

All qualified applications will be evaluated, and award made to that agency or organization whose combination of budget and service 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 applicants will be notified by **(10/11/2024)**.

**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 and will be incorporated into 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 or 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 subcontractor.

Agencies and organizations shall also ensure that subcontractors are not on the state's Suspension of Funding List available at: <http://www.osbm.nc.gov/management/grants>.

**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 subcontractor(s) to perform functions under this Request for Applications.

**17. Contract**

The Division will issue a contract to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed contract.

## V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

The following is a general description of the process by which applicants will be selected for funding for this project.

### 1. **Announcement of the Request for Applications (RFA)**

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on **08/15/2024**:

<https://www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-and-substance-abuse-services-grant-opportunities> and may be sent to prospective agencies and organizations via direct mail, email, and/or the Program's website.

### 2. **Distribution of the RFA**

RFAs will be posted on the Program's website <https://www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-and-substance-abuse-services-grant-opportunities> and may be sent via email to interested agencies and organizations beginning **08/15/2024**.

### 3. **Question & Answer Period**

Written questions concerning the specifications in this Request for Applications will be received until **08/29/2024**. As an addendum to this RFA, a summary of all questions and answers will be e-mailed, by **09/05/2024** to all agencies and organizations sent a copy of this Request for Applications, or will be placed on <https://www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-and-substance-abuse-services-grant-opportunities> website.

### 4. **Applications**

Applicants shall submit their application as one single, consolidated PDF file with all required attachments and scanned signatures to [CMHRFA.Responses@dhhs.nc.gov](mailto:CMHRFA.Responses@dhhs.nc.gov) AND [Letoria.Brown@dhhs.nc.gov](mailto:Letoria.Brown@dhhs.nc.gov)

. Paper mailed and faxed applications will not be accepted.

### 5. **Format**

The application must be typed on 8.5" x 11" pages with 1" margins. Line spacing should be single-spaced. The font should be Arial and sized 11-point. All pages should be numbered. Use appropriate headings for each section.

### 6. **Space Allowance**

Page limits are clearly marked in each section of the application. Refer to *VIII.3 Applicant's Response* for specifics.

### 7. **Application Deadline**

All applications must be received by 5:00 pm on **09/20/2024**. Only emailed applications will be accepted (scanned signatures are acceptable). Faxed or mailed applications will not be accepted.

**8. Receipt of Applications**

Applications from each responding agency or organization will receive an email confirmation if application is received on time.

**9. Review of Applications**

Applications are reviewed by a multi-disciplinary committee of public and/or private health and human services subject matter experts. Staff from applicant agencies may not participate as reviewers.

Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The State reserves the right to conduct site visits as part of the application review and award process. 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. 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.

**10. Request for Additional Information**

At their option, the application reviewers may request additional information from any or all applicants 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 reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

**11. Audit**

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status.

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used.

There are 3 reporting levels which are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$750,000

Level 3: \$750,000 or more

Level 3 grantees are required to submit a "Yellow Book" Audit done by a CPA. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

**12. Assurances**

The contract may include assurances that the successful applicant would be required to execute prior to receiving a contract as well as when signing the contract.

### **13. Additional Documentation to Include with Application**

All applicants are required to include documentation of their tax identification number.

Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the agency's 501(c)(3) tax-exempt status. (This letter normally includes the agency's tax identification number, so it would also satisfy that documentation requirement.)

In addition, those private non-profit agencies are to provide a completed and signed page verifying continued existence of the agency's 501(c)(3) status. (An example of this page is provided in section *VIII.8 Verification of 501(c)(3) Status*.)

### **14. Federal Certifications**

Agencies or organizations receiving Federal funds would 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 A). Federal Certifications should NOT be signed or returned with application.

### **15. Unique Entity Identifier (UEI)**

All grantees receiving federal funds must have a Unique Entity Identifier (UEI) which is issued by the federal government in [www.SAM.gov](http://www.SAM.gov). If your agency does not have a UEI, please use the online registration at [www.SAM.gov](http://www.SAM.gov) to receive one free of charge.

### **16. Additional Documentation Prior to Contract Execution**

Contracts require more documentation prior to contract execution. After the award announcement, agencies will be contacted about providing the following documentation:

- a. Documentation of the agency's Unique Entity Identifier (UEI). Documentation consists of a copy the agency or organization's SAM record.

If your agency does not have a UEI, please use the online registration at [www.SAM.gov](http://www.SAM.gov) to receive one free of charge.

Contracts with private non-profit agencies require additional documentation prior to contract execution. After the award announcement, private non-profit agencies will be contacted about providing the following documentation:

- a. A completed and signed statement which includes the agency's Conflict of Interest Policy. (A reference version appears in Appendix A.)
- b. A completed, signed, and notarized page certifying that the agency has no overdue tax debts. (A reference version appears in Appendix A)

All grantees receiving funds through the State of North Carolina are required to execute Contractor Certifications Required by North Carolina Law. A copy of the certifications is included in this RFA for your reference (see Appendix A). Contractor Certifications should NOT be signed or returned with application.

Note: At the start of each calendar year, all agencies with current DMH/DD/SUS contracts are required to update their contract documentation. These agencies will be contacted a few weeks prior to the due date and will be provided the necessary forms and instructions.

**17. Registration with Secretary of State**

Private non-profit applicants must also be registered with the North Carolina Secretary of State to do business in North Carolina or be willing to complete the registration process in conjunction with the execution of the contract documents. (Refer to: [https://www.sosnc.gov/divisions/business\\_registration](https://www.sosnc.gov/divisions/business_registration))

**18. Registration in NC e-Procurement via NC Electronic Vendor Portal (eVP)**

Successful applicants must be registered in NC eProcurement via the Electronic Vendor Portal (eVP) in order to receive reimbursement payments. This registration does not change your organization's subrecipient status or how the organization will be treated by DMH/DD/SUS.

**19. Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement**

The Contractor shall complete and submit to the Division, the Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement form within 10 State Business Days upon request by the Division when awarded \$25,000 or more in federal funds. A reference version appears in Appendix A.

**20. Sudan Divestment Act**

The Sudan (Darfur) Divestment Act of 2007, as amended, requires State agencies to divest from investments in companies that are engaged in certain activities in Sudan. Any organization identified engaging in investment activities in Sudan (Darfur), as determined by appearing on the Final Divestment List created by the NC Department of the State Treasurer, is ineligible to contract with the State of North Carolina or any political subdivision of the State. Refer to NC General Statutes Chapter 147 Article 6D.

**21. Iran Divestment Act**

The Iran Divestment Act of 2015, as amended, prohibits State agencies from investing in or contracting with individuals and companies engaged in certain investment activities in Iran. Any organization identified engaging in investment activities in Iran, as determined by appearing on the Final Divestment List created by the NC Department of the State Treasurer, is ineligible to contract with the State of North Carolina or any political subdivision of the State. Refer to NC General Statutes Chapter 147 Article 6E.

**22. Boycott Israel Divestment Policy**

The Divestments from Companies Boycotting Israel Act of 2017, as amended, prohibits State agencies from making investments in, and contracts with, companies that are engaged in a boycott of Israel, as defined by this Act. Any organization that boycotts Israel, as determined

by appearing on the Final Divestment List created by the NC Department of the State Treasurer, is ineligible to contract with the State of North Carolina or any political subdivision of the State. Refer to NC General Statutes Chapter 147 Article 6G.

**23. Application Process Summary Dates**

08/15/2024: Request for Applications released to eligible applicants.

08/29/2024: End of Q&A period. All questions due in writing by 5pm.

09/05/2024: Answers to Questions released to all applicants, as an addendum to the RFA.

09/20/2024: Applications due by 5pm.

10/11/2024: Successful applicants will be notified.

12/01/2024: Proposed Contract begins.



## VI. PROJECT BUDGET

### **Budget and Justification**

Applicants must submit a budget, which requires a line-item budget for each year of funding and a narrative justification.

### **Narrative Justification for Expenses**

A narrative justification must be included for every expense listed in the budget. Each justification should show how the amount on the line-item budget was calculated, and it should be clear how the expense relates to the project.

### **Travel Reimbursement Rates**

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the “Change in IRS Mileage Rate” memorandum to be found on OSBM’s website when there is a change in this rate. The current state mileage reimbursement rate is 0.67 cents per mile.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. However, please be advised that reimbursement rates periodically change. The Division of Mental Health, Developmental Disabilities and Substance Use Services will only reimburse for rates authorized in OSBM’s North Carolina Budget Manual or adopted by means of an OSBM Budget Memo. These documents are located here:

<https://www.osbm.nc.gov/budget/budget-manual>.

### **Current Rates for Travel and Lodging**

| <b>Meals</b>  | <b>In State</b> | <b>Out of State</b> |
|---|-----------------|---------------------|
| Breakfast   | \$13.00         | \$13.00             |
| Lunch   | \$15.00         | \$15.00             |
| Dinner  | \$26.00         | \$26.00             |
| <i>Total Meals Per Diem Per Day</i>                               | <i>\$54.00</i>  | <i>\$54.00</i>      |
| <b>Lodging (Maximum rate per person, excludes taxes and fees)</b> | \$107.00        | \$107.00            |
| <b>Total Travel Allowance Per Day</b>                             | <b>\$161.00</b> | <b>\$161.00</b>     |
| Mileage   | \$0.67 per mile |                     |

### **Other Restrictions (if applicable)**

#### **Audits**

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used.

There are 3 reporting levels that are determined by the total direct grant receipts from all State agencies in the entity’s fiscal year:

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$750,000

Level 3: \$750,000 or more

Level 3 grantees are required to submit an audit. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

### **Indirect Cost**

Indirect cost is the cost incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. Regulations restricting the allocation of indirect cost vary based on the funding source.

Per NC Session Law 2023-65: For Grantees, including nonprofit grantees, that (i) are receiving financial assistance and do not have a federally approved indirect cost rate from a federal agency or (ii) have a previously negotiated but expired rate, the Department may allow the grantee, in accordance with 2 C.F.R. § 200.332(a)(4) or 2 C.F.R. § 200.414(f), to use the de minimis rate of modified total direct costs. Alternatively, the grantee may negotiate or waive an indirect cost rate with the Department. If State or federal law or regulations establish a limitation on the amount of funds the grantee may use for administrative purposes, then that limitation controls, in accordance with 2 C.F.R. § 200.414(c)(3).

This RFA is funded by Mental Health Block Grant funds.

### **Federal MHBG (with Indirect Cost/Administrative Restrictions)**

Indirect costs are allowed on the portion of the sub-award funded by the Peer Respite Services: Peer Living Room Models.

The Peer Respite Services: Peer Living Room Models award limits administrative cost to 40 percent.

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the indirect cost rate requested may not exceed the award's limit as defined above regardless of the applicant's recognized rate. The total modified direct cost identified in the applicant's FNICR shall be applied. A copy of the FNICR must be included with the applicant's budget.

If the applicant does not have an FNICR, then the applicant may claim indirect cost up to the limit as defined above or the de minimis indirect cost rate of 10%, whichever is less with no additional documentation required, per the federal Uniform Guidance. The applicant may elect to claim a lesser portion of the allowed indirect cost rate. If claiming the de minimis or some portion thereof, it may not exceed the limit of the modified total direct costs in the proposed budget as defined by 2 CFR 200.1 "Modified Total Direct Cost (MTDC)". Applicants must indicate in the budget narrative that they wish to use the de minimis rate, or some part thereof. Applicants who do not wish to claim any indirect cost must enter "No indirect cost requested" in the indirect cost line item of the budget narrative.

**EVALUATION CRITERIA**

As NC DHHS DMH/DD/SUS strives for transparency and equity in the RFA process, we recognize that all applicants would benefit from seeing how their application will be evaluated. Below is the process we will take on these applications. It is broken into two phases: Qualifying and Scoring. **Any application that does not pass Phase I will not continue to Phase II and be disqualified from consideration.**

**Format Example**

**PHASE I: INITIAL QUALIFYING CRITERIA**

The applicant’s application must meet **all** the following Phase I application acceptance criteria to be considered for further evaluation. Any application 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 contractor’s application received by the deadline specified in the RFA?   |             |     |    |
| 2    | Vendor application includes all required affirmative statements, assurances and certifications signed by the vendor’s responsible representative, as described in Section X of the RFA<br><b>Note: The administrator can elect to have these forms signed after the award. If so, this criteria should be removed from the published RFA.</b> |             |     |    |
| 3    | Included in those certifications, the contractor 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 X  |             |     |    |
| 5    | Vendor meets the minimum Qualification Requirements as described in Section X   |             |     |    |
| 6    | Program’s review of the Contractor verifies that the vendor is not excluded from contracting with DHHS/State for any unresolved finding for recovery  |             |     |    |
| 7    | Vendor is not on the IRAN Divestment List   |             |     |    |

**PHASE II: CRITERIA FOR SCORING APPLICATION/APPLICATIONS**

Qualifying application applications will be collectively scored by the application 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 Contractors not meeting the eligibility requirements or any of the minimum or mandatory requirements as stated in Phase I will not be scored.

| <b>Evaluation Criteria</b>                   | <b>Score</b> |
|--|--------------|
| Application Summary                          | 3            |
| Organizational Background and Qualifications | 15           |
| Assessment of Need                           | 15           |
| Project Description                          | 20           |
| Collaboration and Community Support          | 25           |
| Potential Impact                             | 15           |
| Budget and Budget Narrative                  | 4            |
| Supporting Documentation                     | 3            |
| <b>Total Score</b>                           | <b>100</b>   |

## VII. APPLICATION

### Application Checklist

The following items must be included in the application. Please use a binder clip at the top left corner on each copy of the application and assemble the application in the following order:

1. \_\_\_ **Cover Letter**
2. \_\_\_ **Application Face Sheet**
3. \_\_\_ **Applicant's Project Response/Form**
4. \_\_\_ **Project Budget**  
Include a budget in the format provided.  
Indirect costs are allowed and shall not exceed 15%.
5. \_\_\_ **Indirect Cost Rate Approval Letter**
6. \_\_\_ **Letters of Commitment or Statements of Support**
7. \_\_\_ *IRS Documentation:*  
**IRS Letter Documenting Your Organization's Tax Identification Number** (public agencies)  
or  
\_\_\_ **IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax-exempt Status** (private non-profits)  
and
8. \_\_\_ **Verification of 501(c)(3) Status Form** (private non-profits)

## 1. Cover Letter

The application must include a cover letter, on agency letterhead, signed and dated by an individual authorized to legally bind the Applicant.

Include in the cover letter:

- the legal name of the Applicant agency
- the RFA number
- the Applicant agency's federal tax identification number
- the Applicant agency's Unique Entity Identifier (UEI)
- the closing date for applications.

## 2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with *NC DHHS DMH/DD/SUS*, including the signature of the individual authorized to sign “official documents” for the agency. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA # DMH25-002 are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

|  |   |
|--|---|
| 1. Legal Name of Agency:   |   |
| 2. Name of individual with Signature Authority:  |   |
| 3. Mailing Address (include zip code+4):   |   |
| 4. Address to which checks will be mailed:   |   |
| 5. Street Address:   |   |
| 6. Contract Administrator:<br>Name:<br>Title:  | Telephone Number:<br>Fax Number:<br>Email Address |
| 7. Agency Status (check all that apply):<br><input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> LME/MCO   |   |
| 8. Agency Federal Tax ID Number:   | 9. Agency UEI:                                    |
| 10. Agency’s URL (website):  |   |
| 11. Agency’s Financial Reporting Year:   |   |
| 12. Current Service Delivery Areas (county(ies) and communities):  |   |
| 13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):  |   |
| 14. Amount of Funding Requested  |   |
| 15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #14)    Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |
| The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DMH/DD/SUS Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant. |   |
| 16. Signature of Authorized Representative:  | 17. Date  |

### 3. Applicant's Response

*While we recognize that every project will vary greatly, page limits have been set on certain sections. Please see below in parenthesis what those limits may be.*

#### **Suggested Format**

##### **A. Application Summary: (1 Page Limit)**

The summary should be prepared after the application has been developed in order to encompass all the key points necessary to communicate the objectives of the project. It is the document that becomes the cornerstone of the application, and the initial impression it gives will be critical to success of the venture. In many cases, the summary will be the first part of the application package seen by agency and very possible could be the only part of the package that is carefully reviewed before the decision is made to consider the project any further.

##### **B. Organization Background and Qualifications: Describes the organization and its qualifications for funding (5 Page Limit)**

- 1) Mission and goal of the Organization
- 2) A brief overview of the contractor's history
- 3) Brief overview of the contractor's experience with providing the service (organizations past achievements and accomplishments and evidence of its impact)
- 4) Brief overview of all services provided by the Contractor within the last five years, including:
  - i) The beginning and ending dates of the contracts;
  - ii) The services provided under those contracts;
  - iii) The total number of Contractor employees assigned to service each contract;
  - iv) Whether any of those contracts were extended or renewed at the end of their initial terms;
  - v) Whether any of those contracts were terminated early for cause by either party to the contract;
  - vi) The "lessons learned" from each of those contracts; and
  - vii) The name, address, and telephone number of at least one manager in each client organization who is personally familiar with the Vendor's performance under the contract
- 5) Qualifications/background on organization's Board of Directors and Key Staff
- 6) The details of:
  - i) Any criminal convictions of any of the Contractor or any of their officers, directors, employees, agents or subcontractors of which the Contractor have knowledge or a statement that there are none;
  - ii) Any criminal investigations pending against of any of the Contractor or any of their officers, directors, employees, agents or subcontractors of which the Contractors have knowledge or a statement that there are none;
  - iii) Any regulatory sanctions levied against any of the Contractors or any of their officers, directors, employees, agents or subcontractors by any state or federal regulatory agencies within the past three years of which the Contractors 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 of any of the Contractors or any of their officers, directors, employees, agents or subcontractors by any state or federal regulatory agencies of which the Contractors have knowledge or a statement that there are none.  
Note: The Department may reject a application solely on the basis of this information.
  - v) Any of the Contractor'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 Contractor and the proposed Contractor 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.
- 7) Other major donors and summary of dollar amounts of contribution(s)

##### **C. Assessment of Need/s(Problem Statement) (5 Page Limit)**



- 1) Problem (explain why the service is necessary)
- 2) Describe what your organization is doing to address this problem
- 3) Primary State/Counties Served
- 4) Ethnicity, age, and gender of population served
- 5) Target population or who are you plan on serving
- 6) Number of beneficiaries
- 7) Eligibility requirements to receive service
- 8) Statistical facts and figures (national, state, local)
- 9) Program Website

**D. A written description of the Contractor’s approach to the project, including identification of key partners. (3 Page Limit)**

Provides a comprehensive framework understanding and description of the RFA. (The Contractors Approach to the project so that the desired results can be achieved).

List Goals and Objectives of the project (describes how they will be met and the outcome of the project in measurable terms.

- 1) Goals: Note: The outcome is derived from the goal. It has the same intention but it is more specific, quantifiable and verifiable than the goals. Please be aware of how realistic your outcomes are and that the outcomes should be aware of time-restraints. Outcomes should be SMART – Specific, Measurable, Achievable, Realistic, and Time-Bound. Contractors must describe the program’s intent to maintain, change, reduce, or eliminate the problem noted in Section II and outline the project’s goals.
- 2) Objectives: Objectives are the measurable outcomes of the project. They define your methods. Your objectives must be tangible, specific, concrete, measurable and achievable in a specified time period.

**E. A description of how the Contractor will meet each of the requirements and deliverable described in the scope of work (The Plan of Action). (10 Page Limit)**

The project design refers to how the project is expected to work and solve the stated problem. The section should be carefully reviewed to make sure that what is being proposed is realistic in terms of the Contractor’s resources and timeframe. Suggested content narrative include:

- 1) Task Description of Project Activities, Inputs, Activities and Throughputs, Strategies and Methodologies and Schedules.
- 2) Performance Measures (Outputs and Quality Measures). Provide key measure that supports and measures the success of the project. When providing these measures please include the measure description, baseline, target, data source, collection plan and collection frequency.
- 3) Project Outcome (Describes the impact or benefit of the service on the client or customer or describes what was changed or accomplished as a result of the service. The outcome measures should be characterized as measurable, obtainable, understandable, clear, accurately reflecting the expected result, and set at a level to be attained within a specific time frame. Once the measures have been selected, it is necessary to design a way to get the information (see project evaluation) below. Expressed as a percentage and shows the qualitative consequences associated with the service)

**F. Project Implementation Plan (Work plans, timelines, schedules and transition plans for the project) (No Page Limit)**

**G. A description of how the Contractor will staff the project, including the name, resume and qualifications of each of the proposed team members including subcontractors. (Note: This may need to go in the Appendix)**

**H. Sustainability (Steps taken to ensure future successes or continuing the project beyond the awarded period, e.g. future financial support, staff requirements, continued community interest). (No Page Limit)**

**I. 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) (No Page Limit)**

**4. Project Budget**

*NC DHHS DMH/DD/SUS recognizes smaller organizations may not have the expertise or experience in full project budgeting. As such, we have provided two examples below. Example I is preferred for larger projects and helps to keep equity between applications. The first year’s contract will span seven months and be on the state fiscal year.*

**Suggested Format Example I**



Master Line Item  
Budget Template.xlsx

**Suggested Format Example II**

**(preferred for simpler, one year contracts)**

| CATEGORY                  | ITEM | NARRATIVE | AMOUNT |
|---------------------------|------|-----------|--------|
| SALARY/WAGE               |      |           |        |
| FRINGE BENEFITS           |      |           |        |
| OTHER                     |      |           |        |
| SUPPLIES MATERIALS        |      |           |        |
| EQUIPMENT                 |      |           |        |
| TRAVEL                    |      |           |        |
| RENT                      |      |           |        |
| UTILITIES                 |      |           |        |
| ADVERTISING               |      |           |        |
| DUES AND<br>SUBSCRIPTIONS |      |           |        |
| STAFF DEVELOPMENT         |      |           |        |
| PROFESSIONAL SERVICES     |      |           |        |
| SUB CONTRACTORS           |      |           |        |
| TOTAL                     |      |           |        |

**5. Indirect Cost Rate Approval Letter (if applicable)**

## **6. Letters of Support or Commitment**

Letters of Support or Commitment should be included from any agency or community organization integral to the success or implementation of the proposed activities. Examples of such agencies include those that will provide clinical services, outreach services, financial support, meeting space, transportation, access to participants or comparison group members, or services to participants beyond the scope of the applicant agency. Current MOUs with partner organizations will also be accepted.

## **IRS Letter**

### ***Public Agencies:***

Provide a copy of a letter from the IRS which documents your organization's tax identification number. The organization's name and address on the letter must match your current organization's name and address.

### ***Private Non-profits:***

Provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization's name and address on the letter must match your current organization's name and address.

This IRS determination letter can also satisfy the documentation requirement of your organization's tax identification number.

7. Verification of 501(c)(3) Status Form

**IRS Tax Exemption Verification Form (Annual)**

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I, \_\_\_\_\_, hereby state that I am \_\_\_\_\_ of  
(Printed Name) (Title)  
\_\_\_\_\_ (“Organization”), and by that authority duly given  
(Legal Name of Organization)

and as the act and deed of the Organization, state that the Organization’s status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

I understand that the penalty for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature)

# **Appendix A Forms for Reference**

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Do **NOT** complete these documents at this time **nor return them** with the RFA response.

They are for reference only.

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**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 [Organization's] Legal Name**

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

**[This Certification must be signed by a representative of the Contractor who is authorized to sign contracts.]**

**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:
    - (1) The dangers of drug abuse in the workplace;
    - (2) The Contractor's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
    - (4) 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:
    - (1) Abide by the terms of the statement; and
    - (2) 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)(2) 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)(2), with respect to any employee who is so convicted:
    - (1) taking appropriate personnel action against such an employee, up to and including termination; or

- (2) 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):

Street Address No.1:

---

City, State, Zip Code:

---

Street Address No.2:

---

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 application 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," "application," 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 application is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this application 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**

- a. **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.

- b. 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 application.

### **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 Application (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/application 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.

**Disclosure of Lobbying Activities  
(Approved by OMB 0348-0046)**

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

|   |   |   |
|---|---|---|
| <p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p><input type="checkbox"/> b. grant</p> <p><input type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan</p> <p><input type="checkbox"/> e. loan guarantee</p> <p><input type="checkbox"/> f. loan insurance</p> | <p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. Bid/offer/application</p> <p><input type="checkbox"/> b. Initial Award</p> <p><input type="checkbox"/> c. Post-Award</p>   | <p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p><b>For Material Change Only:</b></p> <p>Year _____ Quarter _____</p> <p>Date of Last Report: _____</p> |
| <p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime</p> <p><input type="checkbox"/> Subawardee Tier _____, (if known)</p> <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>\$ _____</p>   |   |
| <p>10. a. Name and Address of Lobbying Registrant<br/>(if individual, last name, first name, MI):</p> <p>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</p>  | <p>b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):</p> <p>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</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> <p><input type="checkbox"/> a. retainer</p> <p><input type="checkbox"/> b. one-time fee</p> <p><input type="checkbox"/> c. commission</p> <p><input type="checkbox"/> d. contingent fee</p> <p><input type="checkbox"/> e. deferred</p> <p><input type="checkbox"/> f. other; specify: _____</p> |   |
| <p>12. Form of Payment (check all that apply):</p> <p><input type="checkbox"/> a. cash</p> <p><input type="checkbox"/> b. In-kind; specify: Nature _____<br/>Value _____</p>  |   |   |
| <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>  |   |   |

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.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Date: \_\_\_\_\_

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Standard Form - LLL

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

**CONFLICT OF INTEREST POLICY**

**CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY**

State of \_\_\_\_\_

County \_\_\_\_\_

I, \_\_\_\_\_ hereby state that I am the \_\_\_\_\_  
(Printed Name) (Title)

of \_\_\_\_\_ (“Organization”), and by that authority  
(Legal Name of Organization)

duly given and as the act and deed of the Organization, state that the following Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. I understand that the penalty (Day of Month) (Month) (Year) for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. (Day of Month) (Month) (Year)

\_\_\_\_\_  
(Signature)

***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

Reference only — Not for signature

\_\_\_\_\_  
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:

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

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

\_\_\_\_\_  
Date

**NO OVERDUE TAX DEBTS CERTIFICATION**

**State Grant Certification – No Overdue Tax Debts<sup>1</sup>**

---

To: State Agency Head and Chief Fiscal Officer

**Certification:**

We certify that the \_\_\_\_\_ [Organization’s full legal 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-101(b)**.

**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 Second Authorizing Official], respectively, of \_\_\_\_\_ [Agency/Organization’s full legal name] of \_\_\_\_\_ [City] in the State 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.

Reference only — Not for signature

|                                    |                                      |       |
|------------------------------------|--------------------------------------|-------|
| _____                              | <u>Board Chair</u>                   | _____ |
| Reference only — Not for signature | Title                                | Date  |
| _____                              | _____                                | _____ |
| Signature                          | Title of Second Authorizing Official | Date  |

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Reference only — Not for signature

\_\_\_\_\_  
Notary Signature and Seal

Notary’s commission expires \_\_\_\_\_, 20\_\_.

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

# **CONTRACTOR CERTIFICATIONS**

## **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](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): <http://www.ethicscommission.nc.gov/library/pdfs/Laws/EO24.pdf>
- G.S. 105-164.8(b): [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_105/GS\\_105-164.8.pdf](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](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](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](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](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](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. the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (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](http://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
- (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:
- (a) He or she is a duly authorized representative of the Contractor named below;
- (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
- (c) 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.

**FFATA Form**

**Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement**  
NC DHHS, Division of Mental Health, Developmental Disabilities and Substance Abuse Services Subawardee Information

**A. Exemptions from Reporting**

- Entities are **exempted** from the entire FFATA reporting requirement if **any** of the following are true:
  - The entity has a gross income, from all sources, of less than \$300,000 in the previous tax year
  - The entity is an individual
  - If the required reporting would disclose classified information
- Entities who are not exempted for the FFATA reporting requirement may be exempted from the requirement to provide executive compensation data. This **executive compensation data is required only if both are true**:
  - More than 80% of the entity's gross revenues are from the federal government **and** those revenues are more than \$25 million in the preceding fiscal year
  - Compensation information is **not** already available through reporting to the U.S. Securities and Exchange Commission.

**By signing below, I state that the entity listed below is exempt from:**

**The entire FFATA reporting requirement:**

- as the entity's gross income is less than \$300,000 in the previous tax year.
- as the entity is an individual.
- as the reporting would disclose classified information.

**Only executive compensation data reporting:**

- as at least one of the bulleted items in item number 2 above is not true.

Reference only — Not for signature

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Entity \_\_\_\_\_ Date \_\_\_\_\_

**B. Reporting**

- FFATA Data** required by all entities which receive federal funding (except those exempted above) per the reporting requirements of the *Federal Funding Accountability and Transparency Act (FFATA)*.

Entity's Legal Name \_\_\_\_\_ Contract Number \_\_\_\_\_

Active SAM registration record is attached  
An active registration with SAM is **required**

Entity's UEI \_\_\_\_\_ Entity's Parent's UEI (if applicable) \_\_\_\_\_

**Entity's Location**

street address \_\_\_\_\_  
city/st/zip+4 \_\_\_\_\_  
county \_\_\_\_\_

**Primary Place of Performance for specified contract**

Check here if address is the **same** as Entity's Location

street address \_\_\_\_\_  
city/st/zip+4 \_\_\_\_\_  
county \_\_\_\_\_

- Executive Compensation Data** for the entity's five most highly compensated officers (unless exempted above):

|    | Title | Name  | Total Compensation |
|----|-------|-------|--------------------|
| 1. | _____ | _____ | _____              |
| 2. | _____ | _____ | _____              |
| 3. | _____ | _____ | _____              |
| 4. | _____ | _____ | _____              |
| 5. | _____ | _____ | _____              |