



# Request for Applications

RFA # DMH25-006

## *Supporting Transition Age Youth with Opioid Use Disorders*

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

**ISSUE DATE:** February 6, 2025

**QUESTIONS DUE:** February 14, 2025

**APPLICATIONS DUE:** March 10, 2025

**ANTICIPATED NOTICE OF AWARD:** March 31, 2025

**ANTICIPATED PERIOD OF PERFORMANCE:** June 1, 2025 – September 29, 2027

### **INQUIRIES and DELIVERY INFORMATION:**

Direct questions and the application to email: [RFA.responses@dhhs.nc.gov](mailto:RFA.responses@dhhs.nc.gov)

Electronic copies of the application are available at: [Grant Opportunities](#)

**Applications will be received electronically until 5:00pm on March 10, 2025.**

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

**Email Address:** [RFA.responses@dhhs.nc.gov](mailto:RFA.responses@dhhs.nc.gov)

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

**RFA Table of Contents**

- I. INTRODUCTION -----4
  - ELIGIBILITY-----4
  - FUNDING-----5
- II. BACKGROUND-----7
- III. SCOPE OF SERVICES -----8
  - 1. Award or Rejection----- 11
  - 2. Cost of Application Preparation ----- 11
  - 3. Elaborate Applications----- 11
  - 4. Oral Explanations----- 11
  - 5. Reference to Other Data ----- 11
  - 6. Titles----- 11
  - 7. Form of Application----- 11
  - 8. Exceptions----- 11
  - 9. Advertising ----- 11
  - 10. Right to Submitted Material----- 12
  - 11. Competitive Offer----- 12
  - 12. Agency and Organization's Representative ----- 12
  - 13. Subcontracting ----- 12
  - 14. Proprietary Information----- 12
  - 15. Participation Encouraged ----- 12
  - 16. Contract ----- 12
- IV. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW ----- 13
  - 1. Announcement of the Request for Applications (RFA) ----- 13
  - 2. Distribution of the RFA----- 13
  - 3. Question & Answer Period----- 13
  - 4. Notice of Intent----- 13
  - 5. Applications ----- 13
  - 6. Format----- 13
  - 7. Space Allowance----- 13
  - 8. Application Deadline----- 14
  - 9. Receipt of Applications ----- 14
  - 10. Review of Applications----- 14
  - 11. Request for Additional Information ----- 14
  - 12. Audit----- 14
  - 13. Assurances:----- 15
  - 14. Additional Documentation to Include with Application----- 15
  - 15. Federal Certifications:----- 15
  - 16. Unique Entity Identifier (UEI)----- 15
  - 17. Additional Documentation Prior to Contract Execution:----- 15
  - 18. Registration in NC e-Procurement via NC Electronic Vendor Portal (eVP)----- 16
  - 19. Registration with Secretary of State----- 16
  - 20. Federal Funding Accountability and Transparency Act (FFATA)----- 16
  - 21. Iran Divestment Act----- 16
  - 22. Boycott Israel Divestment Policy----- 16
  - 23. Application Process Summary Dates----- 16

V.	PROJECT BUDGET -----	17
VI.	EVALUATION CRITERIA-----	19
VII.	APPLICATION -----	20
	Application Checklist-----	20
	1. Cover Letter -----	21
	2. Application Face Sheet-----	22
	3. Applicant’s Response -----	23
	4. Project Budget-----	25
	5. Indirect Cost Rate Approval Letter (if applicable)-----	26
	6. SubContractor/SubGrantee Information-----	27
	7. Letters of Support-----	28
	8. Verification of 501(c)(3) Status Form -----	30
Appendix A	Forms for Reference-----	31
	FEDERAL CERTIFICATIONS-----	32
	CONFLICT OF INTEREST POLICY -----	40
	Conflict of Interest Policy Example -----	41
	NO OVERDUE TAX DEBTS CERTIFICATION -----	43
	CONTRACTOR CERTIFICATIONS-----	44
	FFATA Form -----	46

## **I. INTRODUCTION**

The North Carolina Department of Health and Human Services (NCDHHS), Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS), is seeking applications to pilot evidence-based programming in North Carolina that increases access to treatment including medications for opioid use disorder (MOUD), recovery supports and family-based treatment for Transition Age Youth (TAY). This initiative is funded through the federal State Opioid Response (SOR) grant, designed to address the pressing needs of TAY with an Opioid Use Disorder (OUD) diagnosis.

Transition Age Youth, defined as individuals aged 16–25, represent a critical population in North Carolina, where over 162,000 individuals are estimated to experience a substance use disorder (SUD). Of these, many also face co-occurring mental health disorders or additional challenges, such as problem gaming or gambling, that complicate recovery efforts. This RFA aims to develop programs that create supportive environments that integrate treatment and recovery services, including family education and preservation for youth still residing in homes with their families, to decrease the need for foster care, residential treatment or referrals to juvenile justice programs. For those older transitional aged youth, in addition to clinical services, programs must address essential life supports such as recovery supported housing needs, education and employment opportunities.

This RFA will fund a maximum of two organizations to pilot evidence-based programming in North Carolina that increases access to treatment, including MOUD, recovery supports, and family-based treatment. Opioid Treatment Programs (OTPs) will be encouraged to promote non-traditional operating hours for afternoon or evening services and/or weekends where there is an unmet need for youth and transitional age who cannot make the standard OTP morning hours due to school or work and are discouraged from seeking treatment. MOUD can be an integral part of long-term recovery and should be as low barrier and as accessible as possible. The selected program(s) must address both youth and family (as appropriate) treatment needs, such as accessing OUD and co-occurring disorder treatment services and non-treatment needs, including stable, recovery supported housing, vocational support, and educational opportunities.

Applicants must demonstrate either an existing relationship with one or more of North Carolina’s managed care organizations (MCOs) or a commitment to establish such relationships upon receiving funding. Collaboration and partnerships will be critical to the program's success, ensuring that participants receive integrated support throughout their recovery journey.

The Transition Age Youth with Opioid Use Disorders opportunity aligns with federal priorities to strengthen OUD treatment and recovery services while addressing the unique needs of TAY during their transition to adulthood. Through this RFA, NCDHHS seeks to promote innovative, sustainable solutions that empower TAY to achieve long-term recovery and stability.

## **ELIGIBILITY**

1. Substance Use Disorders Treatment Agencies, Opioid Treatment Programs, Office-Based Opioid Treatment Programs, Human Service Agencies, Community-Based Organizations, Federally Qualified Health Centers and tribal organizations are eligible to apply.
2. In line with the goal to expand access to services that promote whole-person care for TAY with an OUD diagnosis and in need of clinical services, family preservation/reunification, and

recovery supports, applicants must show evidence of collaboration and partnership with other relevant agencies/service providers.

3. An applicant agency must provide a service to TAY or plan on expanding their services to TAY upon award of the grant.
4. For applicant agencies that receive funding or reimbursement for services from Medicaid or a state agency (including DMH/DD/SUS), the applicant should be in good standing with the agency and not currently subject to any investigative or corrective actions. These applicants should also have a current state-funded contract with one or more LME-MCOs. SOR grant funds cannot be used to supplant services covered by Medicaid or other programs.
5. Applicants must demonstrate that they are able to provide the service specifications and standards set forth in this RFA. Award recipients must meet all applicable DMHDDSUS regulations and policies, and conditions and requirements for the State Opioid Response grant.
6. Applicants must be an organization in good standing with the North Carolina Secretary of State's office.
7. 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 substance use disorders services and supports.
8. Preference will be given to projects that:
  - Prioritize the individuals within marginalized communities and underserved populations.
  - Incorporate recognized culturally adapted and trauma-informed practices.
  - Seek to share strengths and knowledge through clear partnerships and work across multiple sectors.

## **FUNDING**

- a) Total Funding Available: **\$1,800,000** for overall period of performance (June 1, 2025 – September 29, 2027)
- b) Awards: Up to two (2) applicants will be selected for funding.
- c) Project Budgets up to \$600,000 per grant year will be considered. Please include budgets for the periods June 1, 2025 – September 29, 2025, September 30, 2025 – September 29, 2026 and September 30, 2026 – September 29, 2027. Applicants may be asked to reduce their budgets if two projects are selected for funding.

**Note: Funds are available currently through September 29, 2025. Funding for subsequent years is subject to availability of funds from federal awarding agency.**

- d) Project Term: June 1, 2025 – September 29, 2027. Funding for subsequent years may be available and will be based upon performance and availability of funds.

DMHDDSUS is committed to providing funding for the time frame indicated above pending availability of funds.

- e) Funding Source: State Opioid Response Grant (SOR), Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Assistance Listing Number 93.788, Award Number 1H79TI087844, Project Period: 09.30.24 – 09.29.27.

If awarded, Applicant as well as all SubGrantees of the Applicant must certify the following whenever applying for funds, requesting payment, and submitting financial reports:

“I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.”

## **II. BACKGROUND**

Substance use disorder (SUD) is a significant public health challenge among Transition Age Youth (TAY) in North Carolina, a population defined as individuals aged 16 - 25. Over 162,000 TAY in the state are estimated to experience SUD, with a substantial number also facing co-occurring mental health disorders. These young people often encounter complex barriers to accessing treatment, including MOUD and achieving long-term recovery, including lack of recovery supported housing, limited access to education and employment opportunities, and insufficient support systems.

North Carolina's opioid crisis has further amplified the need for targeted interventions, particularly for youth navigating the critical transition from adolescence to adulthood. The consequences of untreated SUD in TAY extend beyond individual health, affecting families, communities, and economic stability. Addressing these challenges requires a comprehensive, whole-person approach that integrates treatment with essential non-treatment supports such as housing, education, and life skills development.

The North Carolina Department of Health and Human Services (NCDHHS), Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS), is committed to enhancing the health, safety, and well-being of all North Carolinians, particularly vulnerable populations like TAY. In collaboration with community partners and stakeholders, NCDHHS focuses on advancing innovative, evidence-based solutions to meet the diverse needs of this group.

This opportunity aims to fill a critical gap in services for youth with OUD who may have other substance use, gaming or mental health disorders by providing access to individualized screenings to identify both treatment and non-treatment needs, and comprehensive support in connecting to appropriate services. Additionally, participants and their families (as applicable) will benefit from resources and educational materials on key topics such as financial literacy, healthy self-care practices, and nutritional guidance.

This initiative reflects the state's broader efforts to build a coordinated, whole-person system of care that addresses the medical and non-medical drivers of health, reduces health disparities, and promotes equitable access to services. Through this program, North Carolina seeks to empower TAY to achieve sustainable recovery and lead healthy, productive lives.

### III. SCOPE OF SERVICES

#### A. GENERAL:

The population to be served under this grant is Transition Age Youth (TAY) with an opioid use disorder (OUD). For this grant, TAY refers to individuals aged between 16-25. The applicant may choose a subset of this population of focus (e.g., ages 16-18, 16-21 or ages 21-25). If the applicant chooses to select a subset of this population, the rationale for doing so should be clearly stated in the application.

Applicants will be expected to identify and reduce differences in access, service use, and outcomes of services among historically marginalized groups, to address health disparities.

The successful applicant for these funds will have the following expectations:

1. Offer, provide or contract for the following clinical services:
  - Implementation of comprehensive clinical assessment and screening tools specifically for TAY.
  - Medications for opioid use disorder.
  - Clinical treatment services for TAY including individual and/or group counseling and/or enhanced services such as Adolescent Substance Abuse Intensive Outpatient Program (SAIOP) or Adolescent Day Treatment.
  - Family preservation or reunification services, including Functional Family Therapy, Multisystemic Therapy, or other evidence-based clinical approaches for families.
2. Offer, provide or contract for the following recovery and non-treatment needs, as applicable depending upon the age range of TAY to be served:
  - Recovery supported housing,
  - Other recovery supports such as peer groups, school, or collegiate recovery programs, etc.
  - Resources to meet educational, vocation and/or employment needs.
  - Resources to meet other essential needs or life skills, such as food and nutrition services, financial literacy, transportation, etc.
  - Resources for ongoing healthcare i.e., insurance or Medicaid enrollment.
3. Comply with reporting requirements:
  - Comply with data requests that may originate with DMHDDSUS Contract Administrator.

***Intersectional approaches and innovative partnerships are highly encouraged. This list is in no way exhaustive.***

#### B. PERFORMANCE STANDARDS AND EXPECTATIONS

##### I. Funding Restrictions and Special Terms

1. These grant funds may not be used to supplant current funding of existing activities. Supplant is defined as replacing funding of a recipient's existing program with funds from a federal grant.
2. Food can be included as a necessary expense for individuals receiving SOR/SAMHSA-funded mental and/or substance use disorder prevention, harm reduction, treatment, and recovery support services, not to exceed \$10.00 per person per day.
3. Only medications approved by the U.S. Food and Drug Administration (FDA) for treatment of opioid use disorder and/or opioid overdose can be purchased with SOR funds.



4. Funds may not be expended through the award or a subaward by any agency which would deny any eligible participant access to their program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone; buprenorphine products, including buprenorphine/naloxone combination formulations and buprenorphine monoproprietary formulations; naltrexone products, including extended-release and oral formulations; or long-acting products, such as extended release injectable or buprenorphine). Specifically, participants must be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a practitioner who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's OUD. Similarly, medications available by prescription or office-based injection must be permitted if it is appropriately authorized through prescription or administration by a licensed prescriber or provider. In all cases, MOUD must be permitted to be continued for as long as the prescriber or treatment provider, in conjunction with the patient, determines that the medication is clinically beneficial. Recipients must ensure that clients will not be compelled to no longer use MOUD as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.
5. Funds may not be used to make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services (See 42 U.S.C. § 1320a-7b).
6. Funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana.
7. Funds may not be used to purchase, procure, or distribute pipes or cylindrical objects intended to be used to smoke or inhale illegal scheduled substances.
8. Funds may not be used to pay for promotional items including, but not limited to, clothing and commemorative items, such as pens, mugs/cups, folders/folios, lanyards, and conference bags.
9. Funds may not be used to pay for the purchase or construction of any building or structure to house any part of the program. Minor alterations and renovations (A&R) may be authorized for up to 25 percent of a given budget period or \$150,000 (whichever is less) for existing facilities, if necessary and appropriate to the project. Minor A&R may not include a structural change (e.g., to the foundation, roof, floor, or exterior or loadbearing walls of a facility, or extension of an existing facility) to achieve the following: increase the floor area; and/or, change the function and purpose of the facility.
10. Funds may not be used to provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
11. Funds may not be used to pay for housing other than recovery housing, which includes application fees and security deposits.

II. In the application, please provide:

1. A detailed statement of need, a track record of success in projects related to the underserved population, and an evaluation plan that uses both quantitative and qualitative outcome measures.
2. A clear and feasible description of the project design, including the methodology, activities, and anticipated outcomes.
3. Proof of capacity and experience of the applicant organization or initiative to successfully implement the proposed project.
4. An explanation of potential for sustainability and long-term impact of the project on the target population(s).

5. A budget justification and cost-effectiveness of the proposed activities.

III. The Applicant shall:

1. Demonstrate expertise in working with the proposed TAY population.
2. Demonstrate active partnership and participation with other organizations by leveraging the diverse strengths of the community.
3. Coordinate with other professional and technical services contractors as directed by DMH/DD/SUS.
4. Collaborate with North Carolina resources for referrals and explore interoperability with organizations such as 211, 988, NC CARE 360, LME/MCO's, health departments and other organizations available.
5. Enhance and expand knowledge of emerging trends in leadership and management of proposed population(s) and across the state.
6. Awarded entities shall provide DMHDDSUS quarterly updates including:
  - a. Progress made on approved project plan, inclusive of the evaluation plan
  - b. Demographic/Geographic data on youth served and
  - c. Feedback on issues that arise during planning and implementation.

**C. PERFORMANCE MONITORING/QUALITY ASSURANCE PLAN**

Deliverables will be monitored through quarterly programmatic reports. The selected entity(s) agrees to participate in periodic site visits as determined by the DMHDDSUS Program Manager. If the selected entity(s) is deemed out of compliance, program staff will provide technical assistance; however, funds may be withheld until the selected entity is in compliance with deliverables. If technical assistance does not prove beneficial, funding may be discontinued.

## D. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

### 1. Award or Rejection

All qualified applications will be evaluated, and an 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 March 31, 2025.

### 2. 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.

### 3. 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.

### 4. 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.

### 5. 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.

### 6. Titles

Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

### 7. 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).

### 8. 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).

### 9. 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.

## **10. 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.

## **11. 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.

## **12. 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.

## **13. 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 requirements, terms, and conditions of a contract shall be passed through to all subcontractors performing programmatic work on behalf of the agency as the agency's subawardee. 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: <https://www.osbm.nc.gov/stewardship-services/grants/suspension-funding-memos>.

## **14. 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.

## **15. 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.

## **16. Contract**

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

#### **IV. 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 **February 6, 2025**: <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 **February 6, 2025**.

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

Written questions concerning the specifications in this Request for Applications will be received until 5:00 pm on **February 14, 2025**. As an addendum to this RFA, a summary of all questions and answers will be placed on <https://www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-and-substance-abuse-services-grant-opportunities> website by **February 21, 2025**

##### **4. Notice of Intent**

Any agency that plans to submit an application is encouraged to submit a Notice of Intent no later than 5:00 pm on **February 22, 2025** to [RFA.responses@dhhs.nc.gov](mailto:RFA.responses@dhhs.nc.gov). Please include the following information in the Notice of Intent:

- The legal name of the agency.
- The name, title, phone number, mailing address, and email address of the person who will coordinate the application submission.

##### **5. Applications**

Applicants shall submit their application as one single, consolidated PDF file with all required attachments and scanned signatures to [RFA.responses@dhhs.nc.gov](mailto:RFA.responses@dhhs.nc.gov). Paper, mailed and faxed applications will not be accepted.

##### **6. 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.

##### **7. Space Allowance**

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

## **8. Application Deadline**

All applications must be received by 5:00 pm on **March 10, 2025**. Only emailed applications will be accepted (scanned signatures are acceptable). Faxed or mailed applications will not be accepted.

## **9. Receipt of Applications**

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

## **10. 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 reviewed and evaluated by a committee for completeness, content, experience with similar projects, ability of the agency's or organization's staff, benefit to the State, 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.

## **11. 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.

## **12. Audit**

Please be advised that successful applicants may be required to have an audit in accordance with [09 NCAC 03M.0205](#). Per 09 NCAC 03M.0205 (amended effective retroactive to July 1, 2024), there are two reporting levels established for recipients and subrecipients receiving grants. Reporting levels are based on the allocated funds from all grants disbursed through the State of North Carolina during the entity's fiscal year. The reporting levels are:

- 1) Level I – A recipient or subrecipient that receives, holds, uses, or expends grants in an amount less than the dollar amount requiring audit as listed in the Code of Federal Regulations 2 CFR 200.501(a) within its fiscal year.
- 2) Level II - A recipient or subrecipient that receives, holds, uses, or expends grants in an amount of equal to or greater than the dollar amount requiring audit as listed in 2 CFR 200.501(a) within its fiscal year.

The dollar amount requiring audit listed in 2 CFR 200.501(a) is herein incorporated by reference, including subsequent amendments and editions, and can be accessed free of charge at <https://www.ecfr.gov/>.

Level II grantees shall have a single or program-specific audit prepared and completed in accordance with Generally Accepted Government Auditing Standards, also known as the Yellow Book NC G.S. 143C-6-22 and NC G.S. 143C-6-23 as applicable to the agency's status.

Unless prohibited by law, the costs of audits made in accordance with the provisions of this Rule shall be allowable charges to State and Federal awards. The charges may be considered a direct cost or an allocated indirect cost, as determined in accordance with cost principles outlined in the Code of Federal Regulations, 2 CFR Part 200, which is herein incorporated by reference, including subsequent amendments and editions, and can be accessed free of charge at [https://www.ecfr.gov](https://www.ecfr.gov/). The cost of any audit not conducted in accordance with this Subchapter shall not be charged to State awards.

**13. 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.

**14. 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*.)

**15. Federal Certifications:**

Agencies or organizations receiving Federal funds shall 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.

**16. 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.

**17. Additional Documentation Prior to Contract Execution:**

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.

### **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 grantee status or how the organization will be treated by DMHDDSUS.

### **19. 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)).

### **20. 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.

### **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**

**February 6, 2025:** Request for Applications released to eligible applicants.

**February 14, 2025:** End of Q&A period. All questions due in writing by 5pm.

**February 21, 2025:** Answers to Questions released to all applicants, as an addendum to the RFA.

**February 22, 2025:** Notice of Intent due (recommended).

**March 10, 2025:** Applications due by 5pm.

**March 31, 2025:** Successful applicants will be notified.

**June 1, 2025:** Proposed Service begins.



## V. 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 70 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	\$16.00	\$16.00
Lunch	\$19.00	\$19.00
Dinner	\$28.00	\$28.00
<i>Total Meals Per Diem Per Day</i>	<i>\$63.00</i>	<i>\$63.00</i>
<b>Lodging (Maximum rate per person, excludes taxes and fees)</b>	\$110.00	\$110.00
<b>Total Travel Allowance Per Day</b>	<b>\$173.00</b>	<b>\$173.00</b>
Mileage	\$0.70 per mile	

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

#### **Audits**

Level II Grantees (refer section V.12 for details) are required to submit a “Yellow Book” audit. Only Level II Grantees may include audit expenses in the budget. Audit expenses shall be prorated based on the ratio of the grant to the total grant funds received by the entity. The chart below details the Level II audit threshold amounts from all grants disbursed through the State of North Carolina during the entity’s fiscal year:

If the Grantee's Fiscal Year End (FYE) Date is:	The following audit thresholds apply for that fiscal year end:		
	Federal	State Local Government	State Non-Government (nonprofits)
Any 2024 FYEs through May 31, 2025	\$750,000	\$500,000	\$500,000
June 30, 2025 through August 31, 2025	\$750,000	\$500,000	\$750,000
September 30, 2025 and after	\$1,000,000	\$750,000 or \$1,000,000*	\$1,000,000
*Local government remains \$500,000 but is expected to change for fiscal years beginning on or after October 1. Amount to be determined.			

### 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.

This RFA is funded by federal grant: State Opioid Response Grant (SOR 4).

Indirect costs are allowed on the portion of the sub-award for Transition Aged Youth with Opioid Use Disorder RFA funded through the State Opioid Response grant (SOR 4).

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the applicant agency may request up to the federally negotiated 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 the de minimis indirect cost rate of 15% 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.

SOR4 Funding Estimate for project period: June 1, 2025 to September 29, 2027: \$1,800,000

## VI. EVALUATION CRITERIA

As NC DHHS DMHDDDSUS 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.

### PHASE I: INITIAL QUALIFYING CRITERIA

The applicant’s application must meet all the following Phase I application acceptance criteria in order 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 application received by the deadline specified in the RFA?			
2	Grantee is not on the federal debarment list (check sam.gov)			
3	Applicant meets eligibility requirements as stated in Section I Introduction			
4	Applicant meets the minimum Qualification Requirements as described in the Eligibility Section I Introduction			
5	Applicant is not included State’s Suspension of Funding list published weekly by NC OSBM			

### PHASE II: CRITERIA FOR SCORING PROPOSAL/APPLICATIONS

Qualifying applications will be collectively scored by the 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 geographic areas, and variety of quality improvement plans in determining awards. Please note that applications not meeting the eligibility requirements or any of the minimum or mandatory requirements as stated in Phase I will not be scored.

Evaluation Criteria	Score
Application Summary	5
Organizational Background and Qualifications	10
Assessment of Need	15
Project Description	20
Collaboration and Community Support	20
Potential Impact	15
Budget and Budget Narrative	10
Supporting Documentation	5
<b>Total Score</b>	<b>100</b>

## VII. APPLICATION

### Application Checklist

The following items must be included in the application:

1. \_\_\_ **Cover Letter**
2. \_\_\_ **Application Face Sheet**
3. \_\_\_ **Applicant's Response/Form**
4. \_\_\_ **Project Budget**  
Include a budget in the format provided.  
Indirect costs are allowed.
5. \_\_\_ **Indirect Cost Rate Approval Letter (if applicable)**
6. \_\_\_ **SubGrantee / SubContractor Information (if applicable)**
7. **Letters of Support (REQUIRED)**
8. \_\_\_ *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
9. \_\_\_ **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:

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

## 2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with [DMHDDSUS](#), 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 # [DMH25-006](#) 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: Name: Title:	Telephone Number: Fax Number: Email Address
7. Agency Status (check all that apply): <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 governing body of the applicant has duly authorized this document and I am authorized to represent the applicant. I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.”	
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.

#### A. Proposal 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 proposal, 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 proposal 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 applicant'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 Applicant 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 Applicant 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.
  - 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 regulatory investigations or sanctions pending or 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 Applicants 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.

Note: The Department may reject an application solely on the basis of this information.

- ii) Any of the Applicant'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.
  - iii) 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; i.e., the 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 persons to be served
- 7) Eligibility requirements to receive service
- 8) Statistical facts and figures (national, state, local)

- 9) Program website

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

Provide a comprehensive framework understanding and description of the RFA; i.e., the Contractors approach to the project so that the desired results can be achieved. Include a list of goals and objectives of the project and describe how they will be met, and the outcomes 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 Applicant will meet each of the requirements and deliverable described in the scope of work; i.e., 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 Applicant's resources and timeframe. Suggested content narrative include:

- 1) Task description of project including activities, inputs, and throughputs, strategies, methodologies and schedules.
- 2) Performance Measures (Outputs and Quality Measures). Provide key measures that support and measure 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 recipient or describes what was changed or accomplished as a result of the service. The project 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 methods for obtaining this information (see project evaluation below).

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

**G. A description of how the Applicant will staff the project, including the name, resume and qualifications of each of the proposed team members including subcontractors.**

**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, including regulatory, environmental or other constraints. (No Page Limit)**



#### 4. Project Budget

##### [Suggested Format Example I](#)



Master Line Item  
Budget Template.xlsx

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

**6. SubContractor/SubGrantee Information**

In accordance with 09 N.C. Administrative Code 03M.0703, Required Contract Provisions, the Applicant must provide the required information for every subcontractor and subgrantee included in the Project Budget. If the Applicant has no subcontractor and subgrantee, indicate that in the first line under “Name.” If the Applicant plans to have subcontractors or subgrantees but they are unknown at this time, that must be indicated in the first line under “Name” for as many as are planned. When they are known, this information shall be submitted to the Division for review prior to the Applicant contracting with the entity. Attach additional pages as necessary.

NOTE: If awarded federal pass-through funds, subgrantees must certify to the Applicant whenever applying for funds, requesting payment, and submitting financial reports:

“I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.”

**SubContractor/SubGrantee Name:**

**Position Title (if applicable):**

**EIN or Tax ID:**

**Street Address or PO Box:**

**City, State and ZIP Code:**

**Contact Name:**

**Contact Email:**

**Contact Telephone:**

**Fiscal Year End Date (for organizations):**

**Is this organization functioning as a “SubGrantee” of the Applicant?**

**Is this organization functioning as a vendor “SubContractor” of the Applicant?**

**SubContractor/SubGrantee Name:**

**Position Title (if applicable):**

**EIN or Tax ID:**

**Street Address or PO Box:**

**City, State and ZIP Code:**

**Contact Name:**

**Contact Email:**

**Contact Telephone:**

**Fiscal Year End Date (for organizations):**

**Is this organization functioning as a “SubGrantee” of the Applicant?**

**Is this organization functioning as a vendor “SubContractor” of the Applicant?**

## **7. Letters of Support**

Letters of support should be included from any agency or community organization integral to the success or implementation of the proposed activities or for referrals. Examples of such agencies include organizations such as 211, 988, NC CARE 360, LME/MCO's, health departments and other organizations providing 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.

## 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.

**8. 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

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.

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

### **Certification**

- 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 proposal.

## **V. Certification Regarding Lobbying**

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

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

## **VI. Disclosure of Lobbying Activities**

### **Instructions**

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

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

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

**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 (if individual, last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	<p>b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	
<p>11. Amount of Payment (check all that apply):</p> <p>\$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned</p>	<p>13. Type of Payment (check all that apply):</p> <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 _____ 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>**

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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 word ‘Contractor’ includes Grantees. 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.
- (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 the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (4) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor’s officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (5) **Pursuant to G.S. 143B-139.6C**, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.
- (6) The undersigned hereby certifies further that:
  - (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 Use Services Subawardee Information

**A. Exemptions from Reporting**

1. 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
2. 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**

1. **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 \_\_\_\_\_

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

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

**Confirmation of Registration and Login NC Electronic Vendor Portal (eVP) and eProcurement**

Grantees and contractors under contract with the NC DHHS Division of Mental Health, Developmental Disabilities, Substance Use Services (DMHDDSUS) must be registered in the NC Electronic Vendor Portal (eVP) to receive reimbursements and payments. When registering, grantees must choose NC eProcurement as their registration type. There is no fee to register.

Please note that grantees and contractors **must login to NC eVP at least once a year** to keep your account active and out of inactive status.

In order to avoid payment delays, please provide your eVP Customer Number below and confirm that you have logged in to eVP to keep your account active. When you login to eVP, your Customer Number can be found on your Main Page and also under the Company Information Tab.

**Confirmed by:**

\_\_\_\_\_  
**eVP Customer Number**

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

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

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