



Request for Applications

RFA # A399



COVID-19 Support for County Confinement Facilities

FUNDING AGENCY: North Carolina Department of Health and Human Services
Division of Public Health
Epidemiology Section, Communicable Disease Branch

ISSUE DATE: February 28, 2022

DEADLINE DATE: March 31, 2022

INQUIRIES and DELIVERY INFORMATION:

Electronic copies of the application are available by request and on the following webpage [NCDHHS Communicable Disease Branch Corrections Team | NCDHHS](#).

Direct all inquiries concerning this RFA to:

Dr. Anita Wilson-Merritt at NCDHHSCommunicableDiseaseBranchCorrectionsTeam@dhhs.nc.gov

Applications will be received until 5:00 pm on Thursday, March 31, 2022.

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

Email Address: NCDHHSCommunicableDiseaseBranchCorrectionsTeam@dhhs.nc.gov

Please indicate agency name and RFA number “A399” in the subject line of the email.

All documents required for the application, as outlined in this RFA must be attached to a single submission email (not sent in multiple emails).

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I. INTRODUCTION

The Centers for Disease Control (CDC), in partnership with the Department of Justice, is providing financial assistance to respond to Coronavirus Disease 2019 (COVID-19) in confinement facilities within their jurisdictions. For the purposes of this guidance, the term “confinement facilities” includes adult prisons and jails; juvenile confinement facilities; police lock-ups; and community confinement facilities as defined by [28 CFR § 115.5](#).

According to the March 2021 Department of Justice (DOJ) Office of Justice Programs (OJP) Bureau of Justice Statistics Special Report, Impact of COVID-19 on the Local Jail Population, January-June 2020, “... from March to June 2020, jails conducted 215,360 inmate COVID-19 tests. More than 11% of these tests were positive. Jails in counties with confirmed residential COVID-19 infection rates of 1% or more tested nearly 21% of persons admitted to their jails from March to June 2020.” In addition, The Marshall Project: COVID Cases in Prisons found that, “by mid-December [2020], one in five state and federal prisoners in the United States had tested positive for the coronavirus -- a rate more than four times higher than the general population.” Additionally, COVID-19 infections in confinement facility staff have significantly hampered operations of the facilities and services to residents/detainees/offenders.

The purpose of this award is to meet the need to combat COVID-19 in confinement facilities. Additionally, as confinement facilities are reopened for visitors and service/care providers, mitigation of new transmission of COVID-19 must be addressed.

For purposes of this RFA, “Detainee” shall mean any confined or incarcerated individual, including a resident, offender, detainee, or new intake of a confinement or incarceration facility in North Carolina.

ELIGIBILITY

Eligibility to apply to this RFA is limited to units of local government confinement facilities in North Carolina. The contract services are available to serve the following North Carolina confinement facilities:

Alamance County Detention Center	Clay County Detention Center
Albemarle District Jail	Cleveland County Detention Centers
Alexander County Law Enforcement and Detention Center	Columbus County Detention Center
Alleghany County Detention Center	Craven County Jail
Anson County Jail	Cumberland County Detention Center
Ashe County Detention Center	Currituck County Detention Center
Avery County Jail	Dare County Detention Center
Beaufort County Detention Center	Davidson County Detention Center
Bertie-Martin Regional Jail	Davie County Detention Center
Bladen County Detention Center	Duplin County Detention Center
Brunswick County Detention Center	Durham County Detention Facility
Buncombe County Detention Facilities	Edgecombe County Detention Center
Burke County Jail	Forsyth County Law Enforcement Detention Center
Cabarrus County Jail	Franklin County Detention Center
Caldwell County Detention Facility	Gaston County Jails
Carteret County Detention Center	Graham County Jail
Caswell County Detention Center	Granville County Detention Center
Catawba County Detention Facility	Greene County Detention Center
Chatham County Detention Center	Guilford Detention Centers
Cherokee County Detention Center	Halifax County Jail
Chowan County Detention Facility	Harnett County Detention Center

Haywood County Detention Centers
Henderson County Detention Center
Hertford County Detention Center
Hoke County Jail
Hyde County Ocracoke Jail
Iredell County Detention Centers
Jackson County Detention Center
Johnston County Jail
Jones County Jail
Lee County Jail
Lenoir County Detention Center
Lincoln County Detention Center
Macon County Detention Center
Madison County Detention Center
McDowell County Jail
Mecklenburg County Jail
Montgomery County Jail
Moore County Detention Center
Nash County Detention Facility
New Hanover County Detention Facility
Northampton County Jail
Onslow County Sheriff's Office Detention Center
Orange County Detention Center
Pamlico County Detention Center
Pender County Jail
Person County Jail

Pitt County Detention Centers
Polk County Detention Center
Randolph County Jail
Richmond County Jail
Robeson County Jail
Rockingham County Detention Facility
Rowan County Detention Centers
Rutherford County Detention Center
Sampson County Detention Center
Scotland County Detention Center
Stanly County Detention Center
Stokes County Jail
Surry County Detention Center
Swain County Detention Center
Transylvania County Sheriff's Office Detention Center
Union County Jail
Vance County Detention Center
Wake County Detention Centers
Warren County Detention Center
Washington County Jail
Watauga County Detention Center
Wayne County Detention Center
Wilkes County Jail
Wilson County Detention Center
Yadkin County Detention Center
Yancey County Jail

Applicants and recipients should familiarize themselves with, and incorporate elements from, the CDC guidance on the [Management of COVID-19 in Correctional and Detention Facilities](#) when developing workplans and budgets for this award.

FUNDING

This award is 100% federally funded by the DHHS, Centers for Disease Control and Prevention through its CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) grant, Detection & Mitigation of COVID in Confinement Facilities supplement. The total amount allocated to the State for this purpose is \$20,230,000. The project period ends July 31, 2024. Award # NU50CK000530-03-01, dated 08/05/2021. CFDA# 93.323, Epidemiology and Laboratory Capacity for Infectious Diseases (ELC).

The total amount available for pass-through awards through this RFA is \$8,748,040.

Funding for each local government confinement facility will be calculated using the following methodology:

\$85,000 base funding plus funding based on a percentage of the total number of beds in the confinement facility(ies) within the county.

Funds will be distributed via one (1) twenty-four-month contract with the NC Division of Public Health (DPH). The contract term will run June 1, 2022 through May 31, 2024

Funds will be allotted on Day 1 of the contract. Unused funds resulting from lack of participation will be allocated to participating agencies in good standing 6 months from the contract start date.

The following chart represents projected funding amounts if every eligible facility applies:

Name of Jail (or homeless shelter or farm/farm team or LTC facility)	County	FID	Number of beds	Base \$85,000 per Opt In	Bed rate \$30	Contract Total
Alamance County Detention Centers	Alamance	110581	476	\$ 85,000	\$ 14,280	\$ 99,280
Albemarle District Jail	Albemarle	110564	248	\$ 85,000	\$ 7,440	\$ 92,440
Alexander County Law Enforcement & Detention Center	Alexander	120640	152	\$ 85,000	\$ 4,560	\$ 89,560
Alleghany County Detention Center	Alleghany	110584	76	\$ 85,000	\$ 2,280	\$ 87,280
Anson County Jail	Anson	110585	60	\$ 85,000	\$ 1,800	\$ 86,800
Ashe County Detention Center	Ashe	110586	165	\$ 85,000	\$ 4,950	\$ 89,950
Avery County Jail	Avery	110587	62	\$ 85,000	\$ 1,860	\$ 86,860
Beaufort County Detention Center	Beaufort	110588	85	\$ 85,000	\$ 2,550	\$ 87,550
Bertie-Martin Regional Jail	Bertie	110589	90	\$ 85,000	\$ 2,700	\$ 87,700
Bladen County Detention Center	Bladen	150228	79	\$ 85,000	\$ 2,370	\$ 87,370
Brunswick County Detention Center	Brunswick	110591	440	\$ 85,000	\$ 13,200	\$ 98,200
Buncombe County Detention Facilities	Buncombe	110592	604	\$ 85,000	\$ 18,120	\$ 103,120
Burke County Jail	Burke	160061	264	\$ 85,000	\$ 7,920	\$ 92,920
Cabarrus County Jail	Cabarrus	110597	665	\$ 85,000	\$ 19,950	\$ 104,950
Caldwell County Detention Facility	Caldwell	110598	185	\$ 85,000	\$ 5,550	\$ 90,550
Carteret County Detention Center	Carteret	110599	117	\$ 85,000	\$ 3,510	\$ 88,510
Caswell County Detention Center	Caswell	110600	108	\$ 85,000	\$ 3,240	\$ 88,240
Catawba County Detention Facility	Catawba	110601	268	\$ 85,000	\$ 8,040	\$ 93,040
Chatham County Detention Center	Chatham	110851	110	\$ 85,000	\$ 3,300	\$ 88,300
Cherokee County Detention Center	Cherokee	110604	150	\$ 85,000	\$ 4,500	\$ 89,500
Chowan County Detention Facility	Chowan	110605	23	\$ 85,000	\$ 690	\$ 85,690
Clay County Detention Center	Clay	110606	52	\$ 85,000	\$ 1,560	\$ 86,560
Cleveland County Detention Centers	Cleveland	110762	324	\$ 85,000	\$ 9,720	\$ 94,720
Columbus County Detention Center	Columbus	110608	192	\$ 85,000	\$ 5,760	\$ 90,760

Craven County Jail	Craven	110609	292	\$ 85,000	\$ 8,760	\$ 93,760
Cumberland County Detention Center	Cumberland	110610	884	\$ 85,000	\$ 26,520	\$ 111,520
Currituck County Detention Center	Currituck	110611	62	\$ 85,000	\$ 1,860	\$ 86,860
Dare County Detention Center	Dare	110612	133	\$ 85,000	\$ 3,990	\$ 88,990
Davidson County Detention Center	Davidson	110613	287	\$ 85,000	\$ 8,610	\$ 93,610
Davie County Detention Center	Davie	110614	72	\$ 85,000	\$ 2,160	\$ 87,160
Duplin County Detention Center	Duplin	110615	97	\$ 85,000	\$ 2,910	\$ 87,910
Durham County Detention Facility	Durham	110616	736	\$ 85,000	\$ 22,080	\$ 107,080
Edgecombe County Detention Center	Edgecombe	110617	338	\$ 85,000	\$ 10,140	\$ 95,140
Forsyth County Law Enforcement Detention Center	Forsyth	110618	1016	\$ 85,000	\$ 30,480	\$ 115,480
Franklin County Detention Center	Franklin	110619	172	\$ 85,000	\$ 5,160	\$ 90,160
Gaston County Jails	Gaston	110620	598	\$ 85,000	\$ 17,940	\$ 102,940
Graham County Jail	Graham	110621	8	\$ 85,000	\$ 240	\$ 85,240
Granville County Detention Center	Granville	110622	180	\$ 85,000	\$ 5,400	\$ 90,400
Greene County Detention Center	Greene	110623	86	\$ 85,000	\$ 2,580	\$ 87,580
Guilford Detention Centers	Guilford	140149	1302	\$ 85,000	\$ 39,060	\$ 124,060
Halifax County Jail	Halifax	110627	85	\$ 85,000	\$ 2,550	\$ 87,550
Harnett County Detention Center	Harnett	110628	300	\$ 85,000	\$ 9,000	\$ 94,000
Haywood County Detention Centers	Haywood	110629	149	\$ 85,000	\$ 4,470	\$ 89,470
Henderson County Detention Center	Henderson	110630	254	\$ 85,000	\$ 7,620	\$ 92,620
Hertford County Detention Center	Hertford	110631	92	\$ 85,000	\$ 2,760	\$ 87,760
Hoke County Jail	Hoke	110633	215	\$ 85,000	\$ 6,450	\$ 91,450
Hyde County Ocracoke Jail	Hyde	110634	32	\$ 85,000	\$ 960	\$ 85,960
Iredell County Detention Centers	Iredell	110635	501	\$ 85,000	\$ 15,030	\$ 100,030
Jackson County Detention Center	Jackson	110636	72	\$ 85,000	\$ 2,160	\$ 87,160
Johnston County Jail	Johnston	110637	191	\$ 85,000	\$ 5,730	\$ 90,730
Jones County Jail	Jones	110638	21	\$ 85,000	\$ 630	\$ 85,630
Lee County Jail	Lee	110639	126	\$ 85,000	\$ 3,780	\$ 88,780
Lenoir County Detention Center	Lenoir	110640	121	\$ 85,000	\$ 3,630	\$ 88,630

Lincoln County Detention Center	Lincoln	110641	168	\$ 85,000	\$ 5,040	\$ 90,040
Macon County Detention Center	Macon	110642	75	\$ 85,000	\$ 2,250	\$ 87,250
Madison County Detention Center	Madison	110644	68	\$ 85,000	\$ 2,040	\$ 87,040
McDowell County Jail	McDowell	110645	171	\$ 85,000	\$ 5,130	\$ 90,130
Mecklenburg County Jails	Mecklenburg	110646	2625	\$ 85,000	\$ 78,750	\$ 163,750
Montgomery County Jail	Montgomery	110648	106	\$ 85,000	\$ 3,180	\$ 88,180
Moore County Detention Center	Moore	110649	272	\$ 85,000	\$ 8,160	\$ 93,160
Nash County Detention Facility	Nash	110650	296	\$ 85,000	\$ 8,880	\$ 93,880
New Hanover County Detention Facility	New Hanover	110651	672	\$ 85,000	\$ 20,160	\$ 105,160
Northampton County Jail	Northampton	110652	92	\$ 85,000	\$ 2,760	\$ 87,760
Onslow County Sheriff's Office Detention Center	Onslow	110653	528	\$ 85,000	\$ 15,840	\$ 100,840
Orange County Detention Center	Orange	110654	129	\$ 85,000	\$ 3,870	\$ 88,870
Pamlico County Detention Center	Pamlico	110655	108	\$ 85,000	\$ 3,240	\$ 88,240
Pender County Jail	Pender	110656	92	\$ 85,000	\$ 2,760	\$ 87,760
Person County Jail	Person	110657	135	\$ 85,000	\$ 4,050	\$ 89,050
Pitt County Detention Centers	Pitt	110658	606	\$ 85,000	\$ 18,180	\$ 103,180
Polk County Detention Center	Polk	160313	60	\$ 85,000	\$ 1,800	\$ 86,800
Randolph County Jail	Randolph	110661	212	\$ 85,000	\$ 6,360	\$ 91,360
Richmond County Jail	Richmond	110662	72	\$ 85,000	\$ 2,160	\$ 87,160
Robeson County Jail	Robeson	110663	410	\$ 85,000	\$ 12,300	\$ 97,300
Rockingham County Detention Facility	Rockingham	110664	232	\$ 85,000	\$ 6,960	\$ 91,960
Rowan County Detention Centers	Rowan	110666	210	\$ 85,000	\$ 6,300	\$ 91,300
Rutherford County Detention Center	Rutherford	110667	208	\$ 85,000	\$ 6,240	\$ 91,240
Sampson County Detention Center	Sampson	110668	252	\$ 85,000	\$ 7,560	\$ 92,560
Scotland County Detention Center	Scotland	110669	109	\$ 85,000	\$ 3,270	\$ 88,270
Stanly County Detention Center	Stanly	110670	131	\$ 85,000	\$ 3,930	\$ 88,930
Stokes County Jail	Stokes	110671	156	\$ 85,000	\$ 4,680	\$ 89,680
Surry County Detention Center	Surry	110672	149	\$ 85,000	\$ 4,470	\$ 89,470
Swain County Detention Center	Swain	110673	109	\$ 85,000	\$ 3,270	\$ 88,270
Transylvania County Sheriff's Office Detention Center	Transylvania	110674	128	\$ 85,000	\$ 3,840	\$ 88,840
Union County Jail	Union	110676	264	\$ 85,000	\$ 7,920	\$ 92,920

Vance County Detention Center	Vance	110677	150	\$ 85,000	\$ 4,500	\$ 89,500
Wake County Detention Centers	Wake	110680	1568	\$ 85,000	\$ 47,040	\$ 132,040
Warren County Detention Center	Warren	110681	37	\$ 85,000	\$ 1,110	\$ 86,110
Washington County Jail	Washington	110682	42	\$ 85,000	\$ 1,260	\$ 86,260
Watauga County Detention Center	Watauga	110683	106	\$ 85,000	\$ 3,180	\$ 88,180
Wayne County Detention Centers	Wayne	110684	421	\$ 85,000	\$ 12,630	\$ 97,630
Wilkes County Jail	Wilkes	120487	240	\$ 85,000	\$ 7,200	\$ 92,200
Wilson County Detention Center	Wilson	110688	296	\$ 85,000	\$ 8,880	\$ 93,880
Yadkin County Detention Center	Yadkin	110689	101	\$ 85,000	\$ 3,030	\$ 88,030
Yancey County Jail	Yancey	110690	45	\$ 85,000	\$ 1,350	\$ 86,350

I. BACKGROUND

The NC DHHS Communicable Disease Branch Corrections team aims to provide access to COVID-19 related knowledge, resources, and services that improve correctional healthcare practices and procedures to ensure appropriate care is delivered to the incarcerated population. Doing so positively impacts health outcomes and the detection, mitigation, and reduction of COVID-19 and related health conditions. As recognized and acknowledged by recent national health guidelines and recommendations, jail health resources are a critical mechanism to reduce the prevalence of infectious disease and promote infection control and prevention.

Overview of COVID-19 Response in Local Confinement Facilities: Limitations in jails and detention centers may not allow for proper social distancing to be maintained. In addition, holding conditions, the complexity of continual jail staff rotations, and frequent movement of Detainees may facilitate the transmission of COVID-19 in jails and detention centers. Because of the possibility for the rapid spread of COVID-19 in local confinement facilities, immediate investigation and control measures are necessary and should be taken when a Detainee or staff member first begins to exhibit symptoms of respiratory illness and before confirmation of COVID-19.

The NC DHHS Communicable Disease Branch Corrections team provides correctional healthcare best practices based on national correctional standards through building a network of resources. The NC jail health initiative includes a toolkit, strategies, education, technical assistance for participating correctional entities, and the collaboration and development of working relationships with stakeholders to establish credibility and a collaborative relationship to effect any needed change in the delivery of healthcare services.

The provision of medical care within confinement facilities in our state is guided by General Statute 153a-225 and state regulations defined in NC Administrative Code Title 10A, Chapter 14, Subchapter J (10A NCAC 14J).

II. PURPOSE

Through the ELC Program, in partnership with the Department of Justice, the CDC has provided financial assistance to DHHS to respond to Coronavirus Disease 2019 (COVID-19) in confinement facilities within North Carolina. For the purposes of this guidance, the term 'confinement facilities' includes adult prisons and jails; juvenile confinement facilities; police lockups; and community confinement facilities as defined by [28 CFR § 115.5](#). State recipients must support local government units within their jurisdiction to reach the fullest complement of confinement facilities in the state. Funding will serve as a resource to correctional entities to help improve the delivery of healthcare, assist in infectious disease prevention and control, and statewide support to ensure the health and wellbeing of detained and incarcerated persons in the state of North Carolina.

III. SCOPE OF SERVICES

Performance Requirements

The awarded facility(ies) shall conduct the following activities:

1. **COVID TESTING EXPANSION:** Facilities shall establish and implement diagnostic and screening testing programs for all Detainees and/or staff and visitors.
PERFORMANCE MEASURE: Increase the percent of Detainees tested within the facility by a minimum of 10% within the first year of the contract period and 25% or greater by the end of the contract period. An increase in testing can include expansion of testing options (e.g., offering tests to all intakes) or increasing the volume of existing testing strategies.
2. **COVID EDUCATION/TRAINING ACCESS:** Facilities shall educate and/or train staff and Detainees on COVID-19 and infection control and prevention.
PERFORMANCE MEASURE: Provide access to two (2) education or training experiences to both staff and Detainees within the contract period. The NC DHHS Corrections Team's developed training programs and those materials can be utilized for this requirement.
 - a. All medical staff and a minimum of 50% of all other staffing should participate in a training experience within the first 6 months of the contract and complete an additional training experience by February 28, 2024 (3 months prior to the end of the contract)
 - b. Staff training experiences can include but are not limited to webinars, online courses, onsite training, and printed training materials that require a minimum of 1 hour to complete and pertain to COVID-19 or infection prevention topics.
 - c. A minimum of 75% of new Detainees/intakes are given COVID-19 and infection prevention education in the form of printed materials and/or verbal or video instruction by September 1, 2022, and continue through the end of the contract
 - d. The minimum number of Detainees to total 50% of the monthly census will be provided education on a COVID-19 related topic (in addition to education provided at intake) in the form of printed material or video instruction by January 1, 2023, and continue through the end of the contract.

Performance Standards

The awarded facility(ies) shall submit the following programmatic reports to NC DPH:

1. A completed initial Program Evaluation Form (PEF) to provide baseline data, highlighting information reflecting the last six months at the time of application. The PEF is available in [Smartsheet](#).
2. Completed subsequent PEFs that are submitted by the 10th of each month. *PEFs are available in [Smartsheet](#).* (Forms will request information pertaining to the previous month.)
3. Deliverable Deadlines
 - a. The initial Program Evaluation Form is due with the funding application
 - b. Monthly Program Evaluation Forms are due by the 10th of each month following the reporting period
 - c. Monthly Contract Expenditure Reports (CERs) and Monthly Expenditure Reports (MERs) are required for reimbursement and are due by the 10th of each month following the reporting period

4. Testing Requirements will be reviewed every 6 months by the DPH subrecipient monitoring team, and feedback/technical assistance will be offered to facilities.
5. Educational Requirements will be reviewed every 6 months by the DPH subrecipient monitoring team, and feedback/technical assistance will be offered to facilities.

Performance Monitoring/Quality Assurance Plan

Contracts will be monitored according to DPH Sub-Recipient Monitoring policies and procedures to include the following protocol:

1. Deliverables (contract submissions and required reports) will be monitored.
2. Contracted facility(ies) agree to participate in the periodic assessments and confirm site data and performance measures.
3. If a contracting facility(ies) is deemed out of compliance, program staff will provide technical assistance. If technical assistance does not improve compliance, eligibility for continued funding may be affected.

Reimbursement

1. In order to receive reimbursement from NC DPH, contracted facility(ies) must:
 - a. Assure that anticipated expenses within the allowable costs are defined within the submitted budget to simplify tracking and ensure funds are spent according to federal guidelines.
 - b. Submit an authenticated, original Contract Expenditure Report (CER) by the 10th of each month even when no expenses are incurred in a given month. CERs must be signed by an authorized official. (Authorization Form included in Appendix A for completion.)
 - c. Include a Monthly Expense Report (MER) with each CER. Proof of expenses should be maintained as random audits can be performed during the contract period.
 - d. Submit a Monthly Program Report by the 10th of each month.
 - e. Comply with the allowable and unallowable uses of funding as outlined on pages 18-19.
2. Failure to submit monthly sequential reports may delay receipt of reimbursement.
3. Permission for revisions to the executed contract budget must be requested in writing to NC DPH and include justification for the changes.
 - a. Proposed budget revisions require approval from the NC DPH Communicable Disease Branch Corrections Team Contract Administrator or designee
 - b. All requests for proposed budget revisions must be submitted 30 days before the expenditures of funds.

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection

All qualified applications will be evaluated, and award made to counties with budget and description meeting federal and state funding requirements. Successful applicants will be notified by April 30, 2022.

2. Decline to Offer

Any agency or organization that receives a copy of the RFA but declines to make an offer is requested to send a written "Decline to Offer" to the funding agency. Failure to respond as requested may subject the agency or organization to removal from consideration of future RFAs.

3. Cost of Application Preparation

Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.

4. Elaborate Applications

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

5. Oral Explanations

The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

6. Reference to Other Data

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

7. Titles

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

8. Form of Application

Each application must be submitted on the form provided by the funding agency and will be incorporated into the funding agency's Performance Agreement (contract).

9. Exceptions

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency or organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract).

10. Advertising

In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.

11. Right to Submitted Material

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

12. Competitive Offer

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

13. Agency and Organization's Representative

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

14. Subcontracting

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

Agencies and organizations shall also ensure that subcontractors are not on the state's Suspension of Funding List available at: <https://www.osbm.nc.gov/stewardship-services/grants/suspension-funding-memos>.

15. Proprietary Information

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

16. Participation Encouraged

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

17. Contract

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

V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

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

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

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on February 28, 2022: <http://www.ncdhhs.gov/about/grant-opportunities/public-health-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 NCDHHS Communicable Disease Branch Corrections Team webpage at: [NCDHHS Communicable Disease Branch Corrections Team | NCDHHS](#) and may be sent via email to interested agencies beginning February 28, 2022.

3. **Question & Answer Period**

Written questions concerning the specifications in this Request for Applications will be received until March 7, 2022. As an addendum to this RFA, a summary of all questions and answers will be posted on the NCDHHS Communicable Disease Branch Corrections Team webpage at: [NCDHHS Communicable Disease Branch Corrections Team | NCDHHS](#) no later than March 14, 2022.

4. **Applications**

Applicants can submit an original with two copies of the application by mail. All copies must include the required attachments. Electronic submission is preferred. Faxed applications will not be accepted.

5. **Original Application**

The original application must contain original documents, and all signatures in the original application must be original. Mechanical, copied, or stamped signatures are not acceptable. The original application should be clearly marked "original" on the application face sheet.

6. **Copies of Application**

Along with the original application, submit two photocopies of the application in its entirety. Copies of the application should be clearly marked "copy" on the application face sheet.

7. **Format**

The application must be typed, single-side on 8.5" x 11" paper with margins of 1". Line spacing should be single-spaced. The font should be easy to read and no smaller than an 11-point font.

8. **Application Deadline**

All applications must be received electronically or postmarked by March 31, 2022. Verified signatures are required.

9. **Receipt of Applications**

Applications from each responding agency will be logged into the system and stamped with the date received on the cover sheet.

10. Review of Applications

Applications are reviewed by a subrecipient monitoring team who are familiar with the subject matter. Staff from applicant agencies may not participate as reviewers.

Applications will be evaluated according to completeness, content, ability of the agency's or organization's staff, cost, etc. The State reserves the right to conduct site visits as part of the application review and award process. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

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

G.S. 159-34 states that each unit of local government and public authority must have its accounts audited as soon as possible after the close of each fiscal year.

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.

15. Federal Certifications

Agencies or organizations receiving Federal funds are required to execute Federal Certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco Smoke, Debarment, Lobbying, and Lobbying Activities, and return it with the application.

16. System for Award Management Database (SAM)

All grantees receiving federal funds must be actively registered in the federal government's System for Award Management (SAM) database, or be willing to complete the registration process in conjunction with the award (see www.sam.gov). To maintain an active SAM record, the record must be updated no less than annually.

17. Additional Documentation Prior to Contract Execution

Agencies must provide the following documentation with the application:

- a. A completed and signed letter from the County's Executive/Manager identifying individuals as authorized to sign contracts.
- b. A completed and signed letter from the County's Executive/Manager identifying individuals as authorized to sign expenditure reports.
- c. Documentation of the agency's DUNS number. Documentation consists of a copy of communication (such as a letter or email correspondence) from Dun & Bradstreet (D&B)

which indicates the agency or organization's legal name, address, and DUNS number. In lieu of a document from D&B, a copy of the agency or organization's SAM record is acceptable.

If your agency does not have a DUNS number, please use the D&B online registration (<http://fedgov.dnb.com/webform>) to receive one free of charge. (DUNS is the acronym for the Data Universal Numbering System developed and regulated by D&B.)

UEI or Unique Entity ID number can be used in place of the DUNS number if provided with a copy of the agency or organization's SAM record

- d. 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) and must be completed and returned with the application.
- e. All grantees must complete a State of North Carolina Substitute W-9 in order to be reimbursed through the North Carolina Accounting System. See Appendix A for a link to this form, which must be completed and returned with the application.

18. 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. See Appendix A for this form, which must be completed and returned with the application..

19. Iran Divestment Act

As provided in G.S. 147-86.59, any person identified as engaging in investment activities in Iran, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to G.S. 147-86.58, is ineligible to contract with the State of North Carolina or any political subdivision of the State.

20. Boycott Israel Divestment Policy

As provided in Session Law 2017-193, any company that boycotts Israel, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to Session Law 2017-193 is ineligible to contract with the State of North Carolina or any political subdivision of the State.

21. Application Process Summary Dates

02/28/2022: Request for Applications released to eligible applicants.

03/07/2022: End of Q&A period. All questions due in writing by 5pm.

03/14/2022: Answers to Questions released to all applicants, as an addendum to the RFA.

03/31/2022: Applications due by 5pm.

04/30/2022: Successful applicants will be notified.

06/01/2022: Contract Term begins.

VI. PROJECT BUDGET

Budget and Justification

Applicants must submit a line item budget with a narrative justification for the two-year period of the contract.

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 Department of Health and Human Services. Please refer to the current rates for travel and lodging reimbursement, presented in the chart below.

Current Rates for Travel and Lodging

Meals	In State	Out of State
Breakfast	\$13.00	\$13.00
Lunch	\$14.00	\$14.00
Dinner	\$23.00	\$23.00
<i>Total Meals Per Diem Per Day</i>	<i>\$50.00</i>	<i>\$50.00</i>
Lodging (Maximum rate per person, excludes taxes and fees)	\$96.00	\$96.00
Total Travel Allowance Per Day	\$146.00	\$146.00
Mileage	\$0.585 per mile	

Allowable Costs:

Recipients should consider requesting the following when developing the *Detection & Mitigation of COVID-19 in Confinement Facilities* budgets:

- Personnel (term, temporary, students, consultant and/or contract staff, etc.) related to COVID-19 testing and mitigation efforts
- Overtime pay for staff related to testing and mitigation efforts
- Additional COVID testing supplies and PPE
- COVID processing lab equipment
- Biohazard Removal Vendor Contract
- Temporary Medical/Custody Staff for COVID-19 testing and contact tracing
- Software or systems to assist with electronic reporting & documentation related to COVID-19 testing and mitigation that may be translatable to other diseases
- Minor renovations

Unallowable Costs:

- Research
- Clinical Care
- Major Construction
- Publicity and propaganda (lobbying):
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:

- Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
- The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients: https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf
- All unallowable costs cited in CDC-RFA-CK19-1904 remain in effect, unless specifically amended, in accordance with 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, And Audit Requirements for HHS Awards.

Audits

G.S. 159-34 states that each unit of local government and public authority must have its accounts audited as soon as possible after the close of each fiscal year.

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. This RFA is funded by 100% federal grant funds provided by the DHHS, Centers for Disease Control and Prevention through its CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infections Diseases (ELC) grant, Detection & Mitigation of COVID in Confinement Facilities supplement.

Indirect cost is allowed on awarded granted through this RFA.

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, a 10% indirect cost rate (known as the *de minimis* rate) may be used on the total, modified direct cost as defined in 2 CFR 200.68, *Modified Total Direct Cost (MTDC)*, with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. 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 should enter “No indirect cost requested” in the indirect cost line item of the budget narrative.

VII. Federal Terms and Conditions Applicable to all Awardees

In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research award at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the award hereby incorporates the following award-specific terms and conditions:

- A. As the Contractor is a subrecipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); and/or the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2], the Contractor agrees as applicable to the award, to:
1. Comply with existing and/or future directives and guidance from the HHS Secretary regarding control of the spread of COVID-19;
 2. In consultation and coordination with NC DHHS and HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and
 3. Assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation. In addition, to the extent applicable, comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS– CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC.
 4. Consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the subrecipient is expected to provide to CDC, through NC DHHS, copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.
- B. In addition to their local procurement rules/policies, the Contractor shall comply with the following rules, applying the most restrictive standard where there is a difference between any of the standards:
1. Federal Uniform Administrative Requirements for Procurement, 45 CFR Part 75 §75.327-335, https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75&rgn=div5#se45.1.75_1326
 - a. Appendix II to Part 75—*Contract Provisions for Non-Federal Entity Contracts Under Federal Awards* may be found here for incorporation into procurement contracts: https://www.ecfr.gov/cgi-bin/textidx?node=pt45.1.75&rgn=div5#ap45.1.75_1521.ii
- C. Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to NCDHHS, all information related to violations of federal criminal law involving briber, or gratuity violations potentially affecting the federal award.

VIII. EVALUATION CRITERIA

SCORING OF APPLICATIONS

Applications shall be scored based on the responses to the four application content areas. Each content area shall be scored on a scale of 1 to 4 based on the scale below:

1	POOR	Requirements Not Met
2	AVERAGE	Revisions Suggested to meet requirements
3	GOOD	Requirements Met - Considerations
4	EXCELLENT	Requirements Met, ready for submission

Content Areas: Applicant General Information and Response, Project Budget, Federal/State Certifications and Documentation, and Authorizations

Each content area will be weighted and the score of 1 to 4 will be multiplied by the assigned weight of the content area. (If the content area has a weight = 10 and it is rated 4 (excellent) the total will be 40 points.) The highest total score is 100 points. The scoring procedure is described below:

1. Applicant General Information and Response

Weight = 5, Total maximum points = 20

Score distribution is: 5 = poor; 10 = average; 15 = good; 20 = excellent.

2. Federal/State Certifications and Documentation

Weight = 5, Total maximum points = 20

Score distribution: 5 = poor; 10 = average; 15 = good; 20 = excellent.

3. Project Budget

Weight = 10, Total maximum points = 40

Score distribution is: 10 = poor; 20 = average; 30 = good; 40 = excellent.

4. Authorizations – Contracts/Reports

Weight = 5, Total maximum points = 20

Score distribution: 5 = poor; 10 = average; 15 = good; 20 = excellent.

IX. APPLICATION

Application Checklist

The following items must be included in the application. Please assemble the application in the following order:

1. ___ **Cover Letter**
2. ___ **Application Face Sheet**
3. ___ **Applicant's Response/Form**
4. ___ **Project Budget**
 Include a budget for each of contract years 1 & 2 in the format provided.
 Indirect costs are allowed.
5. ___ **Indirect Cost Rate Approval Letter** (if indirect costs are requested at a rate higher than 10% of the modified total direct cost)
6. ___ **IRS Letter Documenting Your Organization's Tax Identification Number** (public agencies)
7. ___ **Federal Certifications**
8. ___ **Letter for Individuals Authorized to Sign Expenditure Reports**
9. ___ **Letter for Individuals Authorized to Sign Contracts**
10. ___ **State Certifications Form**
11. ___ **Federal Funding Accountability and Transparency Act (FFATA) Form**
12. ___ **State of NC Substitute W-9 Form**

1. Cover Letter

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

Include in the cover letter:

- the legal name of the Applicant agency
- the RFA number
- the Applicant agency's federal tax identification number
- the Applicant agency's DUNS or UEI number
- the closing date (March 31, 2022) for applications.

3. Applicant's Response

Complete an initial Program Evaluation Form (PEF) to provide baseline data, highlighting information reflecting the last six months of operations at the time of application.

The PEF is available in [Smartsheet](#).

4. Project Budget

CONTRACTOR LINE-ITEM BUDGET

BUDGET (June 1, 2022 – May 31, 2024)		
Line Item	Narrative	Amount (\$)
CATEGORY: PERSONNEL		
Salary		
Fringe		
Other Contracted HR (temp agency or other means)		
CATEGORY: SUPPLIES AND MATERIALS (disposable)		
Supplies & Materials: (office supplies)		
PPE (masks, gloves, sanitizer, etc.)		
Furniture		
CATEGORY: TRAVEL		
Staff Travel		
CATEGORY: EQUIPMENT (non-disposable)		
Communication		
Office		
IT (laptops)		
Medical		
Scientific		
Assistive Technology		
Other (explain)		
CATEGORY: REPAIR & MAINTENANCE (cannot include construction)		
Janitorial		
CATEGORY: STAFF DEVELOPMENT		
Staff Development		
CATEGORY: MEDIA/COMMUNICATIONS		
Audiovisual Presentations, Multimedia		
Publications		
Reprints		
Text translation		
CATEGORY: RENT		
Office Space		
Equipment		
Furniture		
Other (explain)		
CATEGORY: OTHER (explain)		

SUBTOTAL of PERSONNEL & OPERATING		
CATEGORY: INDIRECT COSTS		
Indirect Costs		
TOTAL BUDGET		

TOTAL BUDGET: \$

5. Indirect Cost Rate Approval Letter (if applicable)

6. 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.

Appendix A Forms to Complete

**These documents must be completed, signed, and returned
with the RFA response.**

FEDERAL CERTIFICATIONS

The undersigned states that:

1. He or she is the duly authorized representative of the Contractor named below;
2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
 - a. The Certification Regarding Nondiscrimination;
 - b. The Certification Regarding Drug-Free Workplace Requirements;
 - c. The Certification Regarding Environmental Tobacco Smoke;
 - d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
 - e. The Certification Regarding Lobbying;
3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
4. [Check the applicable statement]
 - He or she **has completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;
 - OR**
 - He or she **has not completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.
5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

Signature

Title

Contractor [Organization's] Legal Name

Date

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

I. Certification Regarding Nondiscrimination

The Contractor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits

discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

II. Certification Regarding Drug-Free Workplace Requirements

1. **The Contractor certifies** that it will provide a drug-free workplace by:
 - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - b. Establishing a drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The Contractor's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
 - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
 - e. **Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;**
 - f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

Street Address No.1:

City, State, Zip Code:

Street Address No.2:

City, State, Zip Code:

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

III. Certification Regarding Environmental Tobacco Smoke

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

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

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

Instructions

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

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to whom this 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>For Material Change Only:</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>		

<p>16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No: _____ Date: _____</p>
<p>Federal Use Only</p>	<p>Authorized for Local Reproduction Standard Form - LLL</p>

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

STATE CONTRACTOR CERTIFICATIONS

State Certifications

Contractor Certifications Required by North Carolina Law

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

- Article 2 of Chapter 64: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- G.S. 133-32: <http://www.ncga.state.nc.us/gascritps/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
- G.S. 143-48.5: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html
- G.S. 143-59.1: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- G.S. 143-59.2: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- G.S. 143-133.3: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html
- G.S. 143B-139.6C: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf

Certifications

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

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 DUNS Number _____

Entity’s Parent’s DUNS Nbr. (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. _____	_____	_____

State of NC Substitute W-9

The State of North Carolina Substitute W-9 document is required to set entities up for payment in the North Carolina Accounting System.

Access the source document here from our State Controller's Office website:

https://files.nc.gov/ncosc/documents/NCAS_forms/State_of_North_Carolina_Sub_W-9_01292019.pdf

Download, complete, and save your entity's NC Substitute W-9.

Attach the completed form to your email submission of the application.

Appendix B: Reference Document(s)

1. The following State of NC Substitute W-9 document is for reference only.
2. Please access the source document at:
[https://files.nc.gov/ncosc/documents/NCAS_forms/State_of_North Carolina Sub W-9 01292019.pdf](https://files.nc.gov/ncosc/documents/NCAS_forms/State_of_North_Carolina_Sub_W-9_01292019.pdf)
3. Download the file, complete, and save.
4. Attach it to the email with your RFA Application.

Section 1 – Taxpayer Identification	*1. Social Security Number (SSN), OR Employer Identification Number (EIN), OR Individual Taxpayer Identification Number (ITIN) *2.	Please select the appropriate Taxpayer Identification Number (EIN, SSN, or ITIN) type and enter your 9-digit ID number. The U.S. Taxpayer Identification Number is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you or require The State of NC to withhold 24% for backup withholding tax.		
	*4. Legal Name (as shown on your income tax return):	3. Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)		
	5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:			
	Contact Information			
	*6. Legal Address	7. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable)		
	* Address Line 1:	Address Line 1:		
	Address Line 2:	Address Line 2:		
	*City *State *Zip (9 digit)	City State Zip (9 digit)		
	*County	County		
	*8. Contact Name:			
*9. Phone Number:				
10. Fax Number:				
11. Email Address:				
*12. Entity Type Individual/Sole Proprietor/Single-member LLC C-Corporation S-Corporation Partnership Trust/Estate Other _____ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		*13. Entity Classification Medical Services Legal/Attorney Services NC Local Govt Federal Govt NC State Agency Other Govt Other (specify) _____	14. Exemptions (see instructions) Exempt payee code (if any): Exemption from FATCA reporting code (if any):	
Section 2 - Certification	Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding because of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.			
	Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website (https://www.irs.gov/):			
	* Printed Name:	* Printed Title:	* Date:	
* Authorized U.S. Signature:				

Please complete the "Modification to Existing Vendor Records" section below if there have been any changes to the following: Tax Identification Number (TIN), Legal Name, Business Name, Remittance Address

Return to the NC State Agency from which you are requesting payment.

NC Office of the
State Controller
***Denotes a Required Field**
This form is to be
completed by the vendor.

STATE OF NORTH CAROLINA
SUBSTITUTE W-9 FORM
Modification to Existing Vendor Records



This form is to be completed by the vendor if one or more of the following have changed:

1. Change of remittance address.
2. Change of Social Security Number (SSN), or Employer Identification Number (EIN), or Individual Taxpayer Identification Number (ITIN).
3. Change of Vendor Name.

Please complete the applicable sections below.

Section 1:

CHANGE FROM: Remittance Address	CHANGE TO: Remittance Address
*Address Line 1:	*Address Line 1:
Address Line 2:	Address Line 2:
*City *State *Zip (9 digit)	*City *State *Zip (9 digit)
*County	*County

NOTE: If you would like to receive your payments electronically, please complete the [Vendor Electronic Payment Form](#)

Section 2:

* CHANGE FROM: SSN, or EIN, or ITIN	* CHANGE TO: SSN, or EIN, or ITIN
-------------------------------------	-----------------------------------

Section 3:

CHANGE FROM: Vendor Name	CHANGE TO: Vendor Name
*Legal Name:	*Legal Name:
Business Name/DBA/Disregarded Entity Name, if different from Legal Name:	Business Name/DBA/Disregarded Entity Name, if different from Legal Name:
*Printed Name:	*Printed Title:
*Authorized U.S. Signature:	*Date:

General Instructions

For General Instructions, please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>).

Specific Instructions

Section 1 -Taxpayer Identification

1. **Taxpayer Identification Type.** Check the type of identification number provided in box 2.
2. **Taxpayer Identification Number (TIN).** Enter taxpayer's nine-digit Employer Identification Number (EIN), Social Security Number (SSN), or Individual Taxpayer Identification Number (ITIN) without dashes.

 Note: If an LLC has one owner, the LLC's default tax status is "disregarded entity". If an LLC has two owners, the LLC's default tax status is "partnership". If an LLC has elected to be taxed as a corporation, it must file IRS Form 2553 (S Corporation) or IRS Form 8832 (C Corporation).
3. **Dunn and Bradstreet Universal Numbering System (DUNS).** Vendors are requested to enter their DUNS number, if applicable.
4. **Legal Name.** Enter the legal name as registered with the IRS or Social Security Administration. In general, enter the name shown on your income tax return. Do not enter a Disregarded Entity Name on this line.
5. **Business Name.** Business, Disregarded Entity, trade, or DBA ("doing business as") name.

Contact Information

6. Enter your **Legal Address.**
7. Enter your **Remittance Address, if applicable.** A Remittance Address is the location in which you or your entity receives business payments.
8. Enter the **Contact Name.**
9. Enter your **Business Phone Number.**
10. Enter your **Fax Number, if applicable.**
11. Enter your **Email Address, if applicable.**

For clarification on IRS Guidelines, see www.irs.gov.

12. **Entity Type.** Select the appropriate entity type.
13. **Entity Classification.** Select the appropriate classification type.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See Exempt payee code and Exemption from FATCA reporting code below.

14. **Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2 - The United States or any of its agencies or instrumentalities
- 3 - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities
- 4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5 - A corporation
- 6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7 - A futures commission merchant registered with the Commodity Futures Trading Commission
- 8 - A real estate investment trust
- 9 - An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10 - A common trust fund operated by a bank under section 384(a)
- 11 - A financial institution
- 12 - A middleman known in the investment community as a nominee or custodian
- 13 - A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

If the payment is for...	THEN the payment is exempt for...
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A - An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(b)(37)
- B - The United States or any of its agencies or instrumentalities
- C - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D - A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E - A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F - A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G - A real estate investment trust
- H - A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I - A common trust fund as defined in section 384(a)
- J - A bank as defined in section 381
- K - A broker
- L - A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M - A tax exempt trust under a section 403(b) plan or section 457(g) plan

Section 2 - Certification

To establish to the paying agency that your TIN is correct, you are not subject to backup withholding, or you are a U.S. person, or resident alien, sign the certification on NC Substitute Form W-9. You are being requested to sign by the State of North Carolina.

For additional information please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>).