



Request for Applications

RFA #A384

Community Health Worker-Doula Program

FUNDING AGENCY: North Carolina Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section-Women's Health Branch

ISSUE DATE: **January 26, 2021**

DEADLINE DATE: **March 26, 2021**

INQUIRIES and DELIVERY INFORMATION:

Direct all inquiries concerning this RFA to:

Shelby M. Weeks, MHS
Preconception Health and Family Support Unit Manager
NC Division of Public Health
Women's Health Branch
919-707-5707 (office)
Shelby.Weeks@dhhs.nc.gov

Applications will be received until 5:00pm on March 26, 2021.

Applicants shall submit an electronic copy of the signed application and all attachments to Shelby Weeks at shelby.weeks@dhhs.nc.gov and copy simona.lane@dhhs.nc.gov by 5 pm on March 26, 2021 in MS Word or PDF format. Budgets and budget narratives shall be included as part of the application submitted. The budget may be submitted as a separated file in an MS Excel format. The electronic application must contain signed documents. Paper copies or faxed applications will not be accepted.

IMPORTANT NOTE: Indicate agency/organization name and RFA number on the front of each application envelope or package, along with the RFA deadline date.

RFA Table of Contents

I. INTRODUCTION-----4
 ELIGIBILITY -----5
 FUNDING -----5
II. BACKGROUND -----6
III. SCOPE OF SERVICES -----9
IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS----- 13
 1. Award or Rejection ----- 13
 2. Decline to Offer ----- 13
 3. Cost of Application Preparation----- 13
 4. Elaborate Applications ----- 13
 5. Oral Explanations ----- 13
 6. Reference to Other Data----- 13
 7. Titles ----- 13
 8. Form of Application ----- 13
 9. Exceptions ----- 13
 10. Advertising ----- 14
 11. Right to Submitted Material ----- 14
 12. Competitive Offer ----- 14
 13. Agency and Organization's Representative----- 14
 14. Subcontracting ----- 14
 15. Proprietary Information ----- 14
 16. Participation Encouraged----- 14
 17. Contract----- 14
V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW ----- 15
 1. Announcement of the Request for Applications (RFA) ----- 15
 2. Distribution of the RFA ----- 15
 3. Bidder’s Conference / Teleconference / Question & Answer Period----- 15
 4. Applications----- 15
 5. Format----- 15
 6. Space Allowance ----- 15
 7. Application Deadline ----- 15
 8. Receipt of Applications----- 16
 9. Review of Applications----- 16
 10. Request for Additional Information ----- 16
 11. Audit ----- 16
 12. Assurances----- 17
 13. Additional Documentation to Include with Application----- 17
 14. Federal Certifications ----- 17
 15. System for Award Management Database (SAM) ----- 17
 16. Additional Documentation Prior to Contract Execution----- 17
 17. Registration with Secretary of State ----- 18
 18. Federal Funding Accountability and Transparency Act (FFATA)----- 18
 19. Iran Divestment Act----- 18
 20. Boycott Israel Divestment Policy ----- 18
 21. Application Process Summary Dates----- 18

VI. PROJECT BUDGET-----	19
VII. EVALUATION CRITERIA -----	21
VIII. APPLICATION-----	22
Application Checklist -----	22
2. Application Face Sheet -----	26
3. Applicant’s Response-----	27
Section 6 -----	41
4. Indirect Cost Rate Approval Letter (if applicable) -----	42
5. Letters of Commitment-----	43
Attachment A: Letters of Support, Commitment & Memorandums of Agreement -----	43
Attachment B: Agency Information -----	44
Appendix A: North Carolina Perinatal Care Regions by County Listing -----	45
6. IRS Letter-----	46
7. Verification of 501(c)(3) Status Form-----	47
Appendix B Forms for Reference -----	48
FEDERAL CERTIFICATIONS -----	49
LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS -----	58
LETTER TO IDENTIFY INDIVIDUALS TO SIGN EXPENDITURE REPORTS -----	59
CONFLICT OF INTEREST POLICY-----	60
NO OVERDUE TAX DEBTS CERTIFICATION -----	63
CONTRACTOR CERTIFICATIONS -----	64
FFATA Form -----	66

I. INTRODUCTION

This Request for Applications (RFA) will provide funding to one community-based organization (CBO) to pilot a Community Health Worker (CHW)-Doula program in one of the Perinatal Care Regions (see map below). A listing of counties in each Perinatal Care Region can be found in Appendix A.



Applicant agencies must include funds to underwrite one Community Health Worker and two Doula positions in the proposed budget. The American Public Health Association (APHA) defines a community health worker as “a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served” whose relationship with the community “enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.” CHWs are being used increasingly to help address health disparities and inequities across a broad array of health conditions. Therefore, we believe that CHWs are uniquely qualified to work with pregnant, postpartum, and inter-conception women in our effort to improve maternal health outcomes.

The CHW will serve as the frontline staff representative responsible for creating awareness about the program in the community, using strategies such as posting information on social media platforms, exhibiting at health fairs and community events, and conducting presentations at churches, schools, or provider offices. The goal of CHW efforts is to:

- identify and recruit pregnant women as early in pregnancy as possible to increase the number of women receiving prenatal care in the first trimester
- facilitate opportunities to build social support among pregnant, postpartum and interconception women participating in the program through activities including, but not limited to, walking, crafting and/or peer-led groups
- conduct home visits in the pre-and postnatal period to support mothers, provide newborn care, and facilitate referrals that may lead to early detection of complications and initiation of appropriate referrals. (<https://www.ncbi.nlm.nih.gov/books/NBK361898/>)

Birth doulas are defined as “a trained professional who supports a birthing woman during labor and birth” (www.dona.org). Birth doulas are trained to provide continuous physical, emotional, and informational support to birthing women and their partners to help them achieve the healthiest, most satisfying birth experience as possible. Similar to CHWs, the birth doula serves as the liaison and advocate to the birthing woman and her family, but specifically in the context of education and support prenatally and during labor, birth and postpartum. Doulas do not replace the partners during labor and birth. Doulas assist partners to feel comfortable in knowing how to support their loved one. Data has shown that women who have continuous labor support provided by a trained doula are more likely to have a vaginal birth; less likely to use analgesia medications; and are less likely to have a cesarean birth (<https://www.ncbi.nlm.nih.gov/pubmed/28681500>). Doulas associated with the pilot site will be required to complete birth doula training obtained through a DONA International affiliated organization or other entity approved by the Division of Public Health Women’s Health Branch Maternal Health Innovation (MHI) Project Director.

Applicant agencies will be required to identify, hire, or contract with two doulas who will provide support to at least 30 pregnant women and serve as their primary doula during the project period. The two doulas will work collaboratively to ensure that all pregnant women have continuous labor support, thereby providing back-up coverage for each other. The doulas and/or CHW will be expected to maintain contact with the woman at the following intervals: up to three times during pregnancy, within one week after birth, up to six weeks after birth, at six months and 12 months postpartum.

Under this grant, one applicant agency will be funded to establish and pilot a Community Health Worker-Doula program in one Perinatal Care Region.

ELIGIBILITY

Applicant agencies must be a North Carolina public or private non-profit institution that is physically located in one of the six Perinatal Care Regions. Each applicant agency must demonstrate the capacity to provide services required under this RFA in at least one county of the identified PCR where participants will be served. A listing of counties for each PCR can be found in Appendix A. A nonprofit organization is defined as an entity that is formed and operated to address a social cause, serve a public need, and is granted tax-exempt status by the Internal Revenue Service (IRS; <https://www.councilofnonprofits.org/what-is-a-nonprofit>). Private non-profit institutions must document their 501(c)(3) status in Attachment B and must be registered to do business in the State of North Carolina before contract execution. Public agencies must provide a legal document or letter verifying both legal name and federal tax identification number on page 48. For-profit agencies need not apply.

Applicants must have expertise managing programs or initiatives that are staffed by trained community health workers, doulas and/or lay health, outreach or related types of workers who directly serve pregnant, postpartum and/or interconception women in their local communities. In addition, applicants must demonstrate that their organization is recognized and respected in the county(s) they intent to serve and present evidence of their connections with other agencies. Detailed letters of support and/or Memorandums of Agreement (MOAs) outlining the nature of the relationship and the roles that each partner plays in serving clients must be attached to the application.

FUNDING

One Community Health Worker-Doula program (site) will be funded, and funding is anticipated to be available for two years and four months. Year One funding begins June 1, 2021 and ends September 29,

2021. Total funding available in the abbreviated Year 1 (four months) funding period is \$26,668 (total). In Years 2 and 3, funds will be awarded in the amount of \$80,000 each year. The funding periods and amounts are outlined below:

Funding Period	Dates of Funding	Annual Funding Amount	Total Funding Amount
Year 1	6/1/2021 – 9/29/2021	\$26,668	\$26,668
Year 2	9/30/2021 – 9/29/2022	\$80,000	\$80,000
Year 3	9/30/2022 – 9/29/2023	\$80,000	\$80,000
		Total Funding for Two Years and Four Months	\$186,668

Funding will be administered by the North Carolina Department of Health and Human Services, Division of Public Health, Women’s and Children’s Health Section, Women’s Health Branch, Preconception Health and Family Support Unit. Continuation of funding will be dependent upon program performance and future funding availability. The final number and award amount will depend upon the number of quality applications received, the strength of the applicants’ response to the required scope of services, and the likelihood of the success of the proposed program. Funds for this program are 100% federal funds from the Health Resources and Services Administration (HRSA)-State Maternal Health Innovation Grant.

II. BACKGROUND

The North Carolina Department of Health and Human Services, Division of Public Health, Women’s Health Branch received funding in September 2019 from the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB) Division of Healthy Start and Perinatal Services to administer the State Maternal Health Innovation (MHI) Program. The MHI Program provides funding to assist states in collaborating with maternal health experts and maximizing resources to implement specific actions that address disparities in maternal health and improve maternal health outcomes, including the prevention and reduction of maternal mortality and severe maternal morbidity (SMM). MHI Program funds will be used to support one pilot Community Health Worker (CHW)-Doula program in one Perinatal Care Region (PCR).

One applicant agency will be selected to pilot an innovative approach-pairing together one community health worker with two community-based doulas as a model that offers extended, intensive peer support to women and families throughout pregnancy, during labor and birth, in the immediate postpartum period and in the early months of parenting in communities with high rates of poor birth outcomes. The Health Resources and Services Administration (HRSA) describes CHWs as “lay members of communities who work either for pay or as volunteers in association with the local health care system in both urban and rural environments and usually share ethnicity, language, socioeconomic status, and life experiences with the community members they serve.”

CHWs will be required to perform a combination of outreach and education, home visits, resource identification and referrals, group activities/workshops, and other supportive services to create a bridge between under-served and hard-to-reach populations and formal providers of health, social and other community services. CHWs will be trained on the availability of resources within their respective municipality, county, and the state to gain knowledge on how to navigate across different service systems so

that they can be a resource to the community they are serving. Additionally, CHWs will assist in promoting health insurance/Medicaid enrollment so that women and families in need are connected to these resources and receive education, linkage to referrals as needed and support services up to twelve months postpartum. Support services will include, but not be limited to, assessment of need, referrals to local resources and providing ongoing follow-up and support to pregnant, postpartum, and interconception women and their families. CHWs will be required to collect data on all participants they are serving and work closely with birth doulas.

Despite providing significant benefits, doula services are often underutilized. In many cases, this is due to women not being familiar with the concept of a doula, the cost prohibitive nature of a doula and lack of access to doulas. In North Carolina, doulas are practicing in approximately 30% of counties around the state. Rural, low resourced areas of the state where CHW-Doula models could be based in communities with demonstrated need. Data has shown that community-based doula models are more effective when the doulas (and community health workers) are from the communities being served, thus recognizing the impact and importance of culturally appropriate peer-to-peer support <https://www.ncbi.nlm.nih.gov/books/NBK361898/>.

The funded CHW-Doula program (site) will be required to provide the following core components:

- Doulas and the Community Health Worker will provide education on breastfeeding, childbirth, postpartum warning signs, postpartum support plan, reproductive life planning, lactation support, and interconception care.
- Community Health Workers will make referrals to local social support services; prenatal and/or primary care providers, or childcare resources for pregnant and postpartum women.
- Doula and Community Health Workers will conduct home or office visits during pregnancy and up to 12 months postpartum.
- Community Health Workers will assist women in navigating health insurance options and enrollment in Medicaid or private plans.
- Doulas will provide continuous labor support for each program participant requesting doula services.

HEALTH EQUITY

Racism and implicit bias continue to drive health inequity in the United States. Much of the literature on maternal health and reproductive disparities highlights social determinants of health as the drivers of inequity. While poverty and inadequate resources affect quality of life, levels of chronic stress, and health, a singular focus excludes the burden of racism, gender oppression, obstetric violence, and institutional policies negatively affecting pregnant people of color (<https://villagebirthinternational.org/2019/03/29/advancing-birth-justice-community-based-doula-models-as-a-standard-of-care-for-ending-racial-disparities/>). Health equity is the attainment of the highest level of health for all people. Health inequities are preventable differences in health status or risk between different population groups. Groups may differ by race, ethnicity, gender, geographic location, disability, immigration status, income, and sex (among others). Inequities are caused by the differences in the root causes of health that are avoidable, unnecessary, and unjust. Health inequities perpetuate health disparities. Health disparities in infant mortality rates, birth outcomes, and child health indicators exist in North Carolina; thereby increasing the inequities our state faces.

The funded Community Health Worker-Doula site will be required to utilize stratified county and state level data to describe the health disparities among the impacted population(s) within the proposed service area and describe how the Community Health Worker-Doula program will mitigate some of the root causes of the

health inequities that exist. In addition, the funded project should fully describe how social determinants of health impact pregnant and postpartum women in the proposed service area.

III. SCOPE OF SERVICES

Eligible North Carolina public or private non-profit organizations that are physically located in one of the six Perinatal Care Regions and who demonstrate capacity to serve at least one county in the identified perinatal region are eligible for funds under this RFA. The selected applicant will be required to meet all staff requirements and carry out all activities listed in the scope of services. Funding is anticipated to be available for two years and four months. Year One funding begins June 1, 2021 and ends September 29, 2021. Total funding available in the abbreviated Year 1 (four months) funding period is \$26,668 (total). In Years 2 and 3, funds will be awarded in the amount of \$80,000 annually. Funds for this program are 100% federal funds from the Health Resources and Services Administration (HRSA)-State Maternal Health Innovation Grant.

Year One (June 1, 2021-September 29, 2021)

Each Contractor shall:

1. Allocate a percentage of an existing full-time employee or hire and maintain a full-time Community Health Worker from the community with the following minimum qualifications:
 - a. Be licensed to drive in the State of North Carolina.
 - b. Have a 9th grade reading level.
 - c. Include a resume' outlining education, training and work experience included in Attachment B.
2. Community Health Workers shall carry out the following activities:
 - a. Complete Community Health Worker II core competency training at a participating community college that offers the training. The Division of Public Health-Women's Health Branch will provide information about the trainings to the selected applicant agency. Applicant agencies should include in the proposed budget at least \$400 for training fees plus mileage for CHWs to attend training sessions.
 - b. Participate in training and technical assistance meetings sponsored by the Maternal Health Innovation Program.
3. Hire or contract with two doulas from the community that have the following minimum qualifications:
 - a. Be licensed to drive in the State of North Carolina and have dependable transportation.
 - b. Have a High School Diploma or General Equivalent Diploma (GED), along with a resume' outlining education, training and work experience included in Attachment B.
 - c. Enroll and attend 20-hour Lamaze Childbirth Educator training and a 16-hour birth doula training, unless already certified by a DONA International accredited/affiliated organization.
 - d. Have the ability to be on call 24/7 for assigned doula clients.
 - e. Have the ability to provide information, education, and resources that will prepare the parent and her family for the birth process during prenatal contacts.

Year 2 (September 30, 2021-September 29, 2022)

Each Contractor shall:

1. Continue to allocate a percentage of an existing full-time employee or hire and maintain a full-time Community Health Worker from the community with the following minimum qualifications:
 - a. Be licensed to drive in the State of North Carolina.
 - b. Have a 9th grade literacy level and complete a Community Health Worker core competency training program along with supervised field experience. Applicant agencies should include at least \$400 for training fees plus mileage for CHWs to attend 12 training sessions.
2. Ensure that the Community Health Worker completes the following:

- a. Community Health Worker II core competency training at a participating community college that offers the training. The Division of Public Health-Women’s Health Branch will provide information about the trainings to the selected applicant agency.
 - b. Complete WIC Breastfeeding Peer Counselor, Lamaze Childbirth Educator training, health equity, trauma-informed care, including for survivors of sexual and/or birth trauma and parental mental health needs.
 - c. Recruit and enroll at least 30 pregnant women into the program.
 - d. Conduct at least three community engagement activities (i.e. walking/educational groups, breastfeeding meet ups) to build social support among program participants.
 - e. Partner with and conduct 12 presentations at community-based locations (e.g. local library, community center, church) focused on maternal child health topics.
 - f. Develop and carry out a marketing and outreach plan to educate and engage health care providers and/or community members about doulas. The CHW-Doula team along with agency leadership must review the plan at least twice a year and revise as needed. A written copy of the plan must be submitted to the Division of Public Health Maternal Health Innovation Project Director as a component of the bi-annual program report.
3. Continue to hire or contract with two doulas from the community to carry out the following activities:
- a. Enroll, attend, and complete 20-hour Lamaze Childbirth Educator training and a 16-hour birth doula training within 4 months of hire, unless already certified by a DONA International accredited/affiliated organization.
 - b. Completion of training on health equity, trauma-informed care, including for survivors of sexual and/or birth trauma, and parental mental health needs.
 - c. In collaboration with the Maternal Health Innovation Program Supervisor and the Perinatal Nurse Champion (PNC) in the applicant agency’s Perinatal Care Region, facilitate a collaborative partnership with the local birthing facility(ies) by inviting labor and delivery staff to participate in a continuing education workshop for entitled “The Art and Science of Labor Support: Using Evidence Based Care for Optimal Outcomes”.
 - d. Provide continuous labor support to at least 2 clients per month per doula.
 - e. Initiate and maintain contact with doula clients as follows: at least 3 visits during pregnancy; within 2 days after birth; and within 6 weeks after birth.
 - f. Provide back-up coverage to the second doula contracted or hired with the program to ensure that all clients have continuous labor support.
 - g. Collect data including but not limited to the number of women served by race and ethnicity, demographic information, number of visits completed by type, number of children born by gender, birth weight, breastfeeding initiation, feedback received from completed client satisfaction surveys and number of organizations that collaborate with the CHW-Doula Program.

Year 3 (September 30, 2022–September 29, 2023)

Each Contractor shall:

1. Continue to allocate a percentage of an existing full-time employee or hire and maintain a full-time Community Health Worker from the community with the following minimum qualifications:
 - a. Be licensed to drive in the State of North Carolina.
 - b. Have a High School Diploma or General Equivalent Diploma (GED), along with a resume’ outlining education, training and work experience for each Community Health Worker included in Attachment B.

- c. Have a minimum of two years' experience working with programs that serve and support pregnant, postpartum and/or inter-conception women and families in community based and/or local health department settings.
2. Ensure that the Community Health Worker completes the following:
 - a. Community Health Worker II core competency training at a participating community college that offers the training. The Division of Public Health-Women's Health Branch will provide information about the trainings to the selected applicant agency.
 - b. Recruit and enroll at least 30 pregnant women in program services.
 - c. Conduct at least three community engagement activities (i.e., walking/educational groups or breastfeeding meet ups) to build social support among program participants.
 - d. Partner with at community-based locations (e.g., local library, community center, church) to conduct monthly presentations focused on maternal and child health topics.
 - e. Develop and carry out a marketing and outreach plan to educate and engage health care providers and/or community members about doulas. The CHW-Doula team along with agency leadership must review the plan at least twice a year and revise as needed. A written copy of the plan must be submitted to the Maternal Health Innovation Project Director as a component of the bi-annual program report.
 3. Continue to hire or contract with two doulas from the community to carry out the following activities:
 - a. Provide continuous labor support to at least 2 clients per month per doula.
 - b. Initiate and maintain contact with doula clients as follows: at least 3 visits during pregnancy; within 2 days after birth; and within 6 weeks after birth.
 - c. Provide back-up coverage to the second doula contracted or hired with the program to ensure that all clients have continuous labor support.
 - d. Collect data including but not limited to the number of women served by race and ethnicity, demographic information, number of visits completed by type, number of children born by gender, birth weight, breastfeeding initiation, feedback received from completed client satisfaction surveys and the number of organizations that collaborate with the CHW-Doula Program.

Performance Standards

Each Contractor shall:

1. Notify the DPH Maternal Health Innovation Project Director in writing within three business days of any changes in program staff responsible for implementing the program.
2. Appoint a representative (i.e., Community Health Worker and/or Doula) who will represent the applicant agency at and attend Maternal Health Innovation Task Force meetings.
3. Ensure that the Community Health Worker and Doulas complete at least one training annually focused on health equity, health disparities, or social determinants of health to support individual competencies and organizational capacity to promote health equity.
4. Attend all required meetings and/or trainings convened by the Division of Public Health/Women's Health Branch.
5. Participate in evaluation activities and meetings as required by the Health Resources and Services Administration (HRSA) and the Division of Public Health/Women's Health Branch.
6. Collect and submit data at several intervals before, during and after birth including but not limited to number of women served by race and ethnicity, entry into prenatal care; number of prenatal visits completed; birth and postpartum satisfaction; reproductive life planning; breastfeeding initiation and duration; and entry into primary care.

Reporting Requirements

Each Contractor shall:

1. Submit signed original Contract Expenditure Reports (CERs) by the tenth (10th) of each month even when no expenses are incurred in a given month. CERs must be signed in blue ink by an approved organization representative. Monthly Financial Reports (MFRs) must be submitted with each CER. These reports list monthly expenditures by each line item of the contractor's approved budget. Failure to submit monthly sequential reports may delay receipt of reimbursement.
2. Submit progress reports to the DPH Maternal Health Innovation Project Director. The written report shall include 1) demographic information on each client served by race and ethnicity), 2) number of home and office visits completed, 3) number of referrals made by type, 4) number of clients referred to and enrolled in health insurance by type, 5) a summary of outreach activities completed by date, type and number of persons reached. A reporting template will be provided by the Maternal Health Innovation Project Director.
3. Obtain prior approval by the DPH Maternal Health Innovation Project Director and the DHHS Office of Communications, as appropriate, on all print, web and training materials before printing and distribution. Documents that are posted or printed must be distributed at no cost and must include the Division of Public Health logo along with the following required federal funding attribution statement:

“This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$10,216,885 with 0% percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.”

Performance Monitoring

Each Contractor shall:

1. Participate in at least one site visit annually with the DPH Maternal Health Innovation Project Director. The site visit will assess if program funds are used appropriately and activities are conducted effectively through the review of fiscal and programmatic records and documentation.
2. Work collaboratively with the DPH Maternal Health Innovation Project Director in technical assistance efforts including development and implementation of a corrective action plan that will remain in place until the Contractor is back in compliance with required RFA deliverables.

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection

All qualified applications will be evaluated, and award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by 04/14/2021.

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 completely signed contract.

V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

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

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

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on 01/26/2021:

<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 Program's website <https://whb.ncpublichealth.com/> and may be sent via email to interested agencies and organizations beginning 01/26/2021.

3. **Bidder's Conference / Teleconference / Question & Answer Period**

All prospective applicants are required to attend a Bidder's Conference on Thursday February 18, 2021 beginning at 9:30am. Please click on this link to participate in the webinar:

<http://whb.adobeconnect.com/chwdoularfa/> and dial 1-877-336-1828 Access Code: 1627678 to hear audio.

Written questions concerning the specifications in this Request for Applications will be received until (date). As an addendum to this RFA, a summary of all questions and answers will be mailed, by 03/04/2021 to all agencies and organizations sent a copy of this Request for Applications, or will be placed on DPH-Women's Health Branch website-

<https://whb.ncpublichealth.com/>.

4. **Applications**

Applicants shall submit an electronic copy of the signed application and all attachments to Shelby Weeks at shelby.weeks@dhhs.nc.gov and copy simona.lane@dhhs.nc.gov by 5 pm on Friday March 26, 2021 in MS Word or PDF format. Budgets and budget narratives shall be included as part of the application submitted. The budget may be submitted as a separated file in an MS Excel format. The electronic application must contain signed documents. Paper copies or faxed applications will not be accepted.

5. **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.

6. **Space Allowance**

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

7. **Application Deadline**

All applications must be received by the date and time on the cover sheet of this RFA. Paper copies or faxed applications *will not* be accepted.

8. Receipt of Applications

Applications from each responding agency and organization will be logged into the system and stamped with the date received on the cover sheet. The date and time of application receipt will be documented by the date and time shown on the email submission received via shelby.weeks@dhhs.nc.gov and copy simona.lane@dhhs.nc.gov. All applicants will receive an email acknowledging application receipt.

9. Review of Applications

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the subject matter. Staff from applicant agencies may not participate as reviewers.

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

10. Request for Additional Information

At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

11. Audit

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

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

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

- Level 1: Less than \$25,000
- Level 2: At least \$25,000 but less than \$500,000
- Level 3: \$500,000 or more

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

12. Assurances

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

13. Additional Documentation to Include with Application

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

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

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

14. Federal Certifications

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

15. 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.

16. Additional Documentation Prior to Contract Execution

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

- a. A completed and signed letter from the agency’s Board President/Chairperson identifying individuals as authorized to sign contracts. (A reference version appears in Appendix A.)
- b. A completed and signed letter from the agency’s Board President/Chairperson identifying individuals as authorized to sign expenditure reports. (A reference version appears in Appendix A.)
- 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.)

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

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

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

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

17. Registration with Secretary of State

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

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. A reference version appears in Appendix A.

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

- 01/26/2021: Request for Applications released to eligible applicants.
- 02/18/2021: Bidder's Conference / Teleconference (webinar)
- 02/25/2021: End of Q&A period. All questions due in writing by 5pm.
- 03/04/2021: Answers to Questions released to all applicants, as an addendum to the RFA.

03/26/2021: Applications due by 5pm.
 04/14/2021: Successful applicant will be notified.
 06/01/2021: Contract begins.

VI. PROJECT BUDGET

Budget and Justification

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

Narrative Justification for Expenses

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

Travel Reimbursement Rates

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the “Change in IRS Mileage Rate” memorandum to be found on OSBM’s website when there is a change in this rate. The current state mileage reimbursement rate is 57.5 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 Public Health 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/library>

Current Rates for Travel and Lodging

Meals	In State	Out of State
Breakfast	\$8.60	\$8.60
Lunch	\$11.30	\$11.30
Dinner	\$19.50	\$22.20
<i>Total Meals Per Diem Per Day</i>	<i>\$39.40</i>	<i>\$42.10</i>
Lodging <i>(Maximum rate per person, excludes taxes and fees)</i>	\$75.10	\$88.70
Total Travel Allowance Per Day	\$114.50	\$130.80
Mileage	\$0.56 per mile	

Other Restrictions (if applicable)

Audits

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

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

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$500,000

Level 3: \$500,000 or more

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

Indirect Cost

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

Indirect cost is allowed on the portion of the sub-award funded by the Health Resources and Services Administration (HRSA) Maternal Child Health Bureau (MCHB)-State Maternal Health Innovation Grant. The HRSA/MCHB-State Maternal Health Innovation Grant award does not limit administrative costs.

Where the applicant has a Federal Negotiated Indirect Cost (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 *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.

Estimated portion of subaward funded by State Maternal Health Innovation Grant is as follows for each year:

<u>Year</u>	<u>State Maternal Health Innovation Grant Funding Estimate</u>
1	\$ 26,668
2	\$ 80,000
3	\$ 80,000

VII. EVALUATION CRITERIA

The application is worth a total of 100 points. The page limit for the narrative section of the application, including the cover letter and application face sheet, is 25 pages. Budget pages, endnote pages, and attachments are not counted in the narrative section page limit. Point values are clearly marked within each section of the applicant's response. The total point value for each section of the applicant's response is listed below. A multi-disciplinary committee will review the application for both content and quality of responses to each section of the application.

1. Cover Letter

Weight = 2%, Total maximum points = 2

Score distribution: 0 = letter not included with the application; 1= letter included with the application but missing some required information; 2= letter included with the application and includes all required information.

2. Determination of Need:

Weight = 15%, Total maximum points = 15

Score distribution: 4 = poor; 8 = average; 12 = good; 15 = excellent.

3. Program Plan:

Weight = 25%, Total maximum points = 25

Score distribution is: 6 = poor; 12 = average; 18 = good; 25 = excellent.

4. Data Collection and Evaluation:

Weight = 10%, Total maximum points = 10

Score distribution is: 2 = poor; 5 = average; 7 = good; 10 = excellent.

5. Resources and Agency Capacity

Weight = 14%, Total maximum points = 14

Score distribution is: 2 = poor; 5 = average; 10 = good; 14 = excellent.

6. Collaboration and Coordination

Weight = 14%, Total maximum points = 14

Score distribution is: 2 = poor; 5 = average; 10 = good; 14 = excellent.

7. Program Budget:

Weight = 20%, Total maximum points = 20

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

VIII. APPLICATION

Application Checklist

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

1. Cover Letter

A cover letter must be on agency letterhead and signed by the lead administrator of the agency submitting the application. A list of the required information to include in the cover letter is provided on page 24.

2. Application Face Sheet

This form serves as the cover page for the application. It provides important information about the applicant and proposed program and requires the signature of the individual authorized to sign official documents for the agency. Complete the application face sheet with all the information requested. The name and contact information of the person best suited to answer questions about the proposed program should be included on the face sheet.

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

3. Applicant's Response

Section 1: Determination of Need

All applicants must provide a clear description of the need for the proposed Community Health Worker-Doula Program in their Perinatal Care Region (PCR). In order to improve maternal health outcomes in PCR 6, applicants must describe: 1) the factors that contribute to poor maternal morbidity and mortality rates; 2) the birthing facilities in their PCR; 3) the need for Community Health Worker-Doula services in the selected perinatal region and data demonstrating health disparities and inequities that affect the health and well-being of women of reproductive age in the area of perinatal care region to be served.

Provide recent data as evidence to support the determination of need as related to the goals of the Community Health Worker-Doula Program. Data detailing the health status of women of reproductive age residing in the perinatal care region should be provided and support the need for a Community Health Worker-Doula Program in the proposed PCR.

Citations

Appropriate data sources must be cited in the needs assessment. One way this can be done is by using endnotes. If you use endnotes, the citation list can be included on a separate page and will not count against the page limit for this section.

Section 2: Program Plan

Applicants must describe their plan to implement the Community Health Worker-Doula Program in the proposed Perinatal Care Region. Please refer to the Scope of Services in section III of this RFA for details. Applicants must describe how their program will meet or exceed the Community Health Worker-Doula Program's service deliverables, and describe the activities involved to meet the deliverables. The applicant's response includes a detailed workplan for abbreviated year one, year two, and year three which must be completed and submitted with the application. Applicants must include the activities,

timeline for each activity, measures of accomplishment, and person(s) responsible for each objective listed in the workplans.

Section 3: Data Collection and Evaluation

Applicants must describe who will be responsible for data collection, how the data will be collected, and who will be responsible for the data evaluation and reporting. A plan and process for capturing data related to client demographic information by race and ethnicity, number of prenatal care visits, number of home and/or community visits completed, maternal outcomes including pregnancy, postpartum visits, complications (severe maternal morbidity), breastfeeding initiation, number of women, infants and families served, induction, and cesarean numbers, and feedback received from completed client satisfaction surveys.

Section 4: Resources and Agency Capacity

Applicants should describe their agency's mission, background and services, and current capacity for implementing the Community Health Worker-Doula Program. Describe how the agency's services and capacity relates to the Community Health Worker-Doula Program's goals. The agency's organizational chart and list of current Board of Directors must be included in Attachment B. Also, describe your agency's capacity to administer grant funds if awarded.

Applicants must describe their plan to hire a Community Health Worker from the specific community or detail time allocation of an existing full-time employee (FTE). The minimum qualifications for the Community Health Worker position are:

1. Be licensed to drive in the State of North Carolina.
2. Have a 9th grade reading level.
3. Include a resume' outlining education, training and work experience included in Attachment B.

Applicants must also outline their plan to hire or contract with two doulas from the community that have the following minimum qualifications:

1. Be licensed to drive in the State of North Carolina and have dependable transportation.
2. Have a High School Diploma or General Equivalent Diploma (GED), along with a resume' outlining education, training and work experience included in Attachment B.
3. Completion of 20-hour Lamaze Childbirth Educator training and a 16-hour birth doula training within 4 months of the contract start date, unless already certified by DONA International or an accredited organization approved by the Division of Public Health-Maternal Health Innovation Project Director.

Applicants must include a job description and curriculum vitae (if applicable) for the Community Health Worker and Doula positions in Attachment B.

Section 5: Collaboration & Coordination

Applicants must describe the current and planned linkages with birthing facilities in the specific Perinatal Care Region. Applicants must describe the plan for collaboration and coordination with birthing facilities and other health and human service organizations necessary to complete the Community Health Worker-Doula Program activities. A letter of support must be included from each birthing facility and other institution that is willing to collaborate on the Community Health Worker-Doula Program. The letters of support must outline the proposed activities or contributions to the Community Health Worker-Doula Program. All letters must be included in Attachment A.

Section 6: Program Budgets

Applicants must complete and submit the **Open Windows Budget Form** for **each year** of the three-year grant period: Year 1 (6/1/2021–9/29/2021), Year 2 (9/30/2021–9/29/2022), and Year 3 (9/30/2022-9/29/2023). The Open Windows Budget Form requires a line item budget and a narrative justification for each line item. The Open Windows Budget Form can be downloaded from the Women’s Health Branch website at: <http://whb.ncpublichealth.com/>. A copy of each Open Windows Budget Form for years one, two, and three **must be included** in this section of the application. Instructions on How to Fill Out the Open Windows Budget Form are posted on the Women’s Health Branch website at <http://whb.ncpublichealth.com/>.

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

IRS Documentation:

5. **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

6. **Verification of 501(c)(3) Status Form** (private non-profits)

Attachment A: Letters of Support, Commitment or Memorandum of Agreement

This attachment must include letters of support from each of the following agencies or individuals-a letter of support from any agency that the applicant will be relying on to successfully implement the proposed program’s activities. The letter must include the specific contribution from the agency to the program.

Attachment B: Agency Information

This attachment must include each of the following:

1. Organizational chart of the applying agency.
2. List of current Board of Directors of the applying agency.
3. Job descriptions and curriculum vitae (if applicable) for all staff positions, including but not limited to the Community Health Worker and Doula, that are necessary to implement and support the program.

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 number
- the closing date for applications.

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with Community Health Worker-Doula Program, 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 A384 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"/> Local Health Department	
8. Agency Federal Tax ID Number:	9. Agency DUNS Number:
10. Agency’s URL (website):	
11. Agency’s Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Amount of Funding Requested	
15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #14) Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Signature of Authorized Representative:	17. Date

3. Applicant's Response

The application is worth a total of 100 points.

Point values and page limits are clearly marked for each section of the application form.

Do not delete the question headers within the application form.

Please provide your response to each question under the heading.

Section 1

Determination of Need

Do not delete the question headers.
Please provide your response to each question under the heading.

Total Point Value: 15

Page Limit:
3 single-spaced (excluding citation list) pages

- 1.1 Provide recent data to demonstrate the need for and alignment to the goals of the Community Health Worker-Doula Program in the specific area of the proposed Perinatal Care Region (PCR). Data presented should support the need for a CHW-Doula Program and connect to where birthing facilities are located within the proposed PCR. State data must be provided for comparison to support the need of the Community Health Worker-Doula Program. Data should be provided by race and ethnicity for the rates listed below: (9 points)
 - a. Health status of women of reproductive age (i.e., obesity, hypertension, tobacco use, etc.)
 - b. Pregnancy rates
 - c. Previous preterm birth rates
 - d. Infant mortality disparities ratios
 - e. Cesarean/induction rates
 - f. Breastfeeding rates

- 1.2 Describe the factors that contribute to poor maternal morbidity and mortality rates within the PCR. (3 points)

- 1.3 Describe the specific area of the PCR where the Community Health Worker-Doula Program will be located. Describe the birthing facilities in the area, including the number and their geographic distribution. (3 points)

Section 2

Program Plan

Do not delete the question headers.
Please provide your response to each question under the heading.

Total Point Value: 25

Page Limit:
10 single-spaced pages

- 2.1 Describe your plan for meeting or exceeding the Community Health Worker-Doula Program's required deliverables outlined in the Scope of Work. Describe the activities that you will carry out to meet the deliverables. Please develop and submit a detailed program (work) plan for each year of the program (Years 1, 2 and 3). The plan must:
- a. include all objectives
 - b. outline activities that will be carried out to achieve each objective
 - c. include a timeline for completion (including start and end dates)
 - d. incorporate action steps that will be employed to measure completion of each objective
 - e. list the person(s) responsible for completion of each step of the program plan

A sample plan is included and begins on page 34 below. (20 points)

- 2.2 Describe how the activities will be effective in addressing the Community Health Worker-Doula Program's objectives and goals. (5 points)

YEAR ONE WORK PLAN

(06/01/2021–9/29/2021)

Goal: To identify and recruit pregnant women as early in pregnancy as possible to increase the number of women receiving prenatal care in the first trimester.																
Objectives	Activities	Timeline												Measures of Accomplishment	Person(s) Responsible	
		J	J	A	S	O	N	D	J	F	M	A	M			
Year 1 – Objective 1 By September 29, 2021, identify and hire a full-time Community Health Worker and hire/contract with two Doulas.																
Year 1 – Objective 2 By September 29, 2021, ensure that Community Health Worker complete the Community Health Worker II core competency training at a participating community college that offers the training.																
Year 1-Objective 3 By September 29, 2021, ensure that the two doulas complete a 20-hour Lamaze Childbirth Educator and a 16-hour birth doula training.																

YEAR TWO WORK PLAN

(09/30/2021–9/29/2022)

Goal: To improve (reduce) maternal morbidity and mortality rates.																
Objectives	Activities	Timeline												Measures of Accomplishment	Person(s) Responsible	
		J	J	A	S	O	N	D	J	F	M	A	M			
Year 2 – Objective 1 By September 29, 2022, ensure that Community Health Workers complete WIC Breastfeeding Peer Counselor, Lamaze Childbirth Educator training, health equity and trauma-informed care trainings.																
Year 2-Objective 2 By September 29,																

YEAR THREE WORK PLAN

(09/30/2022–9/29/2023)

Goal: To improve (reduce) maternal morbidity and mortality rates.															
Objectives	Activities	Timeline												Measures of Accomplishment	Person(s) Responsible
		J	J	A	S	O	N	D	J	F	M	A	M		
Year 3 – Objective 1 By September 29, 2023, recruit and enroll at least 30 pregnant women in program (CHW) services.															
Year 3 – Objective 2 By September 29, 2023, conduct at least twelve community engagement activities (walking/educational groups) to build social support among program participants.															
Year 3-Objective 3 By September 29, 2023, partner with and conduct 12 presentations at community-based locations (e.g., local library, community center, church) focused on maternal child health topics.															
Year 3-Objective 4 By September 29, 2023, develop and carry out a marketing and outreach plan to educate and engage health care providers and/or community members about doulas.															
Year 3- Objective 5 By September 29, 2023, provide continuous labor support to at least 2 clients per month.															

Section 3

Data Collection and Evaluation

Do not delete the question headers.
Please provide your response to each question under the heading.

Total Point Value:
10
Page Limit:
3 single-spaced pages

- 3.1 Describe who will be responsible for overall data collection and evaluation activities for the Community Health Worker-Doula Program. Note-applicant agencies selected will be required to participate in evaluation activities as required by the Health Resources and Services Administration (HRSA) and the Division of Public Health/Women's Health Branch. Outline how the data will be collected, frequency and how it will be stored. (6 points)
- 3.2 Detail your plan and process for capturing data related to education provided to pregnant, postpartum and interconception women served by the intervention. (4 points)

Section 4

Resources and Agency Capacity

Do not delete the question headers.
Please provide your response to each question under the heading.

Total Point Value:
14
Page Limit:
4 single-spaced pages

- 4.1 Describe your agency's mission, background and services and current capacity for implementing the Community Health Worker-Doula Program. Include the agency's organizational chart and list of current Board of Directors in Attachment B. (5 points)
- 4.2 Describe how your agency's services and capacity relates to the Community Health Worker-Doula Program's goals. (4 points)
- 4.3 Describe your agency's plan to allocate FTEs or hire a Community Health Worker and hire or contract with two Doulas. Include job descriptions for the Community Health Worker and Doula positions and curriculum vitae (if available) in Attachment B. (2 points)
- 4.4 Describe your agency's capacity to administer the grant funds if awarded. (3 points)

Section 5

Collaboration and Coordination

Do not delete the question headers.
Please provide your response to each question under the heading.

Total Point Value:
14

Page Limit:
3 single-spaced pages

- 5.1 Describe your agency's current linkages with birthing facilities and other health and human service organizations that serve women of reproductive age in the proposed Perinatal Care Region (PCR) to be served. (7 points)
- 5.2 Describe the plan for collaboration and coordination with birthing facilities, health and human service organizations and other institutions necessary to complete Community Health Worker and Doula Program's activities. A Letter of Commitment must be included from each birthing facility, health and human organization, or other institution that is willing to collaborate on the CHW-Doula Program. The Letters of Commitment must outline the proposed activities or contributions to the CHW-Doula Program. All letters must be included in Attachment A. (7 points)

Section 6

Program Budget

Total Point Value:

20

Page Limit:

Not Applicable

Applicants must complete and submit the **Open Windows Budget Form for Year 1 (6/1/2021 – 9/29/2021), Year 2 (9/30/2021– 9/29/2022), and Year 3 (9/30/2022- 9/29/2023)**. Applicants must ensure that all worksheet cells are expanded to expose the full narrative justifications before printing the application. The Open Window Budget Form can be downloaded from the Women’s Health Branch website at <http://whb.ncpublichealth.com/>. A copy of each Open Windows Budget Form for years one, two, and three **must be included** in this section of the application.

A narrative justification must be included for every line-item expense listed in Year 1, Year 2, and Year 3 budgets. Each justification should show how the total amount for each line item budget was calculated, and it should be clear how the expense relates to the Community Health Worker-Doula Program’s activities. Instructions on **How to Fill Out the Open Windows Budget Form** are posted on the Women’s Health Branch website at <http://whb.ncpublichealth.com/>.

4. Indirect Cost Rate Approval Letter (if applicable)

If the applicant has a Federally Negotiated Indirect Cost Rate (FNICR), please include a copy of the agency's most recent federal indirect cost rate approval letter.

If the applicant does not have an FNICR but still wishes to claim the de minimis rate, or a portion thereof, no documentation is required.

5. Letters of Commitment

Attachment A:

Letters of Support, Commitment & Memorandums of Agreement

This attachment must include Letters of Support, Letter of Commitment, or Memorandums of Agreement (MOAs) from organizations that the applicant agency intends to partner or collaborate with.

A letter of support, letter of commitment or MOA from any agency that the applicant will be relying on to successfully implement the proposed program's activities.

The letter of commitment or MOA must include the specific contribution from the agency to the program.

Attachment B:

Agency Information

This attachment must include each of the following:

1. Organizational chart of the applying agency
2. List of current Board of Directors of the applying agency
3. Job descriptions and curriculum vitae (if applicable) for all staff positions, including but not limited to the Community Health Worker and Doulas, that are necessary to implement and support the program.

Appendix A: North Carolina Perinatal Care Regions by County Listing

Region I	Region II	Region III	
Buncombe	Alexander	Anson	
Cherokee	Alleghany	Cabarrus	
Clay	Ashe	Cleveland	
Graham	Avery	Gaston	
Haywood	Burke	Lincoln	
Henderson	Caldwell	Mecklenburg	
Jackson	Catawba	Stanly	
Macon	Davidson	Union	
Madison	Davie		
McDowell	Forsyth		
Mitchell	Guilford		
Polk	Iredell		
Rutherford	Randolph		
Swain	Rockingham		
Transylvania	Rowan		
Yancey	Stokes		
	Surry		
	Watauga		
	Wilkes		
	Yadkin		
Region IV	Region V	Region VI	
Alamance	Bladen	Beaufort	Jones
Caswell	Brunswick	Bertie	Lenoir
Chatham	Columbus	Camden	Martin
Durham	Cumberland	Carteret	Nash
Franklin	Harnett	Chowan	Northampton
Granville	Hoke	Craven	Onslow
Johnston	Montgomery	Currituck	Pamlico
Lee	Moore	Dare	Pasquotank
Orange	New Hanover	Duplin	Perquimans
Person	Pender	Edgecombe	Pitt
Stokes	Richmond	Gates	Tyrrell
Vance	Robeson	Greene	Washington
Wake	Sampson	Halifax	Wayne
Warren	Scotland	Hertford	Wilson
		Hyde	

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.

Private Non-profits:

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

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

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

IRS Tax Exemption Verification Form (Annual)

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 B Forms for Reference

Do **NOT** complete these documents at this time **nor return them** with the RFA response.
They are for reference only.

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 _____</p> <p>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: _____

Federal Use Only

Authorized for Local Reproduction
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

LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS

**Letter from Board President/Chairperson Identifying
Individuals as Authorized to Sign Contracts**

I, _____, Board President/Chairperson of
_____ [Agency/Organization's legal name]

hereby identify the following individual(s) who is (are) authorized to sign **Contracts** for the
organization named above:

Printed Name	Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Reference only — Not for signature

Signature	* Title	Date
	<i>* Indicate if you are the Board President or Chairperson</i>	

LETTER TO IDENTIFY INDIVIDUALS TO SIGN EXPENDITURE REPORTS

**Letter from Board President/Chairperson
Identifying Individuals as Authorized to Sign
Contract Expenditure Reports**

I, _____, Board President/Chairperson
of _____ [Entity's legal
name] hereby identify the following individuals who are authorized to sign **Contract**

Expenditure Reports for the entity named above:

Printed Name	Title

Reference only — Not for signature

_____ Signature	_____ * Title	_____ Date
--------------------	------------------	---------------

** Indicate if you are the Board President or Chairperson*

CONFLICT OF INTEREST POLICY

Notarization of Conflict of Interest Policy

State of North Carolina, County of _____
I, _____, Notary Public for said County and State, certify that
_____ personally appeared before me this day and
acknowledged that he/she is _____
[title]
of _____
[name of organization]
and by that authority duly given and as the act of the Organization, affirmed that the foregoing
Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing
body in a meeting held on the ____ day of _____, _____.
Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Signature and Seal
Notary's commission expires _____, 20 ____.

Instruction for the Organization:
Sign below and **attach the organization's Conflict of Interest Policy** which is referenced
above.

Reference only — Not for signature

Signature of above named 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 Debts¹

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

Board Chair

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__.

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

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
- (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 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 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. _____	_____	_____

Page left intentionally blank.