



Request for Applications

RFA # A358

Breast and Cervical Cancer Control Program

FUNDING AGENCY: North Carolina Department of Health and Human Services
Division of Public Health
Chronic Disease and Injury Section
Cancer Prevention and Control Branch

ISSUE DATE: November 1, 2018

DEADLINE DATE: December 7, 2018

INQUIRIES and DELIVERY INFORMATION:

Direct all inquiries concerning this RFA to: Tavonyia Thompson at Phone: (919) 707-5326 or Email: Tavonyia.Thompson@dhhs.nc.gov

Applications will be accepted by email until 5:00 p.m. on Friday, December 7, 2018.

Applications must be submitted by email only to Tavonyia.thompson@dhhs.nc.gov as one consolidated PDF file including the signed Application Face Sheet.

IMPORTANT NOTE: Indicate organization name and RFA number on the header or footer of each page alongside the page number on the application.

Please include your agency name and the **RFA number in your email subject line** when submitting questions or your application as an attachment.

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I. INTRODUCTION

PURPOSE

The purpose of this Request for Applications (RFA) is to solicit applications to contract with the NC Breast and Cervical Cancer Control Program (NC BCCCP) to provide breast and cervical cancer screening services to **eligible** women, ages 21 to 64. (See who should apply for details).

Program Goals and Objectives:

Goals

- Reduce mortality and morbidity due to breast and cervical cancers in North Carolina (NC) women.
- Increase early detection of breast and cervical cancer among high-risk, under-served women.
- Expand community-based breast and cervical cancer screening and diagnostic services to low income, medically under-served women.
- Ensure access to medically appropriate services for women diagnosed with cancer or pre-cancer.

Objectives

- Increase the number of screening tests and follow-up of abnormal findings of breast and cervical cancers.
- Improve the screening knowledge, attitudes and practices regarding breast and cervical cancers among the general population in NC.
- Improve the clinical screening detection practices for breast and cervical cancers.
- Ensure optimal screening and diagnostic follow-up procedures.
- Ensure appropriate medical treatment referral and support services.
- Monitor the distribution and determinants of the incidence and mortality of breast and cervical cancers.

ELIGIBILITY

1. Public and private non-profit agencies may apply and must be able to provide medical services in a facility capable of performing physical examinations, clinical breast exams (CBEs) and cervical cancer screenings.
2. Applicants must have a referral resource for mammograms and follow-up diagnostic services. Applicants must demonstrate ability to reach women ages 40 and older for NC BCCCP breast services and financially eligible women from 21 years to 64 years for cervical cancer screening services.
3. Applicants must demonstrate ability to document patient records, enter patient data into the State's integrated database and attend trainings as required.
4. Applicants must provide, by stated timeline guidance, patient tracking, patient navigation and follow-up of abnormal clinical breast examination, mammogram, and/or abnormal cervical cancer screening tests.

5. Applicants must designate a representative to oversee the clinical operations and serve as liaison (coordinator/navigator) with the NC BCCCP staff.
6. Applicants must be a licensed facility under the most recent Clinical Laboratory Improvement Amendments (CLIA) and Mammography Quality Standards Act (MQSA) regulations or contract with a licensed facility.

This RFA is targeting public and private non-profit agencies who shall offer the service to special populations (African Americans, Native Americans, Latinos) and the general public in accordance with CDC recommendations.

Local Health Departments are not eligible for this pool of funding.

FUNDING

The Cancer Prevention and Control Branch (Branch) receives federal funding from the Centers for Disease Control and Prevention (CDC) to carry out program activities for the NC BCCCP. Funding shall be available from a combination of federal and state dollars.

The Branch anticipates federal funding availability of \$664,275 and State funding availability of \$484,755 for continuation of NC BCCCP Screening Projects.

Each shall be funded annually for a thirty-six (36) month period, beginning June 1, 2019 to May 31, 2022.

The total funding available for each fiscal year shall be approximately \$ 1,149,030. The Branch anticipates awarding 10 - 17 BCCCP contracts with each contract ranging from \$30,000-\$185,000 annually.

Funding shall be available each year, contingent upon program performance and availability of funds. These funds do not include funding amounts allocated to applicants. Also, additional state and/or federal funds may be available based on annual funding allocations from the CDC and/or state legislature or specialty groups.

II. BACKGROUND

The goal of the North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) is to reduce the morbidity and mortality due to breast and cervical cancers in North Carolina women by providing breast and cervical cancer screening and/or diagnostic services.

NC BCCCP funds Local Health Departments and community health agencies to establish and maintain a breast and cervical cancer screening program in their locales. There are 87 of 100 counties in North Carolina that have an active screening program that provides NC BCCCP services. NC BCCCP is designed as a screening/diagnostic program and does not provide funds for treatment. However, women enrolled in NC BCCCP prior to diagnosis may be eligible to receive Breast and Cervical Cancer Medicaid (BCCM) to cover acute treatment services for breast and cervical cancers, eligible precancerous breast and cervical lesions, and for reconstruction surgeries.

Breast cancer is the most common form of cancer in women aside from non-melanoma skin cancer in the U.S. It is the second leading cause of cancer deaths in Hispanic women, the third leading cause of cancer deaths among African-American and American Indian women, and the fourth leading cause of cancer deaths among White women in North Carolina (NC Central Cancer Registry). In 2018, an estimated 266,120 new cases of invasive breast cancer are expected to be diagnosed among U.S. women, as well as an estimated 63,960 additional cases of *in situ* breast cancer. Approximately 40,920 U.S. women are expected to die from breast cancer in 2018. (American Cancer Society (ACS) Cancer Facts & Figures 2018). Between 2012 and 2016, the NC incidence rate of breast cancer was 157.5 per 100,000 and the mortality rate was 20.8 per 100,000 women. In 2018, it is estimated that 10,625 women are expected to be diagnosed with breast cancer in NC with 1,429 deaths (NC Central Cancer Registry).

At one time, cervical cancer was a leading cause of cancer death for women in the U.S. However, since 1948, when the Pap test was introduced, the incidence and mortality of cervical cancer has decreased significantly. Between 2012 and 2016, the incidence rate from cervical cancer was 7.1 per 100,000 and the mortality rate was 2.1 per 100,000 in North Carolina. (NC Central Cancer Registry). Even though cervical cancer incidence and mortality continue to decrease significantly overall, the rates are considerably higher among African-American women. In 2018, an estimated 13,240 new cases of cervical cancer are expected to be diagnosed among U.S. women (ACS Cancer Facts & Figures 2018). An estimated 407 women are expected to be diagnosed in NC with an estimated 128 deaths in 2018 (NC Central Cancer Registry).

The most recent available data (Small Area Health Insurance Estimates, 2016) shows 135,742 women eligible for breast cancer screening and diagnostic follow-up and 300,966 women eligible for cervical cancer screening and diagnostic follow-up in the North Carolina BCCCP.

Comparison Data:

North Carolina Breast and Cervical Cancer Control Program (US State Cancer Profiles – 2018)

Breast cancer incidence rate was 131.0 per 100,000 women (*In situ* excluded)

Breast cancer mortality rate was 21.3 per 100,000 women

Cervical cancer incidence rate was 7.2 per 100,000 women

Cervical cancer mortality rate was 2.1 per 100,000 women

N.C. Division of Public Health

RFA # A 358

November 1, 2018

III. SCOPE OF SERVICES

LENGTH OF CONTRACT

The Contractor shall have an annual contract with the NC Cancer Prevention and Control Branch to provide breast and cervical screening services to NC BCCCP eligible women for up to 36 months, from June 1, 2019 through May 31, 2022 (contingent upon successful completion of performance indicators and based on funding availability).

BCCCP PROGRAM ELIGIBILITY

Women who are below 250% of the Federal Poverty Guidelines, are uninsured or underinsured, and do not have Medicare Part B or Medicaid are eligible to receive services.

A. Priority Population

1. The priority population for **NC BCCCP mammography services** is women who are low-income (below 250% of federal poverty level), who have not been screened in the last one to two years and:
 - a. For **federally-funded services** the priority population is between the ages of 50 and 64.
 - b. For **state-funded services** the priority population is between the ages of 40 and 64.
2. The priority population for **NC BCCCP cervical cancer screening services** is women who are low-income (below 250% of federal poverty level), who have never been screened and:
 - a. For **federally-funded services** the priority population is between the ages of 21 and 64.
 - b. For **state-funded services** the priority population is between the ages of 21 and 64.
3. While all segments of society are affected by cancer, there are certain populations that are disproportionately burdened by the increased risk of cancer or by the lack of adequate healthcare options for prevention and/or treatment. Special emphasis is placed on targeting efforts to achieve health equity by recruiting women disproportionately affected by cancer, including women of ethnic minorities.

Disproportionately burdened populations may be defined by sex, race, ethnicity, disability, sexual orientation, gender identity, geographic location, or socioeconomic status. Among the populations that will benefit from this funding are those living in rural and frontier geographic areas; culturally isolated women; incarcerated or institutionalized women; medically underserved women; women from minorities defined by race, religion, ethnicity, or culture, including African Americans, Alaska Natives, American Indians, Asian Americans, Pacific Islanders and Hispanics; lesbian, gay, bisexual, or transgender individuals; and women with low literacy, non-English speaking language barriers, and disabilities.

B. Eligible Population

1. Women 21-75 years of age with gross incomes that are <250% of the federal poverty level, according to the Federal Poverty Guidelines, and who are uninsured or underinsured, may be eligible for breast and cervical services, subject to the limitations and exceptions listed below.
 - a. Women enrolled in Medicare (Part B) and/or Medicaid programs are not eligible for program-funded services.
 - b. Women receiving Family Planning (Title X of the Public Health Service Act) services are not eligible for NC BCCCP-funded services that are available through Title X funding.
2. Eligible women ages 21-39 with undiagnosed breast or cervical abnormalities may receive NC BCCCP funded diagnostic **services if no other source of healthcare reimbursement is available.**
3. Documented citizenship is not required for screening and/or diagnostic services through NC BCCCP.

FUNDING GUIDELINES AND RESTRICTIONS

1. The Contractor shall request reimbursement at a capitated rate of \$255 per woman who receives at least one NC BCCCP-funded clinical service (mammogram, clinical breast exam, Pap test, Pap test with HPV co-test, primary HPV screening or diagnostic service) for up to the total number of women specified in Performance Requirements Section I. Count each woman only once.
2. The total funds awarded from NC BCCCP shall be maintained by the Contractor in a separate budget cost center to assure proper auditing of expenditures. Funding allocations are based on performance measures as stated in the Performance Monitoring/Quality Assurance Plan Section.
3. Monies shall be allocated to ensure achievement of contracted target numbers and payment for NC BCCCP-approved services rendered by outside medical providers through subcontracts. These may include but are not limited to surgical consultations, follow-up for abnormal results, and diagnostic procedures. (Refer to the most current NC BCCCP Fee Schedule <http://bcccp.ncdhhs.gov/providers.htm> The Contractor must hold sufficient NC BCCCP funds to complete the screening, follow-up, and/or diagnostic services for each woman served.
4. Only services listed on the NC BCCCP Fee Schedule are reimbursable with program funds.
5. The Contractor must submit Contract Expenditure Reports (CER) by the 10th of each month requesting reimbursement for services rendered in the preceding month.
6. Funds must be expended within timeframes specified in the contract.
7. NC BCCCP funds shall not be used to reimburse for treatment services. Payment to a sub-Contractor using NC BCCCP funds are limited to those screening and diagnostic follow-up services listed in the current NC BCCCP Services Fee Schedule.

PAYMENT FOR SERVICES

1. The payment to subcontractors for any service described in Section III, Scope of Services may not exceed the prevailing Medicare allowable fee for the service. Fee schedules will be provided to the participating contractor by the NC BCCCP.
2. NC BCCCP funds may only be used for payment after all other third-party payment sources (including private insurance but not Medicare [Part B] and Medicaid) provide evidence of partial or non-payment of eligible services provided by NC BCCCP. NC BCCCP is the payer of last resort.
3. Women whose gross incomes are less than or equal to 100% of the federal poverty level cannot be charged for any services covered through the NC BCCCP. Participants should be notified of any possible charges prior to committing to the procedure.
4. A flat fee cannot be charged for NC BCCCP.
5. Services to any woman enrolled in the NC BCCCP may be charged according to a sliding fee scale for women whose gross incomes are between 101% and 250% of the federal poverty level.

CONTRACT BUDGET ADJUSTMENTS

1. The number of women served in compliance with performance indicators shall be determined by the number of women that have a breast and/or cervical service paid partially or in full with NC BCCCP funds.
2. To retain the baseline budget for the following fiscal year, a NC BCCCP Contractor must screen 100% of their allocated number of women and expend 100% of the funds awarded each year.
3. NC BCCCP staff shall evaluate Contractor performance at the mid-point of each fiscal year. Those Contractors who are not meeting performance indicators shall be notified and evaluated for placement on “high risk status.” If a Corrective Action Plan (CAP) is required, the Contractor shall have 60 days to submit and implement the plan. A program staff performance review in January shall determine if budget adjustments are necessary.
 - a. A pattern of expenditures that may lead to a surplus of funds in the contract year may result in a budget increase or decrease.
 - b. Contractors exceeding their targeted numbers and complying with performance indicators may receive additional funds (if available).
 - c. Contractors who do not meet their screening targets shall be assessed for budget and patient target realignments.
4. Funding adjustments may be made in the baseline budget of Contractors. State accessible data shall be reviewed in November to determine if budget adjustments are indicated based on compliance with performance indicators and patient targets.
5. Contractors that are unable to meet realistic targets shall receive technical assistance.

A contract between the State and Contractor will be monitored for performance on a routine basis and revised if necessary.

PROGRAM COMPONENTS AND ACTIVITIES

Contractors may provide services in their own location, satellite sites or through sub-contract agreements with other Contractors. All sub-contractors must follow the same guidance for quality of services and follow-up as the original Contractor. These services are divided into primary strategies (Health Systems Changes and Provider Focused Activities, Community-Clinical Linkages to Aid Patient Support, and Environmental Approaches for Sustainable Cancer Control) and cross-cutting strategies (External Partnerships, Cancer Data and Surveillance, and Program Monitoring and Evaluation), along with Breast and Cervical Cancer Medicaid and Professional Development. Expected activities for each strategy are described in more detail below.

Health Systems Interventions and Provider Focused Activities: Contractors are expected to work at both the individual level and the population level by:

- 1) providing direct **clinical services** and support to eligible women and
- 2) working to enhance clinical service delivery among appropriate patient population through implementation of **evidence-based interventions**.

Community-Clinical Linkages to Aid Patient Support: Consists of coordination of services among health systems, communities, and public health using community-based and/or clinic-based health workers to increase access to clinical care and promote health behaviors.

Environmental Approaches for Sustainable Cancer Control: Environmental approaches promote health and support healthy behaviors in states, communities, and smaller settings such as work sites and businesses. Environmental approaches can involve one group or a group of organizations making changes in policies and physical surroundings that makes healthy choices easy, convenient, and affordable for all.

Cancer Data and Surveillance: Data should be utilized for program planning and on-going monitoring of services provided by the program. Use of data is a critical step for all primary strategies (Health System Intervention, Community-Clinical Linkages, and Environmental Approaches). Data can be highly valuable for program monitoring, program improvement, quality assurance and evaluation, as well as for communicating program efforts and successes to the public, legislators, and advocates.

Program Monitoring and Evaluation: Evaluation, or the systematic collection of information about how a program operates and its impact, is an important part of program management. A good evaluation enables you to monitor program implementation, demonstrate the success of programmatic activity in achieving outcomes, and identify areas for improvement.

Quality Assurance /Quality Improvement: Quality assurance and quality improvement (QA/QI) support the quality of clinical service delivery. QA is the process of monitoring the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. QI is the commitment and approach used

to continuously improve every process in every part of an organization, with the intent of meeting and exceeding customer expectations and outcomes.

Breast and Cervical Cancer Medicaid (BCCM): Women who are enrolled in NC BCCCP and have a breast or cervical cancer diagnosis or an eligible precancerous diagnosis, are eligible to apply for Breast and Cervical Cancer Medicaid for cancer/pre-cancer treatment and/or reconstruction costs if they meet additional eligibility criteria.

Professional Development: Includes clinical education and program updates for health care contractors and health care professionals.

CLINICAL PROTOCOLS / PERFORMANCE STANDARDS

The Contractor shall adhere to the following:

A. Breast Screening

1. Protocols for breast screening and follow-up shall be in accordance with the *Breast Screening Manual: A Guide for Health Departments and Providers* (DHHS, December 2016).
2. All eligible women shall receive breast cancer screening services (clinical breast exam and age-appropriate mammogram) based on the guidelines under Chapter I of the Breast and Cervical Screening Manual. The vertical strip method is endorsed.
3. **At least 75% of all initial mammograms** provided through NC BCCCP using **federal funds must be for women ages 50 to 64**; no more than 25% may be provided for symptomatic women under the age of 50.
4. Symptomatic women under the age of 50 — NC BCCCP funds can be used to reimburse for Clinical Breast Exams (CBE) for symptomatic women under the age of 50. If the findings of the CBE are considered to be abnormal, including a discrete mass, nipple discharge, and skin or nipple changes, a woman can be provided a diagnostic mammogram and a referral for a surgical consultation.
5. Asymptomatic women ages 40 to 49 — NC BCCCP State funds may be used to reimburse for mammograms for women ages 40 to 49. NC BCCCP Federal funds may only be used for mammograms in this population for women who are symptomatic, subject to the 25% limitation noted above.
6. Asymptomatic women under the age of 40 — NC BCCCP funds can be used to screen asymptomatic women under the age of 40, if they are considered to be at high risk (see high risk defined below) for breast cancer.
7. Asymptomatic or symptomatic women age 65 to 75 – NC BCCCP State funds may be used to reimburse for mammograms for women ages 65 to 75 if no other source of funding is available. The NC BCCCP Federal funds may be used for symptomatic women in this population.
8. All women should undergo a risk assessment to determine if they are at high risk for breast cancer. NC BCCCP funds can be used for annual screening among women who are

considered high risk for breast cancer. “Women at high risk” includes those who have a known genetic mutation such as BRCA 1 or 2, first-degree relatives with premenopausal breast cancer or known genetic mutations, a history of radiation treatment to the chest area before the age of 30 (typically for Hodgkin’s Lymphoma), and a lifetime risk of 20% or more for development of breast cancer based on risk assessment models that are largely dependent on family history. These women should be screened with both an annual mammogram and an annual breast MRI.

B. Cervical Screening

1. Protocols for cervical screening and follow-up shall be in accordance with *Pap Screening Manual: A Guide for Health Departments and Providers* (DHHS, September 2013), a component of the *Breast and Cervical Screening Manual: A Guide for Health Departments and Providers*. (DHHS, December 2016).
2. Cervical Services. At least 20% of all enrolled women screened for cervical cancer shall meet the definition of never screened (greater than 10 years). The priority age for cervical cancer screening is women between the ages of 21 and 64.
3. For patients with no abnormal findings, the screening interval for Pap testing is every three years. For women age 30-65, the patient may opt for co-testing with Pap test and HPV test or HPV test alone every five years.
4. NC BCCCP funds cannot be used for cervical cancer screening in women with total hysterectomies (i.e. those without a cervix), unless the hysterectomy was performed because of cervical neoplasia or invasive cervical cancer, or if it was not possible to document the absence of neoplasia or reason for the hysterectomy. (A one-time pelvic exam is permitted to determine if a woman has a cervix.)
5. Women who have had a total hysterectomy for Cervical Intraepithelial Neoplasia (CIN) disease should undergo cervical cancer screening for 20 years even if it goes past the age of 65.
6. Women who have had cervical cancer should continue screening indefinitely as long as they are in reasonable health.
7. Women who had a supracervical hysterectomy remain eligible for Pap tests.
8. With the exception of item 4 above, a pelvic exam should not be provided using NC BCCCP funds in the absence of a Pap test.
9. All women should undergo a risk assessment to determine if they are at high risk for cervical cancer. NC BCCCP funds can be used for annual screening among women who are considered high risk for cervical cancer. Women who are at high risk for cervical cancer need to be screened more frequently than average-risk women. This includes women with HIV infection, who have had an organ transplantation, who may be immunocompromised from another health condition, or who had DES exposure in utero.

C. Tobacco Screening and Cessation

The Contractor is required to assess the smoking status of every woman screened by NC BCCCP and refer those who smoke to a tobacco cessation program such as QuitlineNC.

D. Colorectal Cancer Screening Status

The Contractor shall assess each patient age 50 and above for her colorectal cancer screening status. (See NC BCCCP Colorectal Cancer Screening Information and Assessment Policy, effective May 29, 2015.)

E. Insurance Status

The Contractor shall assess all women seeking to be enrolled in NC BCCCP for insurance status at each visit. Uninsured women must be referred to available insurance options, such as the Health Insurance Marketplace (i.e., HealthCare.gov). If the woman's visit does not occur during open enrollment, she must be provided information about how to enroll at the next opportunity.

F. Follow Up and Patient Navigation

1. Patient Navigation is defined as, "Individualized assistance offered to clients to help overcome health care system barriers and facilitate timely access to high-quality screening and diagnostics as well as initiation of treatment services for women who are diagnosed with cancer."
2. Contractors should establish services: to assist women eligible for NC BCCCP-paid clinical services in overcoming barriers to complete screening, diagnostic services, and initiation of cancer treatment; and to support low-income women (the priority populations) but who have other payment sources (e.g., state funds, Medicaid) for screening in overcoming barriers to complete screening, diagnostics, and initiation of cancer treatment.
3. Patient navigation for women served by the NC BCCCP must include the following activities: Assessment of individual patient barriers to cancer screening, diagnostic services, and initiation of cancer treatment; Patient education and support; Resolution of patient barriers (e.g., transportation, translation services); Patient tracking and follow-up to monitor patient progress in completing screening, diagnostic testing, and initiating cancer treatment; **A minimum of two**, but preferably more, contacts with the patient, due to the centrality of the patient-navigator relationship; and Collection of data to evaluate the primary outcomes of -- cancer screening and/or diagnostic testing, final diagnosis, and treatment initiation if needed.
4. When follow-up services are required, the Contractor shall use previously received NC BCCCP funds to pay for or provide the diagnostic services listed on the most current NC BCCCP Fee Schedule up to a maximum of \$2,000 per woman. All fee schedules are sent via email to BCCCP navigators and are found at <http://bcccp.ncdhhs.gov/providers.htm>. The Contractor must hold sufficient NC BCCCP funds to complete the screening, follow-up, and/or diagnostic services for each woman served.
5. The Contractor shall assure that a referral system for the diagnosis and treatment of all abnormal findings is in place. The Contractor shall designate a primary person who shall be responsible for implementing a protocol that ensures all patients receive follow-up services or medical treatment when required. Cross training is strongly encouraged. Follow-up of an

abnormal screening test must be completed within 60 days of the patient's screening visit for breast screening and within 90 days for cervical screening.

6. Women having an abnormal breast or cervical screening result shall be referred for assessment of the following findings:
 - a. Clinical breast exam results of discrete palpable mass, serous or bloody nipple discharge, nipple areolar scaliness, or skin dimpling or retraction;
 - b. Mammogram result of Category IV (suspicious abnormality, biopsy should be considered) or Category V (highly suggestive of malignancy); and
 - c. Pap result of Low-Grade Squamous Intraepithelial Lesions (LSIL), Atypical Cells of Undetermined Significance (ASC-US), with positive Human Papilloma Virus (HPV), Atypical Squamous Cells Cannot Exclude High-Grade Lesions (ASC-H), High-Grade Squamous Intraepithelial Lesions (HSIL), Squamous Cell Carcinoma (SCC), Abnormal Glandular Cells (AGC) including Atypical Glandular Cells of Undetermined Significance (AGUS) or adenocarcinoma.
7. At least three attempts must be made to locate and inform the patient of **abnormal screening results**. The last attempt must be by certified letter. Written documentation of all attempts must be included in the medical record.
8. For all abnormal mammograms, clinical breast examinations, and Pap test results, the following information shall be documented in the patient's medical record:
 - a. Patient contact information (number and date of attempts made to follow-up);
 - b. Follow-up appointment information (date, follow-up provider and follow-up location);
 - c. Date referral was made; and
 - d. Results of all referrals, including the report from the provider.
9. Standing Orders
 - a. All standing orders or protocols developed for nurses in support of this program must be written in the North Carolina Board of Nursing format. All local provider agencies shall have a policy in place that supports nurses working under standing orders. <http://www.ncbon.com/vdownloads/position-statements-decision-trees/standing-orders.pdf>.

G. Implementation of Evidence-based Interventions (EBIs)

1. Contractors should work to increase the overall number of women screened, improving clinic-level breast and cervical cancer screening rates, and strengthen the delivery of cancer screening services. To do this, NC BCCCP will partner with Contractors to conduct a comprehensive assessment of the Contractor's health care delivery system. The assessment will include breast and cervical cancer screening rates, data/electronic health record (EHR) functionality, patient/health system process flow, policies/standing orders for cancer screening, provider/health system adherence to clinical cancer screening guidelines, /community health worker/support services and use of EBIs or other strategies that support cancer screening. NC BCCCP, in partnership with the Contractor health care system, will use these data to identify priority populations and to identify appropriate interventions for implementation.

2. *The Community Guide* serves as a resource to help select interventions to improve health and prevent disease in your community, community organization, or healthcare organization. The descriptions of EBIs recommended for increasing breast and/or cervical cancer screening can be found at <https://www.thecommunityguide.org/topic/cancer>.

H. Community-Clinical Linkages

1. To enhance internal Contractor referrals to NC BCCCP, the Contractor shall provide in-reach activities to ensure that Contractor clinics and personnel are aware of NC BCCCP eligibility guidelines and the appropriate contact person and to refer a potentially eligible patient to the appropriate contact person.
2. The Contractor shall conduct appropriate Recruitment and Outreach strategies to reach women who have never been screened for breast and cervical cancer as well as populations who are most at risk.
3. The Contractor may use community-based and/or clinic-based health workers/lay advisors, native language speakers, or health educators for community outreach to identify women for screening, provide patient education about risk factors and preventive health behaviors, and address barriers to care. The ultimate goal is to link women to community resources, medical homes, or health care systems/clinics for cancer screening, diagnostic, genomics, and/or treatment resources.

The Contractor shall return all recruitment data and surveys by the required deadline as requested by the NC BCCCP program consultant.

I. Environmental Approaches

1. The Contractor will use available data sources to identify priority communities. This will require engaging community partners such as cancer coalitions and community champions. The focus is to educate and inform employers and community-based organizations in priority communities about ways to help increase breast and cervical cancer screening rates among low-income women by making screening services accessible and facilitating healthy lifestyles that reduce cancer risk. The goal is to have employer and organizational policies in place that increase access to screening and improve health behaviors.
2. The Contractor will track policies developed and outcomes of having these policies in place.

J. Professional Development

1. The Contractor shall participate in educational opportunities provided or recommended by NC BCCCP as appropriate.
2. The Contractor's NC BCCCP staff must attend:
 - a. The NC BCCCP Biennial Update Meeting
 - b. Scheduled statewide conference calls as indicated

- c. At least one of the triannual (three-a-year) NC BCCCP Orientation trainings offered annually. For newly hired staff, the staff member must attend the first triannual NC BCCCP Orientation training following the date of hire. Experienced staff are encouraged to attend the July training each year.
3. All registered nurses without advanced practice certification who perform clinical examinations for the NC BCCCP must enroll in and complete the Physical Assessment of Adults Course. This course is conducted by the University of North Carolina Gillings School of Global Public Health and co-sponsored by the NC Division of Public Health. Evidence of the satisfactory completion of a comparable course of study may be substituted for this requirement with the approval of the Public Health Nursing and Professional Development Unit (PHNPDU). Proof of this certification must be on file with the contracting agency.
4. Policies and procedures must be in place for assuring the competency of nurses and the documentation of competency for each nurse performing the clinical examinations. (See *North Carolina Nurse Practice Act* at <http://www.ncbon.com/myfiles/downloads/nursing-practice-act.pdf>.)
5. All staff performing clinical breast examinations (CBE) are encouraged to use the vertical strip method. Training is available through NC BCCCP and Mammacare.com.

REPORTING REQUIREMENTS

1. Frequency and Due Dates

All data including initial screening, abnormal follow-up results and treatment disposition must be recorded by the Contractor in the State-assigned data system in a timely manner as follows:

- a. Patient data shall be entered into the State-assigned data system no later than the tenth of each month for the previous month's screenings.
- b. No Contractor shall withhold data input on any patient pending the completion of follow-up. Even if there are abnormal findings requiring follow-up, the screening data should be entered by the tenth of the month as noted above (1.a). All test results including follow-up, diagnosis, and treatment shall be updated as soon as received and according to NC BCCCP timelines. Diagnostic disposition must be entered within 60 days of the breast screening date and within 90 days of the cervical screening date. Treatment disposition must be entered within 60 days of the diagnostic disposition date for breast or cervical cancer and within 90 days of the diagnosis date for HSIL, CIN II, CIN III, or CIS of the cervix.
- c. When staff are assigned to the local NC BCCCP or vacated from the role (including the Contract Administrator, Nursing Director/Supervisor, NC BCCCP Navigator, Health Educator, or Financial Contact), the State's NC BCCCP is to be advised of the name and contact information of that person within one month using the Staff Change Notification Form available for download at <http://bcccp.ncdhhs.gov/linksandresources/ProviderForms/StaffChangeNotification.pdf>.

2. Format

- a. Breast and Cervical data screens shall be completed and sent to the NC BCCCP electronically for every woman who receives screening and follow-up services, using the State-assigned data system.
- b. Program data received by NC BCCCP shall determine whether the Contractor is meeting contract targets and performance measures.

3. Data Source

- a. Minimum Data Elements (MDEs) are inclusive in the data entered into the State-assigned data system.
- b. Monthly progress reports are provided to each Contractor to report performance and identify individual cases requiring follow-up or correction by the Contractor. All patients with data errors remain on the monthly data reports for two program years or until the errors are fixed.

Outcomes:

Individual service goals are set with each Contractor based on capacity, prior service targets, successful outcome results in compliance with CDC performance indicators, and continued NC BCCCP funding.

Screening and subsequent diagnostic services, and treatment if needed are expected to: reduce mortality and morbidity due to breast and cervical cancers in NC women; increase early detection of breast and cervical cancer among high-risk, under-served women; expand community-based breast and cervical cancer screening and diagnostic services to low income, medically under-served women; and ensure access to medically appropriate services for women diagnosed with cancer or pre-cancer.

Service Quality:

All Contractors of the NC BCCCP shall use evidenced-based program guidance to meet contract requirements. All Contractors shall be held to standards for accomplishment of performance indicators and number of women contracted to be served. Inability to meet set program performance targets or adherence to procedures/protocols could result in the Contractor being subject to loss of NC BCCCP funds. The performance indicators to be met are announced in this contract to assure that the minimum goals to be attained for the year are outlined.

Precise deliverables of this contract are listed in the table below. The target number is the minimum required number of women served. Exceeding this number is encouraged based on funding resources. The women served in NC BCCCP may receive either breast or cervical services or both.

PERFORMANCE INDICATORS AND BENCHMARKS

Funding for NC BCCCP Contractors in FY 19/20 shall be based on FY 18/19 performance in all areas listed in the table below (for those contractors who participated with NC BCCCP during FY18/19). **Failure to comply with these indicators in FY 19/20 may result in loss of funding in FY 20/21.**

| Indicator Type | Program Performance Indicator | CDC Minimum Standard |
|---|---|----------------------|
| Screening Goal | Total number of women served for FY 19/20 | 100% |
| Budget Expenditures | Allocated BCCCP funds expended for each woman served | 100% |
| Breast Cancer Screening Performance Indicators | Initial screening mammograms provided to women ≥ 50 years of age (applies to federal funds only) | $\geq 75\%$ |
| | Abnormal screening results with complete follow-up | $\geq 90\%$ |
| | Abnormal screening results; Time from screening to diagnosis > 60 days | $\leq 25\%$ |
| | Treatment started for breast cancer | $\geq 90\%$ |
| | Breast cancer; Time from diagnosis to treatment > 60 days | $\leq 20\%$ |
| Cervical Cancer Screening Performance Indicators | Initial program Pap test; never screened | $\geq 20\%$ |
| | Abnormal screening results with complete follow-up | $\geq 90\%$ |
| | Abnormal screening results - time from screening to diagnosis > 90 days | $\leq 25\%$ |
| | Treatment started for diagnosis of HSIL, CIN2,3, CIS, Invasive Carcinoma | $\geq 90\%$ |
| | HSIL, CIN2,3, CIS; Time from diagnosis to treatment > 90 days | $\leq 20\%$ |
| | Invasive carcinoma; Time from diagnosis to treatment > 60 days | $\leq 20\%$ |

CONTRACTOR RESPONSIBILITIES FOR QUALITY ASSURANCE

1. Cervical Screening and Follow-up:

Laboratories must be certified under the most recent version of the Clinical Laboratory Improvement Amendments. The Bethesda 2014 System is required for reporting the results of Pap tests. (See *Pap Screening Manual: A Guide for Health Departments and Providers.*)

2. Breast Screening and Follow-up:

Federal Food and Drug Administration (FDA) certification is required for all mammography facilities. When contracting with any mammography facility, the Contractor shall assure that the facility is accredited under the Mammography Quality Standards Act (MQSA) regulations. (See *Breast and Cervical Screening Manual: A Guide for Health Departments and Providers.*)

3. The Contractor shall maintain clinical records for each woman receiving NC BCCCP services as a part of the patient's individual medical record.
4. The Contractor shall audit a random sample of at least 5 NC BCCCP patient records at least once annually to check for compliance with program requirements.
5. Contract responsibilities for process and outcome evaluations:
The Contractor shall respond to NC BCCCP evaluation requests in a timely manner. This includes completing evaluations, surveys, focus groups, interviews, and other data collection methods as outlined in the CDC and NC BCCCP Evaluation plans.

NC BCCCP PROGRAM RESPONSIBILITIES FOR MONITORING

NC BCCCP Program staff will conduct a risk assessment of the contractor and risk categories will be determined prior to the release of this contract and reassessed at least annually. Each contractor will be categorized as low or high risk. A contractor's risk category can change at any time and will be reassessed if irregularities are noted. The frequency and intensity of monitoring techniques applied will be directly proportional to the level of risk assigned. A contractor categorized as low risk will receive a detailed monitoring event approximately every three years. A contractor categorized as high risk will be notified by letter of the high-risk assessment and a specific date for corrective action and details about the monitoring plan will be defined in the letter. For contractors categorized as high risk, the monitoring event will occur at least annually.

1. The purpose of the monitoring event is to verify and document timeliness and adequacy of follow-up, quality of services, efficiency of operations, and compliance with program requirements.
2. The monitoring event will be conducted on-site at the Contractor's facility if possible. Alternatively, a remote monitoring event may be conducted if travel to the Contractor's site is not possible.
3. NC BCCCP staff will provide advance notice to the Contractor of the date and time of the monitoring event.
4. NC BCCCP program staff will review the Contractor's program performance indicators in the Health Information System (HIS) data system monthly and provide technical assistance as needed.
5. NC BCCCP staff will provide the Contractor with more frequent technical assistance if there are indications of problems meeting performance requirements or if requested by the Contractor.

CONSEQUENCES OF INADEQUATE PERFORMANCE

1. Failure to meet targets or expend funds as expected may result in reduced targets and funding.
2. If monthly or triennial monitoring uncovers deficits, NC BCCCP staff will work with the Contractor to correct these deficits.
 - a. Ongoing deficits will require development and implementation of a Corrective Action Plan

- b. Persistent failure to meet program requirements will result in termination of the Contract.
3. Contractors that terminate or are terminated from the NC BCCCP Program are required to:
 - a. Notify the NC BCCCP Program Director in writing and signed by the Contractor's Executive Director on their letterhead of the intent to terminate, including the effective date.
 - b. Identify resources in the community and refer women who have abnormal findings found prior to termination of the NC BCCCP Program
 - c. Notify all current NC BCCCP participants of closure of the program and offer them assistance to find alternative providers of screening services.
 - d. Continue to monitor monthly data reports and provide follow up or corrected information until all cases are closed out.
 - e. Maintain all NC BCCCP records and program manuals according to the local record retention schedule.
4. With termination, all remaining NC BCCCP funds will revert to DPH.
5. A midyear assessment of the Contractor shall be done. As Contractors are self-eliminated due to not meeting program expectations, their funding shall be reduced and shifted to other Contractors in good standing.
6. As funds are changed from one Contractor to another, projected screening numbers for services shall also be adjusted.
7. Contractors that lose NC BCCCP funding should identify resources for follow up of women with abnormal findings in their communities within 30 days from the date of agreement termination.

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 January 10, 2019.

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's 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.

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 November 1, 2018:

<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://bcccp.ncdhhs.gov/> and may be sent via email to interested agencies and organizations beginning November 1, 2018.

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

All prospective applicants are encouraged to attend a Bidder's Teleconference on November 9, 2018 from 10:00 am – 12:00pm via conference call at 1-877-873-8018 access code 2650829#.

Written questions concerning this Request for Applications will be received by Debi Nelson at debi.nelson@dhhs.nc.gov until 5:00 pm on November 16, 2018. As an addendum to this RFA, a summary of all questions and answers will be emailed to agencies and organizations by November 21, 2018 who were sent a copy of this Request for Applications and will be placed on <https://bcccp.ncdhhs.gov>.

4. **Notice of Intent**

Any agency that plans to submit an application shall submit a Notice of Intent no later than 5:00 pm on November 13, 2018 to debi.nelson@dhhs.nc.gov. Please include the following information in the Notice of Intent:

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

Agencies that do not submit a Notice of Intent by 5:00 pm on November 13, 2018 will be **ineligible** to apply to this RFA.

The Notice of Intent is non-binding.

5. **Applications**

Applicants shall submit their application as one single, consolidated PDF file with all required attachments and scanned signatures to Tavonyia.thompson@dhhs.nc.gov. Paper, mailed and faxed applications will not be accepted.

6. Format

The application must be typed 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.

7. Space Allowance

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

8. Application Deadline

All applications must be received by 5:00 pm on Friday, December 7, 2018. Only emailed applications will be accepted (scanned signatures are acceptable). Faxed or mailed applications will not be accepted.

9. Receipt of Applications

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

10. Review of Applications

Applications are reviewed by a multi-disciplinary committee of public and 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.

11. Request for Additional Information

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

12. Audit

Please be advised that successful applicants may be required to have an audit in accordance with 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.

13. Assurances

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

14. Additional Documentation to Include with Application

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

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

In addition, those private non-profit agencies are to provide a completed, signed, and notarized page verifying continued existence of the agency's 501(c)(3) status. (An example of this page is provided in section *VIII.7 Verification of 501(c)(3) Status*.)

15. 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.

16. System for Award Management Database (SAM)

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

17. Additional Documentation Prior to Contract Execution

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, signed, and notarized 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.

18. 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)

19. Federal Funding Accountability and Transparency Act (FFATA)

Data Reporting Requirement

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

20. 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.

21. 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.

22. Application Process Summary Dates

11/01/2018: Request for Applications released to eligible applicants.

11/09/2018: Bidder's Teleconference.

11/13/2018: Notice of Intent due by 5:00 pm.

11/16/2018: End of Q&A period. All questions due in writing by 5:00 pm.

11/21/2018: Answers to Questions released to all applicants as an addendum to the RFA.

12/07/2018: Applications due by 5:00 pm.

01/10/2019: Successful applicants will be notified.

06/01/2019: 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. Contractors shall be reimbursed on a capitated rate of \$255 for each woman served. Budget should consist of the number of women anticipated to be served times the rate of \$255.

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.

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.

Indirect Cost

Per 2 CFR§ 200.68, Modified Total Direct Cost (MTDC) excludes charges for patient care; therefore, indirect costs are not allowed in this RFA.

VII. EVALUATION CRITERIA

The Application shall be evaluated on how well it responds to the program objectives. Applications which meet the following conditions shall be given preferred consideration:

- Applications that shall utilize non-traditional venues as well as extended hours of operation for breast and cervical cancer screenings.
- Applications from areas with high prevalence, incidence, and morbidity rates of Breast Cancer as well as areas that have limited access to available resources. Applicants may use relevant data found in “Reducing the Burden of Cancer in North Carolina: A Data and Resource Guide for Communities to Fight Cancer”, the “North Carolina Cancer Plan”, and on the NC State Center for Health Statistics website to demonstrate the need of the priority population they serve.
- Applications reflecting services to a significant number of minority women (African Americans, Hispanics/Latinas, Native Americans).
- Applications demonstrating collaborations and partnerships with other community-based organizations that focuses on the same or similar issues of cancer screening and outreach to Special Populations in the state.

SCORING OF APPLICATIONS

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

- | | | |
|----------|------------------|--|
| 1 | POOR | Applicant only marginally addressed the application area. |
| 2 | AVERAGE | Applicant adequately addressed the application area. |
| 3 | GOOD | Applicant did a thorough job of addressing the application area. |
| 4 | EXCELLENT | Applicant provided a superior response to the application area. |

Each content area will be weighted and the score of 1 to 4 will be multiplied by the assigned weight of the content area. (If the content area has a weight = 5 and it is rated 4 (excellent) the total will be 20 points.) The highest total score is 100 points. The scoring procedure is described below:

1. Determination of Need and Local/County/Regional Services:

Weight = 5, Total maximum points = 20

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

1.

2. Agency Capacity Statement/Sustainability:

Weight = 12.5, Total maximum points = 50

Score distribution is: 12.5 = poor; 25 = average; 37.5 = good; 50 = excellent.

3. Strategic Plan/Budgetary Efficiency:

Weight = 5, Total maximum points = 20

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

4. Letters of Commitment and Support:

Weight = 2.5, Total maximum points = 10

Score distribution: 2.5 = poor; 5 = average; 7.5 = good; 10 = excellent.

Each of the content areas will be scored according to the numerical values stated above.

VIII. APPLICATION

Application Checklist

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

1. ___ **Cover Letter**
2. ___ **Application Face Sheet**
3. ___ **Applicant's Response/Form**
4. ___ **Project Budget**
Include a budget in the format provided.
5. ___ **Letters of Commitment and Support**
6. ___ *IRS Documentation:*
IRS Letter Documenting Your Organization's Tax Identification Number (public agencies)
or
___ **IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax-exempt Status** (private non-profits)
and
7. ___ **Verification of 501(c)(3) Status Form** (private non-profits)

1. Cover Letter

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

Include in the cover letter:

- the legal name of the Applicant agency
- the RFA number
- the Applicant agency's federal tax identification number
- the Applicant agency's DUNS number
- the closing date for applications.

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with The North Carolina Breast and Cervical Cancer Control 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 # **A358** 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

Determination of Need and Local/County/Regional Services (20% of Score)

You may use up to four (4) pages for this section (not including attachments). Applicants should completely address the items in each subsection below; subsections that are not addressed or are only partially addressed will receive fewer or no points. These instructions and subsections may be deleted to maximize space.

1. Provide a description of why your agency/organization is a good candidate for funding to implement the Breast and Cervical Cancer Screening Program. Include the following required items: description of the agency and its purpose, brief history (how, when, and why the agency was established), mission statement, and an organizational chart.
2. Describe the county or area you will be serving. Include information about the populations, who live there, the size and geographic diversity of the area, poverty level in the county, and any other factors that may impact your activities (e.g., urban/rural, transportation, industry and economic conditions, recent events, etc.).
3. Describe the need for breast and cervical cancer services in your community. Include data on screening rates, breast and cervical cancers and cardiovascular issues for women ages 40-64 (if applicable). Include limitations of the data, social norms you are aware of that may promote or prevent cancer screenings, and anything else that may indicate a need for creating or enhancing breast and cervical cancer services.

Capacity Statement/Sustainability (50% of Score)

You may use up to six (6) pages for this section (not including attachments). Applicants should completely address the items in each subsection below; subsections that are not addressed or are only partially addressed will receive fewer or no points. These instructions and subsections may be deleted to maximize space.

1. Describe the current activities, services, and experience of your agency that are applicable to implementation of the Breast and Cervical Cancer Program. Explain how your staff will meet the demands of required program activities.
2. Describe your plans to use subcontractors (if applicable) and provide information on the capacity of organizations to successfully implement the tasks assigned to them.
3. Describe your screening and data delivery capacity for this program.
4. Describe the roles played by the organization's leaders and staff, including Board members and volunteers, in community mobilization efforts to promote breast and cervical cancer screenings. Discuss the ways that your current strategies to raise awareness regarding breast and cervical cancer, recruitment of women, especially minority and special populations, and engage community members beyond simply attending an annual event.

5. Describe the collaborative efforts with any other agency with which you have regarding breast and cervical cancer screenings efforts. Describe community-based resources, outreach capacity for referral and follow-up.
6. Provide a description of the evaluation plan you will use to measure and monitor progress toward meeting program goals and objectives. Include your self-monitoring process for program, data reporting and medical records.
7. Describe how your program will be managed, including information on the skills and experiences of program staff. Provide a complete staffing plan describing each existing or proposed position by title, percentage of time/effort on the project, and a brief job description for the position. In all cases it should be clear whom each staff member will supervise as well as who will supervise him or her.
8. Describe how CDC BCCCP data requirements are managed and complied and how CDC surveillance protocols are followed.
9. Describe plan to attend required training.

Strategic Plan/Budgetary Efficiency (20% of Score)

You may use up to two (2) pages for this section (not including budget sheet). Applicants should completely address the items in each subsection below; subsections that are not addressed or are only partially addressed will receive fewer or no points. These instructions and subsections may be deleted to maximize space.

Applicants must complete a program budget that lists all screenings for the proposed program budget. A minimum of 100% of funds is for direct services

1. Is there cost sharing (office covers breast self-examinations and office visits)?
2. Outline your agency's experience in administering grant funds.
3. Are there other sources of funds used to support the program? Please describe the other sources of funding and how these funds are utilized.

4. Project Budget (not scored)

NC Breast and Cervical Cancer Control Program (NC BCCCP)

Contract Budget

June 1, 2019 through May 31, 2020

Complete the following budget. Please see Section VI: PROJECT BUDGET (page 28) for budget requirements. NC BCCCP has a capitated rate of \$255 per woman served.

PATIENT SERVICES:

Breast& Cervical Services funds requested (\$255 x targets) \$ _____

Total NC BCCCP targets requested _____

5. Letters of Commitment and Support (10% of Score)

Letters of commitment should be included from any agency or community organization integral to the success or implementation of the proposed activities. Examples of such agencies include those that will provide clinical services, outreach services, financial support, meeting space, transportation, access to participants or comparison group members, or services to participants beyond the scope of the applicant agency. Letters of support from local health departments are strongly encouraged to facilitate service provision.

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

Verification of 501 (C)(3) Status

We, the undersigned entity, hereby testify that the undersigned entity's 501 (c)(3) status, on file with the North Carolina Department of Health and Human Services is still in effect.

Name of Agency

Signature of Chairman, Executive Director, or other authorized official

Title of above signed authorized official

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Signature and Seal

Notary's commission expires _____, 20 ____.

Appendix A Forms for Reference

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

FEDERAL CERTIFICATIONS

The undersigned states that:

- (a) He or she is the duly authorized representative of the Contractor named below;
- (b) 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;
- (c) He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
- (d) [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.
- (e) 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>\$ _____ € actual € planned</p> | <p>13. Type of Payment (check all that apply):</p> <p><input type="checkbox"/> a. retainer</p> <p><input type="checkbox"/> b. one-time fee</p> <p><input type="checkbox"/> c. commission</p> <p><input type="checkbox"/> d. contingent fee</p> <p><input type="checkbox"/> e. deferred</p> <p><input type="checkbox"/> f. other; specify: _____</p> | |
| <p>12. Form of Payment (check all that apply):</p> <p><input type="checkbox"/> a. cash</p> <p><input type="checkbox"/> b. In-kind; specify: Nature _____ Value _____</p> | | |
| <p>14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 (attach Continuation Sheet(s) SF-LLL-A, if necessary):</p> | | |
| <p>15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | |

16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature: _____

Print Name: _____

Title: _____

Telephone No: _____ Date: _____

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Standard Form - LLL

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

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
_____ [Organization's legal name] hereby
identify the following individual(s) who is (are) authorized to sign **Contract Expenditure
Reports** for the organization/agency named above:

| Printed Name | Title | Signature |
|--------------|-------|-----------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

Reference only — Not for signature

| Signature | * Title | Date |
|-----------|---------|------|
|-----------|---------|------|

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

NOTARIZED STATEMENT AND 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

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:

Reference only — Not for signature

Legal Name of Organization

Signature of Organization Official

Title 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

Contractor Certifications Required by North Carolina Law

Instructions

The person who signs this document should read the text of the statutes listed below and consult with counsel and other knowledgeable persons before signing.

- The text of Article 2 of Chapter 64 of the North Carolina General Statutes can be found online at:
http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- The text of G.S. 105-164.8(b) can be found online at:
http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- The text of G.S. 143-48.5 (S.L. 2013-418, s. 2.(d)) can be found online at:
<http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H786v6.pdf>
- The text of G.S. 143-59.1 can be found online at:
http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- The text of G.S. 143-59.2 can be found online at:
http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- The text of G.S. 147-33.95(g) (S.L. 2013-418, s. 2.(e)) can be found online at:
<http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H786v6.pdf>

Certifications

- (1) **Pursuant to G.S. 143-48.5 and G.S. 147-33.95(g)**, 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
- (2) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:
 - (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
 - (b) [check **one** of the following boxes]
 - Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
 - The Contractor or one of its affiliates **has** incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (3) **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.

(4) The undersigned hereby certifies further that:

- (f) He or she is a duly authorized representative of the Contractor named below;
- (g) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
- (h) 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 | |
| Signature of Contractor's Authorized Agent | Date |
| Printed Name of Contractor's Authorized Agent | Title |
| Signature of Witness | Title |
| Printed Name of Witness | Date |

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. _____ | _____ | _____ |

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