



Request for Applications

RFA # A-364

*NC Well Integrated Screening and Evaluation Services
for Women Across the Nation (NC WISEWOMAN)
Cardiovascular Disease Screening Services*

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: June 3, 2019

SUBMISSION DEADLINE: July 19, 2019

INQUIRIES and DELIVERY INFORMATION:

Direct all inquiries concerning this RFA to: Tavonya Thompson at phone: (919) 707-5326 or email: tavonya.thompson@dhhs.nc.gov

Applications will be accepted by email until 5:00 pm on Friday, July 19, 2019.

Send application by email to tavonya.thompson@dhhs.nc.gov as one consolidated PDF file including all required attachments and signed Application Face Sheet.

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

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I. INTRODUCTION

Purpose

The mission of the Cancer Prevention and Control Branch (Branch) is to reduce the overall cancer burden in North Carolina. This is accomplished by planning, directing, and supporting cancer prevention and control efforts through collaborative work with partners in local, state, and national organizations, and universities; reducing the number of people who get and die from breast and cervical cancers and cardiovascular disease by providing testing and follow-up services for uninsured and underinsured women in North Carolina; identifying opportunities to promote healthy behaviors related to eating, exercising, not using tobacco products, and safe environments; and recommending health education activities for everyone. The Cancer Prevention and Control Branch consists of three programs that work to ensure a comprehensive and collaborative approach to addressing the state's cancer burden.

Among the three programs is the NC Well- Integrated Screening and Evaluation For Women Across the Nation (NC WISEWOMAN) Project that promotes effective screening and lifestyle intervention strategies for cardiovascular health in order to reduce the incidence of heart disease and stroke and reduce mortality in eligible underserved women of North Carolina. To be eligible for the NC WISEWOMAN Project, participants must be eligible for the North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) but need not be enrolled. Funding is received through a competitive grant from the Centers for Disease Control and Prevention (CDC).

The purpose of this Request for Applications (RFA) is to solicit applications to contract with the North Carolina Well-Integrated Screening and Evaluation for Women Across the Nation Project (NC WISEWOMAN Project) to provide cardiovascular disease screening services to NC Breast and Cervical Cancer Control Program (NC BCCCP) **eligible** women ages 40-64 (see additional details in Applicant Eligibility below).

Program Goals and Objectives:

Goals

- To provide eligible women having chronic disease risk factors with screenings, lifestyle programs, and referral services to prevent cardiovascular disease. (Refer NC WISEWOMAN PROJECT ELIGIBILITY in Section III SCOPE OF SERVICES).

Objectives:

- Provide cardiovascular screening and follow-up services through local contractors.
- Provide women who have abnormal Cardiovascular Disease (CVD) screening results with referrals for medical evaluation, healthy behavior support services (HBSS), team-based care, smoking cessation, community-based resources and clinical linkages, and other healthy lifestyle interventions.
- Evaluate the results of the Project including the effects of specialized counseling and interventions.

Outcomes:

- Individual screening goals shall be set with each Contractor based on capacity, prior screening targets, successful outcome results in compliance with CDC performance indicators, and continued NC WISEWOMAN funding. Screening is intended to provide

low income, underinsured or uninsured women eligible for the NC BCCCP program with chronic disease risk factor screenings, healthy behavior support options, and referral services in an effort to prevent cardiovascular disease.

- Screening and healthy behavior support options in the WISEWOMAN Project are expected to reduce mortality and morbidity due to cardiovascular risks; increase early detection of cardiovascular disease; decrease risk and disabilities related to stroke; increase healthy lifestyles and improve quality of life.

Service Quality:

All Contractors of the NC WISEWOMAN Project shall use evidence-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 loss of NC WISEWOMAN Project funds. The performance indicators to be met for the NC WISEWOMAN Project are outlined in Performance Indicators and Benchmarks section. The target number is the minimum number of screenings required. Exceeding this number is encouraged based on funding resources.

Applicant Eligibility:

Public and private non-profit agencies may apply and must be able to provide or subcontract for screenings for blood pressure, blood lipids, and glucose/Hgb A1C and in-depth counseling and coaching on CVD risk reduction strategies.

1. Applicants must have a referral resource for follow up of disease-level abnormal clinical findings.
2. Applicants must demonstrate ability to reach women ages 40-64.
3. Applicants must provide NC WISEWOMAN Project services to eligible women of 40-64 years of age, if the agency chooses to participate in the NC WISEWOMAN Project.
4. Applicants must have the ability to support expanded health promotion and health coaching services to women ages 40-64 that meet the eligibility criteria of the NC BCCCP and NC WISEWOMAN programs.
5. Applicants must demonstrate ability to document patient records, enter patient data into the State's integrated database and attend trainings as required.
6. Applicants must provide, by stated timeline guidance, intense patient tracking, patient navigation and follow-up of abnormal cardiovascular disease screening results.
7. Applicants must designate a representative to oversee the program operations and serve as liaison (coordinator) with the NC WISEWOMAN Project staff.
8. Applicants must have a referral system with a licensed facility under the most recent Clinical Laboratory Improvement Amendments (CLIA) regulations for disease-level abnormal clinical findings.

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

Local Health Departments are not eligible to apply for this funding opportunity

Funding:

The Branch receives federal funding from the Centers for Disease Control and Prevention (CDC) to carry out program activities for the NC WISEWOMAN Project.

The Program period is a thirty-six (36) month period, beginning October 1, 2019 to September 29, 2022.

The total funding available for each fiscal year will be approximately \$150,000. The Branch anticipates awarding 2-10 contracts with each averaging \$6,575-\$35,000.

Funding will be available each year, contingent upon program performance and availability of funds. Also, additional federal funds may be available based on annual funding allocations from the CDC.

II. BACKGROUND

Cardiovascular disease (CVD) and stroke are preventable diseases that kill approximately 610,000 people each year in the United States. Currently, cardiovascular disease and stroke are the 2nd and 5th leading causes of death in North Carolina (NC) respectively. In 2016, heart disease killed 18,266 North Carolinians while stroke accounted for 4,940 deaths. Heart disease deaths overwhelmingly impact all racial ethnicities, but mortality rates tend to vary depending on race and ethnicity. In the United States, CVD is the leading cause of death among the African American, Hispanic, and White populations. CVD is the 2nd leading cause of death among many other populations including American Indians and Asians.

Mortality, morbidity, and disability caused by heart disease and stroke have a large impact on both direct and indirect healthcare costs. Direct costs are those associated with hospital care, physician and nursing services, and medications. Nationally in 2016, CVD cost \$555 billion. This astronomical cost is projected to increase to \$1.1 trillion by the year 2035 according to the American Heart Association. Of the \$555 billion, \$318 billion can be attributed to direct costs while an estimated \$237 billion can be attributed to indirect costs due to lost productivity. In NC in 2017, \$6.4 billion is attributed to direct costs related to heart disease and stroke, while indirect costs are more difficult to estimate nationally and at the state level because they relate to loss of productivity due to the effects of heart disease and stroke.

Nationwide, there are approximately 44 million (2017) women with cardiovascular disease. The mortality rate from heart disease was 132.1 per 100,000 women (2014-16) and the death rate from strokes was 36.3 per 100,000 (2014-2016). Heart disease is the second leading cause of death for women in North Carolina and attributes to almost 20% of all-cause deaths among women (2015). Strokes are the third leading cause of death. In North Carolina, heart disease mortality rate was 124.9 per 100,000 women (2014-16). Mortality rate for strokes in North Carolina was 42.0 per 100,000 (2014-2016). The highest cardiovascular disease (CVD) hospitalization rates were clustered primarily in eastern NC, a pattern similar to that of CVD death rates.

Comparison Data:

For the US:

Heart Disease Death Rate was 132.1 per 100,000 for women of all ages, races/ethnicities (2014-2016)

Stroke Death Rate was 36.3 per 100,000, for women of all ages, races/ethnicities (2014-2016)

For North Carolina:

Heart Disease Death Rate was 124.9 per 100,000 for women of all ages, races/ethnicities (2014-2016)

Stroke Death Rate was 42.0 per 100,000, for women of all ages, races/ethnicities (2014-2016)

(data source: <https://nccd.cdc.gov/DHDSPAtlas/Reports.aspx>)

III. SCOPE OF SERVICES

LENGTH OF CONTRACT

The Contractor shall have an annual contract with the NC Cancer Prevention and Control Branch to provide screenings, interventions and follow up for cardiovascular disease risk factors through the WISEWOMAN Project to women eligible for the NC BCCCP program for up to 36 months, from October 1, 2019 through September 29, 2022 (contingent upon successful completion of performance indicators and based on funding availability).

NC WISEWOMAN PROJECT ELIGIBILITY

Women of ages 40-64 who are below 250% of the Federal Poverty Guidelines are uninsured or under insured and eligible for the NC BCCCP are eligible to receive screenings under the WISEWOMAN Project.

A. Priority Population

The priority population is defined as women ages 40 to 64, who include ethnic minorities, who are uninsured or underinsured, or without a usual source of health care whose income is less than 250% of the federal poverty level. Special emphasis should be given to the priority population. All women served must meet the following eligible population requirements.

B. Eligible Population

1. Enrollment into the NC WISEWOMAN Project is limited to women between the ages of 40 to 64 who are eligible for the NC BCCCP.
2. All women provided services through this program must be eligible for NC BCCCP with gross incomes that are less than 250% of the federal poverty level according to schedules in effect at the beginning of the agreement term.
3. Women aged 65 and older, previously enrolled in NC WISEWOMAN Project who remain eligible for federally funded NC BCCCP, may return for their one-time rescreening 12 - 18 months after their initial NC WISEWOMAN Project visit.
4. Women enrolled in Medicare (Part B) and/or Medicaid are not eligible for NC WISEWOMAN Project enrollment or program funded services.

FUNDING GUIDELINES AND RESTRICTIONS

1. The Contractor shall be reimbursed at a capitated rate of \$245 per woman (including first health coaching) for providing cardiovascular disease screening services through the NC WISEWOMAN Project for up to the number of women specified and at a rate of \$15 per session for second and third health coaching sessions for up to the number of women awarded. Additional sessions beyond these will not be reimbursed. In addition, \$25 per woman is reimbursable for lifestyle program if chosen. There must be an active Minority Diabetes Prevention Program (MDPP) in the area to be eligible for reimbursement for lifestyle program.
2. The total funds awarded from the NC WISEWOMAN Project 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 PERFORMANCE STANDARDS section.

3. Monies shall be allocated to ensure achievement of the numbers of health screenings and Health Coaching awarded and payment for NC WISEWOMAN Project-approved services rendered by outside medical providers through subcontracts. These may include medical evaluation for abnormal results. (Refer to the most recent Fee Schedule for NC WISEWOMAN, available at <https://bccccp.ncdhhs.gov/providers.htm/>)
4. NC WISEWOMAN Project funds shall not be used to reimburse for treatment services. Payment to a subcontractor using NC WISEWOMAN funds is limited to those screening and diagnostic follow-up services listed in the current NC WISEWOMAN Project Services Fee Schedule. Only services listed on the NC WISEWOMAN Project Fee Schedule are reimbursable with program funds unless prior authorization is obtained from NC WISEWOMAN Project staff
5. The Contractor must submit Contract Expenditure Reports (CER) by the 10th of each month requesting reimbursement for services rendered in the preceding month. CERs must be submitted even when no expenses are incurred in a given month. Failure to submit monthly sequential reports may delay receipt of reimbursement.
6. Per 2 CFR § 200.68 Modified Total Direct Cost (MTDC) excludes charges for patient care; therefore, *indirect cost is not allowed on services sought through this RFA.*

PAYMENT FOR SERVICES

1. The payment to subcontractors for any service described in PERFORMANCE STANDARDS section shall not exceed the prevailing Medicare-allowable fee for the service. Fee schedules will be provided to the participating subcontractor by NC WISEWOMAN Project.
2. NC WISEWOMAN Project funds shall only be used for payment after all other third-party payment sources (including private insurance) provide evidence of partial or non-payment of program eligible services. NC WISEWOMAN Project 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 NC WISEWOMAN Project. Participants should be notified of any possible charges prior to committing to the procedure.
4. Sliding fee scales may be used for women whose gross incomes are between 101% and 250% of the federal poverty level. A flat fee cannot be charged for NC WISEWOMAN Project services to any woman enrolled in NC WISEWOMAN Project.

CONTRACT BUDGET ADJUSTMENTS

1. The number of women screened in compliance with performance indicators shall be determined by the number of women that have a NC WISEWOMAN screening paid partially or in full with NC WISEWOMAN Project funds.
2. To retain the baseline budget for the following fiscal year, a NC WISEWOMAN Contractor must screen 100% of their allocated number of women and expend a 100% of the funds awarded each year.
3. NC WISEWOMAN Project staff will evaluate Contractor performance at the mid-point of each fiscal year. Those Contractors who are not meeting performance indicators will be notified and evaluated for placement on “high risk status”. If a Corrective Action Plan (CAP) is recommended, the Contractor shall have 60 days to submit and implement the plan. A program staff performance review in January will 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 one-time 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 will be assessed for budget and patient target realignments.
4. Funding adjustments may be made in the baseline budget of Contractors. State accessible data will be reviewed in November of each year to determine if budget adjustments are indicated based on compliance with performance indicators and patient targets.

PROJECT DELIVERABLES:

The Contractor shall have an annual contract with the NC Cancer Prevention and Control Branch to provide cardiovascular screening services to NC BCCCP eligible women for up to 36 months, from October 1, 2019 through September 29, 2022 (contingent upon successful completion of performance indicators and based on funding availability).

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

The following are the components expected of each contractor:

- 1. Screening and Follow-up Services:** Screening tests must include blood pressure, serum cholesterol/ HDL and blood glucose or hemoglobin A1C. Patient information is collected on height, weight, health behaviors, dietary habits, and physical activity. Patient education, counseling and support to facilitate lifestyle behavior changes and reduce risk to cardiovascular disease is provided to all patients. Additional detail available in the Performance Standards Section.
- 2. Professional Development:** Support ongoing health promotion and prevention education by providing information about cardiovascular disease for community health care Contractors via provider trainings and orientation, BP measurement training, motivational interviewing, health coaching using evidence-based curriculum, conference calls, and webinars. Additional details available in the Professional Development Section.
- 3. Community Based Interventions and Public Education:** Promote activities to raise awareness of the public about cardiovascular disease and support for women enrolled in the Project. Intervention resources vary and may include but are not limited to University of North Carolina’s “Med-South” Curriculum; Minority Diabetes Prevention Program in select areas (MDPP); NC HeartWise; Faithful Families; and QuitlineNC. All interventions must be approved by NC WISEWOMAN Project staff before implementation. Health Coaching sessions can incorporate “Med-South” materials, self-monitoring blood pressure devices, and other community resources as it pertains to lifestyle behavior changes.
- 4. Quality Assurance:** Provide consultation and technical assistance to any subcontractors on quality assurance issues, review and update programmatic and clinical protocols pertaining to the program and monitor adherence of health care.
- 5. Data Reporting and Surveillance:** Contractors are required to collect data for the Project for

federal reporting.

6. **Project 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 the contractor to monitor program implementation, demonstrate the success of programmatic activity in achieving outcomes, and identifying areas for improvement.

PERFORMANCE STANDARDS

The Contractor shall meet the following program requirements:

1. Provide services either at its own site, at satellite sites or through subcontract agreements with other providers. All subcontracts must follow the same guidance for deliverables, quality of service and follow-up as the Contractor follows.
2. Use evidence-based resources and program guidance to meet contract requirements. The contractor shall be held to a standard percentage of performance indicators met and number contracted to serve or be subject to loss of NC WISEWOMAN Project funds. The performance indicators to be met are included in this contract to ensure that the minimum goals to be attained for the year are clearly understood.
3. NC WISEWOMAN Project participants shall sign a consent form to be maintained within the patient medical record.
4. The NC WISEWOMAN baseline screening and first health coaching service must be conducted at the initial office and clinical screening visit.
 - a. Initial screening (enrollment) and annual screening (rescreening) requirements include:
 - demographic profile
 - personal medical history
 - behavior risk factor profile
 - two blood pressure measurements
 - fasting or non-fasting serum cholesterol/HDL
 - fasting glucose and/or hemoglobin A1C
 - height & weight
 - risk reduction counseling
 - calculation of BMI
 - healthy behavior support services
 - b. Patient-Centered Risk Reduction Counseling and initiation of Healthy Behavior Support Services (HBSS), including Healthy Coaching, Lifestyle Programs or Community-Based Referrals will be part of the clinical screening visit.
5. All WISEWOMAN participants shall receive additional Patient Center Risk Reduction Counseling and appropriate Healthy Behavior Support Services according to their behavioral risk factors and readiness to change.
 - a. The Med-South Lifestyle Program curriculum and a limited amount of other educational

materials will be provided by the NC WISEWOMAN Project. A system for tracking education and follow-up will be the responsibility of the contractor. All participants must receive Patient-Centered Risk Reduction Counseling and Health Coaching during the clinical screening visit.

- b. NC HeartWise Self- Monitoring Blood Pressure Program (SMBP) will be available to participants who are pre-hypertensive and/or hypertensive and will be provided an at-home blood pressure monitoring device. A tracking log/system and follow-up would be the responsibility of the Contractor.
 - c. All participants shall be assessed for the appropriate stage of change and readiness to make lifestyle behavior change.
 - d. Participants who are assessed as ready to make lifestyle behavior changes shall be referred to at least one of three Healthy Behavior Support Services including Health Coaching/Goal Setting, NC HeartWise, or Community-Based Referrals such as MDPP. Referred participants are motivated to adopt at least one of three Healthy Behavior Support Options. Scheduled rescreening visits, should occur 12-18 months after the baseline screening [Note: “Targets” that follow shall be negotiated with each Contractor.]
 - e. Contractors shall refer NC WISEWOMAN enrolled women to approved Lifestyle Programs including but not limited to:
 - Minority Diabetes Prevention Program
 - NC HeartWise
- NC WISEWOMAN funds can be used to pay for approved Lifestyle Programs. The Contractor shall refer NC WISEWOMAN Project enrolled women for participation in the Lifestyle programs.
- f. Participants enrolled in Health Coaching and/or Lifestyle Programs shall receive a follow-up assessment within four to six weeks after completion to assess progress and reinforce goals. The follow-up assessment can be conducted face-to-face or via phone.
 - g. All participants who self-report as a smoker shall be provided information about smoking cessation services. All participants who smoke and desire to quit within the next 30 days must be referred to QuitlineNC.
6. Referral, tracking and follow-up services shall be provided for all participants with abnormal and alert screening results. The current recommendations by the following national programs will be followed as guidelines for screening, referral, and follow-up:
 - a. National Cholesterol Education Program (NCEP): Adult Treatment Panel Report (ATP) III
 - b. The Seventh Report of the Joint National Committee on the Detection, Evaluation and Treatment of High Blood Pressure (JNC VII)
 - c. The American Diabetic Association Clinical Practice Guidelines 2014
 7. All medical referrals, recalls for rechecks, and annual re-screenings shall be initiated and tracked by the Contractor.
 8. NC WISEWOMAN Project participants should be rescreened 12 to 18 months following the

initial or a previous NC WISEWOMAN Project screening.

9. All participants with abnormal screening results shall receive appropriate medical follow-up in accordance with national and program guidelines.
 - a. Participants with abnormal screening results requiring physicians consult will be allowed one reimbursable diagnostic visit to a private physician per screening cycle for follow-up.
 - b. All participants with alert values shall receive Patient Navigation to assist with accessing indicated medical care and a referral for medical evaluation and treatment immediately or within seven days of the alert measurement.
 - Systolic blood pressure > 180 mm/hg;
 - Diastolic blood pressure > 110 mm/hg;
 - Fasting blood glucose <50 or >250 mg/dl
 - c. For all participants requiring a medical referral, the following information must be documented in the patient chart and the HIS data system within one week of the date of screening.
 - Date and source of medical referral
 - Follow-up documentation (date the patient was seen by a physician and the results of the visit, e.g., status of medications or changes in medications)
 - For all participants not receiving follow-up within seven days sufficient documentation for why follow-up did not occur including, dates and number of attempts made to contact the participant if they could not be reached, must be provided and placed in the patient chart and the HIS data system.
 - d. Contractors shall ensure access linking available resources to all participants requiring follow-up of alert values and medication therapy.
10. Insurance Status: The Contractor shall assess all women seeking to be enrolled in NC WISEWOMAN for insurance status at each visit. Uninsured women must be referred to available insurance options.

PROFESSIONAL DEVELOPMENT

1. NC WISEWOMAN Project funds may be used to enhance or augment current community-based interventions focused on cardiovascular disease risk reduction. Discussion with NC WISEWOMAN Project regarding this use of funds is encouraged.
2. Public and Professional Education
 - a. The Contractor shall provide education on the NC WISEWOMAN Project to the target population as appropriate. The NC WISEWOMAN Project will provide educational materials to each contractor.
 - b. Mandatory attendance by the Contractor at the NC BCCCP/NC WISEWOMAN Program Biennial Update.
 - c. Mandatory attendance at least annually at one of the NC WISEWOMAN Project Orientation trainings offered twice per funding year by NC WISEWOMAN Project staff.
 - d. New Coordinators are required to attend the first NC WISEWOMAN Program

Orientation session following their date of hire. This session will incorporate: Program Orientation, Data Entry, and Healthy Behavior Support Services (HBSS).

- e. The Contractor must complete Blood Pressure Measurement education.

REPORTING REQUIREMENTS

1. Frequency and Due Dates:

All data including initial screening, referrals, follow-up results and intervention data will be recorded on the NC WISEWOMAN Project electronic data reporting screens in a timely manner as follows:

- a. The Contractor must submit data to the HIS data system from the NC WISEWOMAN Project Enrollment Forms and NC WISEWOMAN Project Follow-up Forms, DHHS 4049 A&B and 4050 A&B, no later than the tenth of each month for the previous month.
- b. No Contractor should 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.
- c. NC WISEWOMAN Project patient data are to be reported for NC WISEWOMAN Project use to assure quality services and continued Program funding.

2. Format

- a. NC WISEWOMAN data screens should be completed and sent electronically for every woman who receives screening and follow-up services, using the State HIS system.
- b. Data received by the NC Division of Public Health/WISEWOMAN Project 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 HIS.
- 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.

PERFORMANCE INDICATORS AND BENCHMARKS

Funding for NC WISEWOMAN Project is based on the Contractor's performance in all areas listed in the table below. Individual program performance indicators are assigned a weighted value.

Minimum Standard	Program Performance Indicator
100%	Percentage of screening target number met or exceeded
100%	Percentage of allocated NC WISEWOMAN Project funds expended for each woman screened
100%	Percentage of NC WISEWOMAN Project participants who receive risk reduction counseling
100%	Percentage of women with abnormal blood pressure values who receive follow-up as defined by NC WISEWOMAN Project policy.
≥80%	Percentage of NC WISEWOMAN Project participants who are referred for health coaching or lifestyle programs and participate in at least one session.
≥60%	Percentage of NC WISEWOMAN Project participants enrolled in a lifestyle program or health coaching who complete the program as defined by NC WISEWOMAN Project policy.
100%	Percentage of NC WISEWOMAN Project participants with an alert screening value who are seen by a healthcare provider within one week of screening or documentation reflects why this did not occur.

CONTRACTOR RESPONSIBILITIES FOR QUALITY ASSURANCE

Contractor responsibilities for quality assurance

1. The Contractor shall follow NC WISEWOMAN Project clinical protocols for follow up of abnormal findings:
 - a. Protocol for follow-up of high blood pressure: *The Seventh Report of the Joint National Committee on the Detection, Evaluation and Treatment of High Blood Pressure (JNC VII)*, published by the National Institutes of Health, National Heart, Lung, and Blood Institute (NHLBI).
 - b. Protocol for follow-up of abnormal lipid values: The Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III or ATP III) of the National Cholesterol Education Program of the NHLBI.
 - c. Protocols for follow-up of abnormal glucose and hemoglobin A1c values: American Diabetes Association clinical practice recommendations, North Carolina Diabetes Control Program, and the Diabetes Self-Management Curriculum.
2. The Contractor shall use laboratories certified under the most recent Clinical Laboratory Improvement Amendments (CLIA) for laboratory services including serum total cholesterol, HDL, blood glucose, and/or glycosylated hemoglobin A1c testing.
 - a. The Contractor shall maintain clinical records for each woman receiving NC WISEWOMAN Project services as a part of the patient's individual medical record.
 - b. The Contractor shall audit a random sample of at least five NC WISEWOMAN patient records at least once annually to check for compliance with program requirements.

- c. Contractor responsibilities for process and outcome evaluations: The Contractor shall respond to NC WISEWOMAN Project evaluation requests in a timely manner. This includes completing evaluation surveys, focus groups, and interviews as outlined in the CDC and NC WISEWOMAN Evaluation plans.

NC WISEWOMAN PROJECT RESPONSIBILITIES FOR MONITORING:

NC WISEWOMAN Project staff will conduct a risk assessment of the Contractor. Risk categories will be determined prior to the release of this contract and reassessed at least annually. The Contractor will be categorized as low risk or high risk and will be notified by NC WISEWOMAN Project staff about its categorization prior to the start of this contract. The 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 at least 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 on the letter. A contractor categorized as high risk will receive a monitoring event at least annually.

- a. 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.
- b. The monitoring event will be conducted on-site at the Contractor if possible. Alternatively, a remote monitoring event may be conducted if travel to the Contractor is not possible.
- c. NC WISEWOMAN staff will provide advance notice to the Contractor of the date, time, and location of the monitoring event.
- d. NC WISEWOMAN Project staff will review the Contractor's Program Performance Indicators in HIS data system (or a data system compatible with the North Carolina state data system) monthly.
- e. The NC WISEWOMAN staff will provide the Contracting agency 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. If funds are changed from one Contractor to another, programmed screening numbers for services will also be adjusted
2. If monitoring uncovers deficits, NC WISEWOMAN Project staff will work with the Contractor to correct these deficits.
 - a. Serious 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. A midyear assessment of the Contractor will be done. As agencies are self-eliminated due to not meeting program expectations, funding will be reduced and shifted. If funds are changed from one

contractor to another program screening numbers for services will be adjusted as well.

4. If the Contractor terminates or is terminated from the NC WISEWOMAN Project, the Contractor is required to:
 - a. Notify the NC WISEWOMAN Project Program Director of the intent to terminate in a letter written on the Contractor's letterhead and signed by the contract administrator, which includes the effective date of the termination.
 - b. Identify resources in the community and refer women who have abnormal findings found prior to termination of the WISEWOMAN Project
 - c. Notify all current WISEWOMAN participants of closure of the program and offer them assistance to find alternative providers of screening services.
 - d. Identify alternative resources in the community for patients wishing to continue cardiovascular screening.
 - e. Continue to monitor monthly data reports and provide follow up or corrected information until all cases are closed out.
 - f. Maintain all WISEWOMAN records and program manuals according to the local record retention schedule.
 - g. With termination, all remaining NC WISEWOMAN funds will revert to NC Division of Public Health
5. With termination, all remaining NC WISEWOMAN funds will revert to NC Division of Public Health.

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 July 30, 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 "Decline to Offer" to the funding agency via email to tavonyia.thompson@dhhs.nc.gov.

3. Cost of Application Preparation

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

4. Elaborate Applications

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

5. Oral Explanations

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

6. Reference to Other Data

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

7. Titles

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

8. Form of Application

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

9. Exceptions

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

10. Advertising

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

11. Right to Submitted Material

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

12. Competitive Offer

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

13. Agency and Organization's Representative

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

14. Subcontracting

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

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 June 3, 2019:

<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 June 3, 2019.

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

All prospective applicants are encouraged to attend a Bidder's Teleconference at 10:00am on June 13, 2019 via conference call at 877-873-8019 using access code: 2658029.

AND

Written questions concerning specification in this Request for Application will be received until 5:00 pm Friday June 14, 2019 to shamika.howell@dhhs.nc.gov. As an addendum to this RFA, a summary of all questions and answers will be emailed, by June 18, 2019 to agencies and organizations 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 is encouraged to submit (but not required) a Notice of Intent no later than 5:00 pm on June 19, 2019 to shamika.howell@dhhs.nc.gov. The notice of intent is non-binding. Please include the following information in the Notice of Intent:

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

5. **Applications**

Send application by email to tavonyia.thompson@dhhs.nc.gov as one consolidated PDF file including all required attachments and signed Application Face Sheet..

6. **Format and Space Allowance**

The application must be typed, single-side on 8.5" x 11" paper with margins of 1". Line spacing should be single-spaced. The font should be easy to read and no smaller than an 11-point font. Page limits are clearly marked in each section of the application. Refer to *VIII.3 Applicant's Response* for specifics.

7. Application Deadline

All applications must be received by the date and time on the cover sheet of this RFA. Faxed or mailed applications will not be accepted in lieu of the original emailed application.

8. Receipt of Applications

Applications from each responding agency and organization will receive an email confirming receipt.

9. Review of Applications

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

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

10. Request for Additional Information

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

11. Audit

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

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

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

Level 1: Less than \$25,000

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

Level 3: \$500,000 or more

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

12. Assurances

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

13. Additional Documentation to Include with Application

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

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

In addition, those private non-profit agencies are to provide a completed, 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.*)

14. Federal Certifications

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

15. System for Award Management Database (SAM)

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

16. Additional Documentation Prior to Contract Execution

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

- a. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign contracts. (A reference version appears in Appendix A.)
- b. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign expenditure reports. (A reference version appears in Appendix A.)
- c. Documentation of the agency's DUNS number. Documentation consists of a copy of communication (such as a letter or email correspondence) from Dun & Bradstreet (D&B) which indicates the agency or organization's legal name, address, and DUNS number. In lieu of a document from D&B, a copy of the agency or organization's SAM record is acceptable.

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

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

- a. A completed, 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.

17. Registration with Secretary of State

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

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

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

19. Iran Divestment Act

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

20. Boycott Israel Divestment Policy

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

21. Application Process Summary Dates

- 06/03/2019: Request for Applications released to eligible applicants.
- 06/13/2019: Bidder's Conference / Teleconference at 10:00 am.
- 06/14/2019: End of Q&A period. All questions due in writing by 5:00 pm.
- 06/18/2019: Answers to Questions released to all applicants, as an addendum to the RFA.
- 06/19/2019: Notice of Intent due by 5:00 pm (requested but not mandatory).
- 07/19/2019: Applications due by 5:00 pm.
- 07/30/2019: Successful applicants will be notified.
- 10/01/2019: Proposed contract start date.

VI. PROJECT BUDGET

Budget:

Applicants must submit a budget in the format provided in Section VIII 5.

Other Restrictions:

Audits

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

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

Level 1: Less than \$25,000

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

Level 3: \$500,000 or more

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

Indirect Cost

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

Per 2 CFR § 200.68 Modified Total Direct Cost (MTDC) excludes charges for patient care; *therefore, indirect cost is not allowed on services sought through this RFA.*

VII. EVALUATION CRITERIA

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

- Applicants that utilize non-traditional venues, innovational approaches, community clinical linkages, as well as extended hours of operation for cardiovascular screening and lifestyle behavior options.
- Applications from areas with high prevalence, incidence, and morbidity rates of cardiovascular disease areas that have limited access to available resources. Applicants may use relevant data from the NC State Center for Health Statistics website to demonstrate the need of the priority population being served.
- 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 priority with a common focus.

SCORING OF APPLICATIONS

The responses to the four different sections of the application will 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 category. |

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

1. Determination of Need and Local/County Services:

Weight = 5, Total maximum points = 20

Score distribution: 0 = no value; 5 = poor; 10 = average; 15 = good; 20 = excellent.

2. Capacity Statement/Sustainability:

Weight = 10, Total maximum points = 40

Score distribution is: 0 = no value; 10 = poor; 20 = average; 30 = good; 40 = excellent.

3. Strategic Plan/Budgetary Efficiency:

Weight = 5, Total maximum points = 20

Score distribution is: 0 = no value; 5 = poor; 10 = average; 15 = good; 20 = excellent.

4. Program Management

A. Weight = 5, Total maximum points = 20

Score distribution: 0 = no value; 5 = poor; 10 = average; 15 = good; 20 = 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 in the following order:

1. ___ **Cover Letter**
2. ___ **Application Face Sheet**
3. ___ **Applicant's Response/Form**
4. ___ **Letters of Support** (encouraged but not required and do not count in the page number limit.)
5. ___ **Program Budget**
Include a budget in the format provided.
6. ___ **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 WISEWOMAN, 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 # *A-364* 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 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 NC WISEWOMAN Project. 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 cardiovascular services in your community. Include data on cardiovascular issues for women ages 40-64 (if applicable). Include limitations on access to resources and lack of physical activity. Indicate a need for creating or cardiovascular services and lifestyle behavior support options.

Capacity Statement/Sustainability (40% 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 NC WISEWOMAN. 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 service delivery capacity for this program.
Includes evaluation of:
 - Ability to screen women successfully to the full extent of the contract
 - Utilize non-traditional venues as well as extended hours of operation cardiovascular screenings and healthy behavior support options
 - Demonstrate collaborations and partnerships with other community-based organizations that focus on the same or similar issues of cardiovascular screening and outreach to Special Populations in the state

4. Describe the collaborative efforts with any other agency with which you have regarding cardiovascular screenings efforts. Describe community-based resources, recruitment to minority populations, and outreach capacity for referral and follow-up. Letters of support are encouraged but not required.

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 proposed screening times the number of women screened at a per person rate of \$245. Budget should also include response to the following:

- Are there value- added services available at no additional cost to participants (i.e: transportation services, nutrition counseling, and access to physical activity programs)?
- Are funds from community resources and grants used to supplement funding?

Program Management (20% of Score)

You may use up to three (3) 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 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.
2. 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 Program, 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.
3. Describe how WISEWOMAN data requirements are managed and complied and how surveillance protocols are followed (see Reporting Requirements in Section III: SCOPE OF SERVICES for more details).
4. Describe plan to attend required training.

4. **Letters of Support** (encouraged but not required and do not count in the page number limit.)

5. Project Budget

**NC WISEWOMAN Project
Contract Budget
October 1, 2019 through September 29, 2020**

Complete the following budget. N C WISEWOMAN has a capitated rates per woman served. **The NC WISEWOMAN rates are \$245 per woman for initial screening which includes the first health coaching, \$15 for each of the second and third sessions and \$25 for lifestyle program if chosen.** Please see Funding Guidelines and Restrictions in Section III: SCOPE OF SERVICES for more details.

SERVICES

**NC WISEWOMAN Project Services
\$245 x number of women served**

\$ _____

(includes first health coaching)

Health Coaching (2nd and 3rd)

\$ _____

\$15 x per session per women served

Lifestyle Programs

Minority Diabetes Prevention Program
(Must have active MDPP in area)

\$ _____

Total Budget

\$ _____

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 _____</p> <p>Value _____</p>		
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 (attach Continuation Sheet(s) SF-LLL-A, if necessary):</p>		
<p>15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

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

Signature: _____

Print Name: _____

Title: _____

Telephone No: _____ Date: _____

Federal Use Only

Authorized for Local Reproduction
Standard Form - LLL

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

LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS

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

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

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

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

Reference only — Not for signature

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

LETTER TO IDENTIFY INDIVIDUALS TO SIGN EXPENDITURE REPORTS

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

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

Expenditure Reports for the entity named above:

Printed Name	Title

Reference only — Not for signature

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

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

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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