



Request for Applications

RFA # A356-R

North Carolina Hypertension and Diabetes Quality Improvement

FUNDING AGENCY: North Carolina Department of Health and Human Services
Division of Public Health
Chronic Disease and Injury Section
Community & Clinical Connections for Prevention and Health Branch

ISSUE DATE: December 10, 2018

DEADLINE DATE: January 15, 2019

INQUIRIES and DELIVERY INFORMATION:

Direct all inquiries concerning this RFA to: Cindy Stevenson at phone: (919) 707-5239 or Email:
Cindy.Stevenson@dhhs.nc.gov

Applications will be received until 5:00 pm on Tuesday, January 15, 2019.

Only electronic applications will be accepted via email attachment (.doc, .docx, .xls, .xlsx, .pdf formats), including all required attachments.

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

Email Address: Cindy.Stevenson@dhhs.nc.gov

Electronic copies of the application are available by request.

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

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

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I. INTRODUCTION

The mission of the Community and Clinical Connections for Prevention and Health Branch (CCCPH), Division of Public Health (DPH) is to work with partners to create physical activity and healthy eating opportunities; improve quality and delivery of clinical services; and connect patients and their health care providers to community prevention and management programs with the goal of reducing obesity, diabetes, heart disease and stroke in North Carolinians of all ages.

CCCPH receives federal funding to implement and evaluate evidence-based strategies to prevent and manage cardiovascular disease (CVD) and diabetes in high-burden populations/communities. High burden populations are those affected disproportionately by high blood pressure, high blood cholesterol, diabetes or prediabetes due to socioeconomic or other characteristics including inadequate access to care, poor quality of care, or low income.

Cardiovascular disease, stroke and diabetes are leading causes of disability and death in the United States and in North Carolina. According to the American Heart Association, at least 68% of people age 65 and older with diabetes die from some form of heart disease and 16% die of stroke and adults with diabetes are two to four times more likely to die from heart disease than adults without diabetes. All three conditions, diabetes, CVD and stroke, can be managed through a combination of lifestyle changes and sometimes medication. In many cases, diabetes, can be prevented if elevated blood sugar is identified early and people participate in lifestyle change programs such as Diabetes Prevention Programs (DPP) recognized by the Centers for Disease Control and Prevention (CDC). Lifestyle changes and managing medication can also reduce blood pressure and may help reduce the risk for heart disease and stroke.

Funding for Diabetes, Heart Disease and Stroke Prevention and Management is awarded through the CDC to all fifty states and Washington DC according to a population-based formula. At the Federal level, the CDC project is delineated in five-year time periods, and this Request for Application (RFA) is seeking applications for three years of the five-year project period starting April 1, 2019. National Standards of Care and Best Practices guide the activities required under this grant and the CDC has set program priorities and provided guidance to all states and territories for implementing the programs.

This RFA titled, North Carolina Hypertension and Diabetes Clinical Quality Improvement is to reduce morbidity and mortality from heart disease, stroke and diabetes. This is accomplished by working with an organization that can recruit and coach healthcare providers to implement evidenced-based and best practices for clinical care of hypertension and hyperlipidemia, which are major risk factors for heart disease. Through this Request for Applications (RFA), clinical staff will also increase identification of prediabetes and referral to DPPs and increase referral of people with uncontrolled or newly diagnosed diabetes to Diabetes Self-Management Education and Support (DSMES) services.

The North Carolina Hypertension and Diabetes Clinical Quality Improvement RFA shall identify an organization to successfully engage healthcare practices over a 2.25-year period in activities designed to:

- Improve clinical processes to increase referrals to diabetes prevention, and diabetes self-management, and
- Enhance clinical identification and management of hypertension and hyperlipidemia.

Federal Grant Information

Project Name: Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke
Financed in part by 2018 Prevention and Public Health Funds (PPHF)

CFDA: 93.426

Award #: 1NU58DP006513-01-00

Type: Cooperative Agreement

Funding Agency: Centers for Disease Control and Prevention/ U.S. Department of Health & Human Services

Eligibility and Program Requirements

Organizations that have the demonstrated ability to engage healthcare practices in quality improvement processes are eligible to apply for this funding. Eligible entities include private, non-profit organizations, public or local governmental.

Additional requirements are described below:

1. The applicant must meet all the requirements described in the RFA.
2. The applicant must have the ability to engage at least 20 healthcare practices over 2.25 years. Recruitment should prioritize practices that serve a high volume of African American and low socioeconomic status populations
3. The organization shall have personnel that have at least 2 years' experience with clinical quality improvement
4. The organization shall have personnel who can spend at least 20 hours per week in healthcare practices.
5. The applicant must work with CCCPH to develop and implement evaluation of quality improvement strategies
6. The applicant must participate in process and outcome evaluation for all program planning and implementation activities

The clinical activities that must be accomplished through this funding shall reflect current evidence-based and best practice clinical standards for the prevention and management of diabetes, prediabetes, hypertension and hyperlipidemia. While funds from this award may not be used to supplant other funds, strategies developed to accomplish stated activities may build from other current programming and/or activities.

Contract Period:

The project period is from April 1, 2019 through June 29, 2019. The contract for Hypertension and Diabetes Clinical Quality Improvement is subject to annual renewal based upon criteria established by

the Division of Public Health including performance and contractual compliance, and contingent upon the availability of funds for this purpose.

Total available for award will be as follows for the budget periods.

April 1, 2019 – June 29, 2019 (approximately \$110,764)

June 30, 2019-June 29, 2020 (approximately \$300,000)

June 30, 2020-June 29, 2021 (approximately \$300,000)

The award will be made annually for up to three years, pending availability of funds. **Funds are distributed on a ‘reimbursement after expenditure’ basis. No advance/startup funds are provided to programs.**

II. BACKGROUND

Chronic diseases profoundly affect North Carolinians' health and quality of life. Approximately 13.1% of North Carolina (NC) adults have been diagnosed with diabetes and 9.8% with cardiovascular disease. Chronic diseases are leading causes of deaths: heart disease is the 2nd, stroke the 4th, and diabetes the 7th leading cause of death in NC. The burden of chronic disease is greater in rural areas among those with low socio-economic status and among racial and ethnic minorities.

The 2017 America's Health Rankings report ranks NC 33rd in overall health status (with a rank of 1 being the best). NC ranks in the bottom third of the nation for certain chronic disease and associated risk factor indicators. The following table outlines the specific chronic disease and associated risk factor indicators for NC adults according to the CDC Wide-ranging Online Data for Epidemiologic Research (WONDER) Database and Behavior Risk Factor Surveillance System (BRFSS).

Chronic Disease and Associated Risk Factor Indicators, North Carolina (NC) vs. United States (US)

Indicator	NC	US	Rank
Diabetes disease mortality rate*	23.5%	21%	35th
Heart disease mortality rate*	155.8%	165.5%	23rd
Stroke mortality rate*	43%	37.3%	44th
Cardiovascular mortality rate*	215.2%	219.4%	28th
Current smokers**	17.9%	17.1%	28th
Hypertension prevalence**	35.2%	30.9%	28th
Cholesterol prevalence**	35.7%	36.3%	32nd
Diabetes prevalence**	11.3%	10.5%	35th
Obesity prevalence**	31.8%	29.9%	35th
Physical inactivity**	23.3%	23.1%	26th
Percentage who report consuming fruits less than one time daily**	43.3%	39.7%	13th
Percentage who report consuming vegetables less than one time daily**	21.6%	22.1%	24th
*Rates per 100,000 population, age-adjusted to the 2000 US standard population.			
**Self-reported prevalence among adults 18 years and above.			

Evidence-based programs that address chronic disease prevention and management exist, but many of them are not used to their full potential.

Diabetes self-management education and support (DSMES) has been proven to reduce average blood glucose, increase self-management confidence and decrease diabetes costs (Powers & al., 2017). Despite the benefits of participating in DSMES, in 2015, NC Behavioral Risk Factor Surveillance Survey (BRFSS) results show that 43% of people with diabetes have never taken a diabetes self-management class.

Participation in diabetes prevention programs (DPP) can reduce the risk of developing diabetes by 58% and by 71% for persons who are 60 and up (Prevention, 2017). In a January 2018 report from the

Centers for Disease Control and Prevention, NC ranked 10th out of all 50 states and the District of Columbia in the number of people who participate in DPP but ranked 41st in the primary outcome of weight loss.

Cardiovascular disease is the leading cause of death in NC. The following clinical activities have been shown to improve identification and management of cardiovascular risk factors such as hypertension and cholesterol:

- Use of electronic health records and health information technology to improve provider outcomes and patient health outcomes related to identification of individuals with undiagnosed hypertension and management of adults with hypertension
- Adoption of evidence-based quality measures at the provider level to monitor healthcare disparities and then implementing activities to eliminate identified healthcare disparities
- Increased engagement of non-physician team members (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers) in hypertension and cholesterol management in clinical settings
- Use of self-measured blood pressure monitoring (SMBP) with clinical support among adults with hypertension

To learn more about evidenced-based clinical activities to lower patient's risk for heart disease and stroke visit www.millionhearts.hhs.gov/. To learn more about the benefits of clinical referral to DSMES, review the article, Implementing Key Drivers for Diabetes Self-Management Education and Support Programs: Early Outcomes, Activities, Facilitators and Barriers by Jennifer Murphy Morgan, et.al. The article appeared in the online peer-reviewed journal, Preventing Chronic Disease published on January 25, 2018. The publication can be viewed at this link:

www.ncbi.nlm.nih.gov/pmc/articles/PMC5798216/. To learn more about clinical screening for diabetes and referral to DPP visit the American Medical Associations website at <https://www.ama-assn.org/delivering-care/advocating-diabetes-prevention>.

Please see the attached list of short, mid- and long-term outcomes in **Appendix B**.

III. SCOPE OF SERVICES

Eligibility

This RFA is being released to recruit organizations that demonstrate their ability to recruit healthcare practices to implement activities to improve population health around hypertension and diabetes and to provide healthcare practice facilitation in quality improvement processes. Eligible entities include private, non-profit organizations, public or local governmental agencies.

Deliverables to be achieved by June 29, 2019

In Year 1, the organization shall achieve the following outputs:

1. Ensure that all data can be transmitted in a secure environment
2. Work with CCCPH to develop a reporting and meeting schedule
3. Develop a plan to recruit healthcare practices for the entire project period
4. Recruit at least 10 healthcare practices to participate in year 2 activities
5. Ensure that healthcare practices can collect required data and have staff to coach healthcare practices with required activities
6. Execute signed agreements that commit healthcare practices to providing required data and implementing quality improvement
7. Work with CCCPH staff to plan data collection and develop associated instruments and protocols

Deliverables to be achieved by June 29, 2020 and June 29, 2021

At the end of Years 2 and 3 the organization shall achieve the following outputs for all clinical practices implementing the interventions:

1. Submit data to CCCPH according to protocols developed during Year 1
2. Recruit and onboard all healthcare practices by May 15 for the contract period that will begin June 30 each year.
3. Work with healthcare practices to ensure each achieves the following:
 - a. Refer eligible patients (newly diagnosed diabetes or whose diabetes has become uncontrolled) to recognized or accredited DSMES, if available, annually. The American Diabetes Association (ADA) recognizes DSMES and the American Association of Diabetes Educators (AADE) accredits DSMES
 - b. Use the electronic health record to identify and screen eligible patients for diabetes, annually (screening criteria to be provided).
 - c. Refer eligible patients with prediabetes to CDC recognized diabetes prevention programs, if available, annually.
 - d. Use the Million Hearts Hypertension Prevalence Estimator to assess the prevalence of persons in their practice with undiagnosed hypertension, twice per year (July 15 and December 15).
 - e. Use the electronic health record to run a registry report of persons with potentially undiagnosed hypertension, twice per year (July 31 and December 31).
 - f. Use the registry report of persons with potentially undiagnosed hypertension and implement a plan to communicate with these persons and to treat those with hypertension.

- g. Use practice level standardized quality measures for blood pressure control and/or cholesterol management to monitor health disparities and implement one activity per practice to address the health disparity annually.
- h. In each practice develop a policy to engage non-physician team members in hypertension management.
- i. In each practice develop a policy to engage non-physician team members in cholesterol management.
- j. Develop and implement policies for self-management of hypertension which should include self-measured blood pressure monitoring with clinical support and ensure all providers of patients with these conditions are familiar with the policy.
- k. Develop and implement policies for self-management of high blood cholesterol and ensure all providers of patients with these conditions are familiar with the policy

Long-term outcomes

- More people with prediabetes participating in CDC-recognized lifestyle change programs who have achieved 5-7% weight loss
- More adults with known high blood pressure who have achieved blood pressure control
- More patients considered at high risk of cardiovascular events who have their cholesterol managed with statin therapy

Organization communication expectations

- The organization must return e-mails or calls from CCCPH staff within 24 hours
- The organization shall transmit all data in a HIPPA compliant manner
- The organization shall adhere to a data collection plan and related instruments and protocols developed in collaboration with CCCPH
- The organization shall notify CCCPH of any data errors within 72 hours of their discovery
- The organization shall work with CCCPH to ensure that all patient education and policy information related to this project is culturally appropriate and graphic-based to promote understanding
- The organization shall be sensitive to healthcare practice engagement with practice staff, will share any concerns with CCCPH and either replace or retrain personnel
- The organization shall request and receive approval from CCCPH for all budget changes prior to expending funds
- Referrals to Diabetes Prevention Programs shall be only to CDC recognized programs
- Referrals to Diabetes Self-Management Education and Support programs shall be only to AADE or ADA recognized or accredited programs

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection

All qualified applications will be evaluated, and award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by January 22, 2019.

2. Decline to Offer

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

3. Cost of Application Preparation

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

4. Elaborate Applications

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

5. Oral Explanations

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

6. Reference to Other Data

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

7. Titles

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

8. Form of Application

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

9. Exceptions

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency or organization may be grounds for rejection of that agency 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 December 10, 2018: www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities and may be sent to prospective agencies and organizations via email, and/or the Community and Clinical Connections for Prevention and Health's website.

2. **Distribution of the RFA**

RFAs will be posted on the Community and Clinical Connections for Prevention and Health's website communityclinicalconnections.com and may be sent via email to interested agencies and organizations beginning December 10, 2018.

3. **Question & Answer Period**

Written questions concerning the specifications in this Request for Applications will be received until December 31, 2018. As an addendum to this RFA, a summary of all questions and answers will be placed on the communityclinicalconnections.com on January 3, 2019.

4. **Notice of Intent**

Any agency that plans to submit an application is requested to submit a Notice of Intent no later than 5 pm on January 7, 2019 to Cindy Stevenson, Administrative Manager via e-mail at Cindy.Stevenson@dhhs.nc.gov.

Please include the following information in the Notice of Intent

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

The Notice of Intent is non-binding.

5. **Applications**

Applicants shall email an electronic copy of the signed application and all attachments to Cindy.Stevenson@dhhs.nc.gov by 5pm on Tuesday, January 15, 2019 in MS Word, or PDF format. The Budget must be submitted using the required Excel template. **The required Excel template will be posted on the Community and Clinical Connections for Prevention and Health's website at communityclinicalconnections.com on December 10, 2018.** The electronic application must contain signed documents. Faxed applications will not be accepted.

6. **Format**

The application must have 1-inch margins and be submitted in 12-point sans serif font.

7. Space Allowance

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

8. Application Deadline

All applications must be received by 5 pm on January 15, 2019. Faxed applications *will not* be accepted in lieu of emailed applications. Scanned signatures are required.

9. Receipt of Applications

Applications from each responding agency and organization will be documented into the system.

10. Review of Applications

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

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

11. Request for Additional Information

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

12. Audit

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

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

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

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

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

13. Assurances

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

14. Additional Documentation to Include with Application

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

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

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

15. Federal Certifications

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

16. System for Award Management Database (SAM)

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

17. Additional Documentation Prior to Contract Execution

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

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

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

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

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

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

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

18. Registration with Secretary of State

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

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

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

20. Iran Divestment Act

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

21. Boycott Israel Divestment Policy

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

22. Application Process Summary Dates:

- 12/10/18:** Request for Applications released to eligible applicants.
- 12/31/18:** End of Q&A period. All questions due in writing by 5:00 pm.
- 1/3/19:** Answers to Questions released to all applicants, as an addendum to the RFA
- 1/7/19** Notice of Intent due by 5:00 pm (requested but not required).
- 1/15/19:** Applications due by 5:00 pm.
- 1/22/19:** Successful applicants will be notified.
- 4/1/19:** Proposed contract start date.

VI. PROJECT BUDGET AND JUSTIFICATION

Budget Narrative and Justification

Applicants must prepare a detailed budget for the funding period April 1 – June 29, 2019 that does not exceed \$110,764. A narrative justification must be included for each expense listed in the budget. The justification should explain how each line item was calculated and how the expense supports the project. Please include the names of the healthcare practices if you have already identified them and plan to subcontract with them.

Applicants must use the sample budget template provided. The form may be modified to remove or add items and categories if needed. Totals should be in whole numbers. The budget must be submitted as an Excel document. The template will be posted on the communityclinicalconnections.com website on December 10, 2018.

Eligible Expenses

1. Staff salaries and fringe benefits
2. Indirect cost is allowed on the portion of the sub-award funded by this grant. Please see page 19 for additional information on indirect costs
3. Subcontract with healthcare practices
4. In-state travel not to exceed the state rate. This may include mileage, parking, per diem and lodging
5. Office supplies

Ineligible Expenses

1. Out-of-state travel
2. Incentives
3. Gift cards
4. Cash incentives
5. Blood pressure cuffs
6. Diabetes screening supplies
7. Food (this does not include per diem when traveling)
8. Equipment
9. Furniture

Travel Reimbursement Rates

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the “Change in IRS Mileage Rate” memorandum to be found on OSBM’s website when there is a change in this rate. The current state mileage reimbursement rate is 54.5 cents per mile.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. However, please be advised that reimbursement rates periodically change. The Division of Public Health will only reimburse for rates authorized in

OSBM’s North Carolina Budget Manual or adopted by means of an OSBM Budget Memo. These documents are located here: <https://www.osbm.nc.gov/library>

Current Rates for Travel and Lodging

Meals (rates include taxes and gratuity)	In State
Breakfast	\$8.40
Lunch	\$11.00
Dinner	\$18.90
Lodging (<i>Maximum rate per person, excludes taxes and fees</i>)	\$71.20
Mileage	\$0.545 per mile

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.

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the applicant agency may request up to the federally negotiated rate. The total modified direct cost identified in the applicant’s FNICR shall be applied. A copy of the FNICR must be included with the applicant’s budget.

If the applicant does not have an FNICR, a 10% indirect cost rate (known as the *de minimis* rate) may be used on the total, modified direct cost as defined in 2 CFR 200.68, *Modified Total Direct Cost (MTDC)*, with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. Applicants must indicate in the budget narrative that they wish to use the *de minimis* rate, or some part thereof. Applicants who do not wish to claim any indirect cost should enter “No indirect cost requested” in the indirect cost line item of the budget narrative.

VII. EVALUATION CRITERIA

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

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

Each content area will be weighted and the score of 1 to 4 will be multiplied by the assigned weight of the content area. (If the content area has a weight = 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. **Background** which demonstrates quality improvement experience and ability to engage healthcare practices.

Weight = 5, Total maximum points = 20

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

2. **Capacity to achieve deliverables** including staff capacity, and summary of experience with recognized or accredited DSMES and CDC-recognized DPP Weight = 5, Total maximum points = 20

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

3. **Recruitment Plan** that describes how entity will recruit practices and ensure participation.

Weight = 10, Total maximum points = 40

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

4. **Letters of Commitment and Support** from at least 2 partners that have prior experience with the agency.

Weight = 5, Total maximum points = 20

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

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

Score distribution: 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. **Project Budget**
5. **Letters of Commitment and Support**

IRS Documentation:

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 application.

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with the **Community and Clinical Connections for Prevention and Health Branch**, 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 # A356** 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

Applicants must address the following areas:

Background (4-page maximum): *Summarize experience with clinical quality improvement and experience with engaging healthcare practices in quality improvement processes. Discuss significant outcomes and lessons learned. Include how healthcare practices are engaged and how you gained practice buy-in to changes.*

Capacity to achieve Deliverables (4-page maximum): *Describe staff capacity to coach practices in quality improvement processes. Include a description of a significant change that has had long-lasting effects on a practice. Summarize organizational knowledge of referral to or offering recognized or accredited Diabetes Self-Management Education and Support services and CDC-Recognized Diabetes Prevention Programs and hypertension management programs. Describe any experience with using Health Information Technology to improve provider and patient health outcomes and engaging care teams in diabetes and cardiovascular disease management.*

Recruitment Plan (2-page maximum): *Describe how the entity will develop a practice recruitment plan and include how many practices will be recruited each year, the approximate number of healthcare providers associated with each practice and their estimated patient population.*

Letters of Commitment and Support (4-page maximum): *Include letters from at least 2 partners who have prior experience with the entity.*

4. Project Budget

The budget template can be downloaded at communityclinicalconnections.com and must be used to develop the budget. It may only be submitted as a .xls or .xlsx file.

5. Letters of Commitment and Support

Letters of commitment should be included from any agency or community organization who has had experience working with the entity. Letters describing applicant's involvement in clinical changes that impacted patient outcomes are strongly encouraged.

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: _____

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Standard Form - LLL

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

LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS

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

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

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

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

Reference only — Not for signature

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

LETTER TO IDENTIFY INDIVIDUALS TO SIGN EXPENDITURE REPORTS

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

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

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

Reference only — Not for signature

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

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. _____	_____	_____

IX. Appendix B

Hypertension and Diabetes Clinical Quality Improvement Objectives

Short Term Outcomes

- Increased access to and coverage for ADA-recognized/AADE-accredited Diabetes Self-Management Education and Support (DSMES) programs for people with diabetes
- Increased community clinical links that facilitate referrals and provide support to enroll and retain participants in the National DPP lifestyle change program
- Increased reporting, monitoring, and tracking of clinical data for improved identification, management, and treatment of patients with high blood pressure and high blood cholesterol
- Increased use of and adherence to evidence-based guidelines and policies related to team-based care for patients with high blood pressure and high blood cholesterol
- Increased community clinical links that support systematic referrals, self-management, and lifestyle change for patients with high blood pressure and high blood cholesterol

Intermediate Outcomes

- Increased participation in ADA-recognized/AADE-accredited DSMES programs by people with diabetes
- Increased enrollment and retention in CDC-recognized organizations delivering the National DPP lifestyle change program
- Increased medication adherence among patients with high blood pressure and high blood cholesterol
- Increased engagement in self-management among patients with high blood pressure and high blood cholesterol
- Increased participation in evidence-based lifestyle interventions among patients with high blood pressure and high blood cholesterol

Long-term outcomes

- Decreased proportion of people with diabetes with an A1C > 9
- Increased number of people with prediabetes enrolled in a CDC-recognized lifestyle change program who have achieved 5-7% weight loss
- Increased control among adults with known high blood pressure and high blood cholesterol