



Request for Applications

RFA # A359

Physical Activity and Nutrition

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

ISSUE DATE: October 15, 2018

DEADLINE DATE: December 3, 2018

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 Monday, December 3, 2018.

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

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

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

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) is to work with partners to create physical activity and healthy eating opportunities with the goal of reducing obesity, diabetes, heart disease and stroke in North Carolinians of all ages.

CCCPH has been awarded funding to implement strategies to increase opportunities for healthy eating and physical activity. Poor nutrition and low levels of physical activity affect overall health and are significant risk factors for obesity and other chronic diseases. Obesity affects 78.6 million (35%) American adults and 12.7 million (17%) American children and costs the nation approximately \$147 billion in annual health care costs. The burden of obesity and other chronic diseases negatively affects our nation's businesses, economy and military readiness. CCCPH is receiving federal funds from the Center for Disease Control and Prevention CDC-DP18-1807, State Physical Activity and Nutrition (SPAN) program. These funds support state investments to improve nutrition and to increase safe and accessible physical activity.

This RFA is to implement local level nutrition and physical activity interventions that support healthy eating, safe and accessible physical activity and breastfeeding. Local organizations applying for these funds must work to mobilize communities, build collaborative relationships and implement culturally relevant and specific evidence-supported interventions.

CCCPH will award funds through this RFA to local agencies and organizations to implement one or more of the following:

- 1) Implement Food Service Guidelines (FSG) in community settings to promote and increase consumption of healthier foods and beverages by:
 - a. Increasing healthier options for prepared foods, packaged snacks and beverages
 - b. Working with appropriate settings to join the NC 10% Campaign which promotes the sale of local foods
 - c. Improving healthy product placement, labeling, promotion and/or competitive pricing
- 2) Implement interventions supportive of breastfeeding that address one or more of the following:
 - a. Maternity care practices in birthing facilities – partnering with hospitals to pursue the NC Maternity Center Breastfeeding-Friendly Designation by accomplishing Baby Friendly USA's Ten Steps to Successful Breastfeeding
 - b. Continuity of care – working with primary care practices (e.g., pediatrics, OB/GYN, outpatient medical clinics serving pregnant and postpartum women) toward earning the Mother-Baby Award for Outpatient Clinics
 - c. Community support – assisting community organizations (e.g., faith communities) and businesses with adopting breastfeeding-friendly policies and applying for the Breastfeeding-Friendly Business Award
 - d. Workplace compliance with the federal lactation accommodation law – collaborating with worksites to provide a private space and flexible breaks to express breast milk and applying for the NC Breastfeeding-Friendly Workplace Award

- 3) Collaborate with partners to establish activity-friendly routes that connect everyday destinations to increase safe, accessible physical activity by:
 - a. Encouraging the use of alternative forms of transportation; increasing connectivity between neighborhoods, street, and transit systems and/or improving safety for pedestrians, cyclists, and motorists
 - b. Increasing the number of shared use/open use policies in all sectors including faith communities, schools and worksites
 - c. Providing support to municipalities to enhance current or develop new wayfinding systems designed to increase walking
 - d. Supporting school systems' development of siting policies that increase walking and biking to and from school
 - e. Support targeted pedestrian and/or bicycling improvements (please note: funding restrictions apply to all purchases) to increase the connectivity between where people live, learn, play and pray with access to healthy food and places for physical activity
 - f. Supporting the implementation of county and municipal master and land use plans

- 4) Implement and integrate physical activity and nutrition standards into early care and education (ECE) by:
 - a. Implementing the NC Breastfeeding-Friendly Child Care Designation Program
 - b. Developing referral policies for licensed child care facilities to help families connect with nutrition assistance programs (e.g., WIC, SNAP)
 - c. Implementing Farm to ECE
 - d. Enhancing the training, technical assistance (TA) and coaching models of ECE TA Providers to include NC child care regulations related to nutrition, breastfeeding and outdoor play environments
 - e. Enhancing the ECE professional development system for early childhood providers to include nutrition and physical activity
 - f. Supporting state efforts to mitigate the impacts of adverse childhood experiences (ACEs) on healthy behaviors related to nutrition and physical activity

ELIGIBILITY

This RFA is open to organizations and agencies that can implement one or more of the strategies listed above. Funding is open to North Carolina-based private, non-profit organizations and public or local governmental agencies (excluding local health departments).

The applicant must:

1. Meet all the requirements described in the Request for Application.
2. Demonstrate a clear ability to implement the strategy(ies) they identified in their application.
3. Demonstrate a history of working with community partners and must indicate a willingness to continue to do so throughout this project period. Applicants are expected to build relationships with both traditional and non-traditional partners on all aspects of their physical activity or nutrition efforts.
 - a. Collaborations with public and private partners from multiple sectors are required to maximize resources, reach and impact.
 - b. Applicants must include the local health department or health district, that serves the

- county identified in their application, as a partner.
- c. Applicants must submit with their application a letter of commitment (LOC) from key collaborations. LOCs should describe the scope of work and contributions from each key partner for work to be conducted. LOCs should clearly describe the partners' level of participation and their anticipated contribution to overall program strategies and activities.
 4. Demonstrate a willingness to engage in the required training and preparation to complete project deliverables.
 5. Work with the CCCPH designated technical assistance staff for each of the strategies they choose.
 6. Participate in process and outcome evaluation for all program planning and implementation activities.

Funds from this award may not be used to supplant other funds. Strategies developed to accomplish outcomes may build from other current programs and/or activities. The selected contractors and key partners shall participate in a required CCCPH Physical Activity and Nutrition (PAN) Action Institute each year of the contract.

FUNDING

The CCCPH Branch will contract with 4-12 organizations. Funded organizations will have the possibility for annual contract renewal as outlined below pending satisfactory performance and funding availability.

Total available for each award will be as follows for the budget periods:

- April 1, 2019 – September 29, 2019 (Each award not to exceed \$80,000)- 6 months
- September 30, 2019 – September 29, 2020 (Each award not to exceed \$80,000)- one year
- September 30, 2020 – September 29, 2021 (Each award not to exceed \$80,000)- one year

Funded organizations will be eligible to receive funding for up to three years and will be expected to complete PAN Action Plans and attend the PAN Action Institute during each year they are funded. The amount of funding organizations receive during their second and third years will be based on their completion of PAN Action Plan objectives during the previous year.

Applicants must specifically identify the county or counties in which they will work.

Source of the funding for this RFA is 100% federal funding

Federal Grant Information:

Name: State Physical Activity and Nutrition
CFDA: 93.439
Award #: To be Awarded
Type: Cooperative Agreement
Department: Centers for Disease Control and Prevention

This program is authorized under sections 301 and 317(k)(2) of the Public Health Service Act [42 USC 241(a) and 247(b)(k)(2), as amended].

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. In-state travel not to exceed the state rate. This may include mileage, parking, per diem and lodging
4. Office supplies
5. Computers for staff working on the project
6. Office rent and telephone for staff working on this project
7. Supplies to implement strategies as approved by CCCPH

Ineligible Expenses

1. Out-of-state travel
2. Incentives
3. Gift cards
4. Construction (e.g., lumber, concrete)
5. Cash incentives
6. Food (this does not include per diem when traveling)
7. Equipment
8. Furniture
9. Breastfeeding pods

II. BACKGROUND

Cancer, heart disease, stroke and diabetes are among the top 10 leading causes of death in NC and accounted for 196,285 hospital admissions (21% of all admissions) and over \$8.5 billion in hospital charges (28% of total hospital charges) in NC in 2014. Healthy eating and physical activity play roles in the prevention and control of these chronic diseases and conditions but supports for these behaviors are lacking. According to CDC's Nutrition, Physical Activity, and Obesity (DNPAO): Data, Trends and Maps, NC ranks 45th in adults who usually walk or bike to work (NC 2.0% vs. National 3.4%, 2015) and 47th in percent of adults with at least one park within ½ mile (NC 13.5% vs. National 37.3%, 2010). NC legislation does not mandate employer lactation support (2010), and child care regulations do not meet national standards for serving fruits or vegetables (2012). Moreover, certain populations and geographies are at greater risk.

The 2015 NC Behavioral Risk Factor Surveillance System (BRFSS) estimates, African Americans are more likely than whites to be obese (41% vs. 30%), physically inactive (34% vs. 27%), and to consume vegetables less than one time a day (33% vs. 18%). Adults with household incomes under \$15,000 are 22% more likely to be physically inactive (16% vs. 38%) and 16% less likely to have trails and green ways in their communities (60% vs. 76%) compared to adults with household incomes over \$75,000 (BRFSS 2015). In NC, 47.5% of infants were breastfed at six months; however only 29.1% of Women's Infant and Children (WIC) beneficiaries breastfed their infants at six months in 2017.

National and state data clearly indicates that African American and low-income populations in NC experience disparities in health outcomes and access to supports. The 2018 NC Health Equity Report shows that African Americans have lower social and economic well-being compared to whites. African American households reported a lower median income (\$36,014) than whites (\$55,656). The National Immunization Survey shows that compared to white infants, African American infants are less likely to be breastfed (66% vs. 80%) and breastfed exclusively through six months (16% vs. 22%).

According to 2015 NC BRFSS estimates, prevalence of prediabetes, diabetes, cholesterol and hypertension increase as household income decreases. The inverse is true for fruit and vegetable consumption. Strategy-specific settings and populations of focus include worksites, colleges / universities, faith communities, Early Care and Education (ECE) centers enrolled in NC's subsidized child care program and locations with disparate bike and pedestrian crash rates and lower walkability. Low socioeconomic status is listed as a target population for every strategy; other populations identified in the workplan include women of childbearing age and African Americans. County profiles (available at communityclinicalconnections.com) will be used to prioritize geographic areas with the greatest disparities related to demographics, physical activity, healthy eating, breastfeeding and early childhood environments. Disparities identified by the county profiles will be included in the criteria for selecting funded organizations.

III. SCOPE OF SERVICES

The project period for 2018-19 is April 1, 2019 through September 29, 2019 (6 months). Contracts are subject to annual renewal based on criteria established by the NC Division of Public Health (DPH) including performance and contractual compliance and are contingent upon the availability of funds for this purpose.

The applicant must propose work in at least one of the following five strategies:

1. Implement Food Service Guidelines (FSG) to increase the availability of healthy foods in:
 - a. Worksites (e.g., hospitals, universities/colleges, private workplaces, and state, local and tribal government facilities)
 - b. Community settings (e.g., parks, stadiums, buildings/areas where community organizations meet)
 - c. Multiple venues (e.g., cafeterias, cafés, grills, snack bars, concession stands, vending machines)
2. Implement interventions supportive of breastfeeding that address one or more of the following:
 - a. Maternity care practices in birthing facilities
 - b. Continuity of care/ community support
 - c. Workplace compliance with the federal lactation accommodation law
3. Collaborate with partners to connect sidewalks, paths, bicycle routes, public transit with homes, early care and education, schools, worksites, parks, or recreation centers through implementing master plans and land use interventions:
 - a. Establish new or improved pedestrian, bicycle, or transit transportation systems (i.e., activity-friendly routes) that are combined with new or improved land use or environmental design (i.e., connecting everyday destinations).
4. Implement and integrate nutrition standards, including breastfeeding, into ECE programs
5. Implement and integrate physical activity standards into ECE programs

Applicants must use county profiles developed by CCCPH and posted on <https://communityclinicalconnections.com/>, to identify target locations and populations for their applications, and if funded, to develop their PAN Action Plans. Applicants must also demonstrate the incorporation of health equity planning principals in their PAN Action Plans. Using a framework such as the one found at: <https://www.cdc.gov/NCCDPHP/dch/pdf/health-equity-guide/Practitioners-Guide-section1.pdf> funded agencies must:

1. Engage target populations in assessing community needs and selecting and implementing evidence-based strategies
2. Engage partners who are working to impact the social determinants of health
3. Disseminate culturally and linguistically appropriate materials

Deliverables to be completed by the End of Year 1 (by September 29, 2019):

1. Increase strategy-specific partnerships to include:
 - a) Individuals/organizations that represent the stakeholder(s) outlined in the Strategy Resource Document (Attachment A)
 - b) Community members from targeted locations
 - c) Target population members
 - d) Individuals/organizations who are working to impact the social determinants of health

2. Participate in strategy-specific webinars assigned by CCCPH
3. Collect additional information/conduct assessments to help develop PAN Action Plans by May 31, 2019
 - a) Engage target populations in assessing community needs
4. Attend CCCPH PAN Action Institute, June 2019
5. Develop a PAN Action Plan by September 1, 2019
6. Recruit community settings for strategy implementation
7. Collect baseline data by September 29, 2019

Outcomes:

The strategies that support local level implementation of nutrition and physical activity interventions are expected to result in increase in one or more of the following:

- Number of places that implement food service guidelines;
- Number of places that implement supportive breastfeeding interventions;
- Number of places that implement community planning and transportation interventions that support safe and accessible physical activity;
- Number of early care and education providers that implement nutrition and physical activity standards

Service Quality:

Services must be culturally and linguistically sensitive; strengths based; and demonstrate community engagement. Awardees will be expected to submit all documents, reports, assessments and evaluations by the dates outlined in the *Section III: Scope of Services*. Awardees will be expected to have all essential staff and partners attend required meetings, phone conferences and site visits.

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 2, 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 October 15, 2018:

<http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities> and may be sent to prospective agencies and organizations via direct mail, email, and/or the Program's website.

2. **Distribution of the RFA**

The Physical Activity and Nutrition RFA will be posted on the Program's website: communityclinicalconnections.com and may be sent via email to interested agencies and organizations beginning October 15, 2018.

3. **Question & Answer Period**

Written questions concerning the specifications in this Request for Applications will be received by email at cindy.stevenson@dhhs.nc.gov by 5:00 pm on October 29, 2018. As an addendum to this RFA, a summary of all questions and answers will be placed on the website: communityclinicalconnections.com on November 5, 2018.

4. **Notice of Intent**

Any agency that plans to submit an application shall submit a Notice of Intent no later than 5:00 pm on November 9, 2018 to Cindy Stevenson 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.
- County or counties in which the applicant proposes to work.

Agencies that do not submit a Notice of Intent by 5:00 pm on November 9, 2018 will be *ineligible* to apply to this RFA.

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 5:00 pm on Monday, December 3 in Excel 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 October 15, 2018.** The electronic application must contain signed documents. Faxed applications will not be accepted.

6. Format

The application must be typed on 8.5” x 11” paper with margins of 1”. Line spacing should be single-spaced. The font should be easy to read and no smaller than a 12-point font.

7. Space Allowance

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

8. Application Deadline

All applications must be received by the date and time on the cover sheet of this RFA. Faxed applications *will not* be accepted. Signed applications are required.

9. Receipt of Applications

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

10. Review of Applications

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

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

11. Request for Additional Information

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

12. Audit

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

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

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

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

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

13. Assurances

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

14. Additional Documentation to Include with Application

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

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

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

15. Federal Certifications

Agencies or organizations receiving Federal funds must 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 D). 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 C.)
- 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 C.)

- 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 C.)
- b. A completed, signed, and notarized page certifying that the agency has no overdue tax debts. (A reference version appears in Appendix C)

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 C). Contractor Certifications should NOT be signed or returned with application.

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

18. Registration with Secretary of State

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

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

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

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

10/15/2018: Request for Applications released to eligible applicants.
10/29/2018: End of Q&A period. Questions due in writing by email by 5:00 pm.
11/05/2018: Answers to questions released to all applicants as an addendum to the RFA
11/09/2018: Notice of Intent due by 5:00 pm.
12/03/2018: Applications due by 5:00 pm.
01/02/2019: Successful applicants will be notified.
04/01/2019: Proposed Start Date for Contract.

VI. PROJECT BUDGET

Budget and Justification

Applicants must submit a budget for the funding period of April 1, 2019 through September 29, 2019, not to exceed \$80,000. Budgets should include a line item budget and a narrative justification. 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. Budgets for years 2 and 3 will be requested during the annual contract renewal process.

Applicants must use the sample budget template provided in Appendix B and available with this RFA in Excel at communityclinicalconnections.com. 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 (.xls or .xlsx file).

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. In-state travel not to exceed the state rate. This may include mileage, parking, per diem and lodging
4. Office supplies
5. Computers for staff working on the project
6. Office rent and telephone for staff working on this project
7. Supplies to implement strategies as approved by CCCPH

Ineligible Expenses

1. Out-of-state travel
2. Incentives
3. Gift cards
4. Construction (e.g., lumber, concrete)
5. Cash incentives
6. Food (this does not include per diem when traveling)
7. Equipment
8. Furniture
9. Breastfeeding pods

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 In-State Travel

Meals (rates include taxes and gratuity)	
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.

Indirect cost is allowed on the portion of the sub-award funded by the Center for Disease Control and Prevention CDC-DP18-1807, State Physical Activity and Nutrition (SPAN) program.

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

SCORING OF APPLICATIONS

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

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

Each content area will be weighted and the score of 1 to 4 will be multiplied by the assigned weight of the content area. (If the content area has a weight = 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. Strategies and Activities:

Weight = 4.5, Total maximum points = 18

Score distribution is: 1 = poor; 2 = average; 3 = good; 4 = excellent.

2. Strengths and Needs:

Weight = 4.5, Total maximum points = 18

Score distribution is: 1 = poor; 2 = average; 3 = good; 4 = excellent.

3. Capacity:

Weight = 4.5, Total maximum points = 18

Score distribution is: 1 = poor; 2 = average; 3 = good; 4 = excellent.

4. Health Equity:

Weight = 4.5, Total maximum points = 18

Score distribution is: 1 = poor; 2 = average; 3 = good; 4 = excellent.

5. Budget and Budget Justification

Weight = 2.5, Total maximum points = 10

Score distribution: 1 = poor; 2 = average; 3 = good; 4 = excellent.

6. Letters of Commitment and Support:

Weight = 4.5, Total maximum points = 18

Score distribution: 1 = poor; 2 = average; 3 = good; 4 = excellent.

Each of the content areas will be scored according to the numerical values stated above. The scoring process will pay particular attention to applications' effectiveness in addressing the priority populations, target settings and expected outcomes associated with each strategy the applicant has selected. This information is outlined in Appendix A – PAN Strategy document.

VIII. APPLICATION

Application Checklist

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

1. Cover Letter

2. Application Face Sheet

3. Applicant's Response/Form

4. Project Budget

Include a budget in the format provided; must be submitted as a .xls or .xlsx file

5. Letters of Commitment

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 applications.

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with ***Physical Activity and Nutrition***, 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 # **A359** are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator: Name: Title:	Telephone Number: Fax Number: Email Address
7. Agency Status (check all that apply): <input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	9. Agency DUNS Number:
10. Agency’s URL (website):	
11. Agency’s Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Amount of Funding Requested	
15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #14) Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Signature of Authorized Representative:	17. Date

3. Applicant's Response

The application must be typed, on 8.5" x 11" in Portrait page layout with margins of 1". Line spacing may be **single**-spaced. The font shall be easy to read and no smaller than 12-point. The pages shall be numbered in the **lower** right corner. Include section headings outlined in this section (3. Applicant's Response). Page limitations are specified for some sections, in cases where they are not, applicants are strongly encouraged to be concise and only include information pertinent to implementation of the Physical Activity and Nutrition strategies selected.

Section I – Strategy(ies) and Activities (1-page maximum for each strategy selected); 18 points

In your narrative, identify the number of each strategy you will be addressing. Describe the evidence-based activities you will implement to increase the expected outcomes associated with each strategy you selected. See Appendix A – PAN Strategy document for further details on activities, including priority populations, target settings, expected outcomes, example activities and additional resources.

Strategy 1 - Implement FSGs in workplace and community settings to increase the availability of healthy foods.

Strategy 2 - Implement interventions supportive of breastfeeding that addresses one or more of the following:

- Maternity care practices in birthing facilities
- Continuity of care/community support
- Workplace compliance with the federal lactation accommodation law

Strategy 3 - Collaborate with state and local partners to establish activity-friendly routes that connect everyday destinations to increase safe, accessible physical activity that are designed to:

- Connect sidewalks, paths, bicycle routes, public transit with homes, early care and education, schools, worksites, parks, or recreation centers through implementation of master plans and land use interventions.
- Establish new or improved pedestrian, bicycle, or transit transportation systems that are combined with new or improved land use or environmental design.

Strategy 4 - Implement and integrate nutrition policy and practices into ECE programs that:

- Supports breastfeeding and/or
- Increases the number of Child and Adult Care Food Program nutrition standards met (<https://www.fns.usda.gov/cacfp/meals-and-snacks>)

Strategy 5 - Implement and integrate physical activity standards into ECE programs that:

- Increases the minutes and improves the quality of daily physical activity and
- Reduces the minutes of screen time daily

Section II – Strengths and Needs (2 pages maximum); 18 points

1. Describe the county or area you will be serving.
2. Describe issues (e.g., health disparities, gaps in services or access, concerns expressed by the community) in this county/area that will be addressed by the strategy(ies) you have chosen and your proposed implementation of those strategies, and how the issues were identified.
3. Describe community assets (e.g., partnerships, community groups, plans, volunteers, funding, ongoing initiatives) that will be leveraged to support implementation of the strategies you selected. Provide evidence that your organization has the capacity to implement the strategy(ies) you have chosen.

Section III – Description of Organization/Organizational Capacity (3 pages maximum) 18 points

1. Provide evidence that your organization has the capacity to implement the strategy(ies) you have chosen.
2. Describe your experience collecting, reporting and/or analyzing data to evaluate activities like the ones you are proposing in this application. **Expected outcomes and milestones for each strategy are listed in the PAN Strategy Document (see Appendix A).**
3. Describe the individuals, agencies and/or organizations that you will partner with to implement the strategy(ies) you have selected and their role in your proposed implementation. You must include a Letter of Commitment from each partner described (see Section 6). **Key partners for each strategy are listed in the PAN Strategy Document (see Appendix A).**
 - a. It is required that you partner with the local health department(s)/district(s) (LHD) that serves the county/counties in which you are proposing to work. At a minimum you must include a letter of support from that/each local health department. A letter of commitment that outlines the role the/each local health department will play in the implementation of your activities is strongly encouraged.
4. Describe plans to engage other key individuals, agencies and organizations with your activities, and how those entities will fill roles not filled by the partners you listed in Section III.3 above.

Section IV – Health Equity – (2 pages maximum); 18 points

1. Describe how you have and/or how you will engage the community (including members of the target populations for each selected strategy) to assess (e.g., identify assets, needs, interests, readiness), plan and/or implement the strategy(ies) you have selected.
2. Describe work that is occurring in your selected county/area to impact determinants of health (i.e., conditions in the environments in which people are born, live, learn, work, play, and worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks) and how this work will support/increase the impact of your activities to implement the strategy(ies) you selected.

4. Project Budget

(No page limit) 10 points

Applicants must complete a budget and budget justification narrative using the Excel spreadsheet provided at communityclinicalconnections.com and an example given in Appendix B.

5. Letters of Commitment

(No page limit) 18 points

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

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: Physical Activity and Nutrition Strategy **Resource Document**

Strategy #1 - Food Service Guidelines

Expected Outcomes:

1. Increased number of places that implement food service guidelines (FSG)
2. Increased purchasing of healthier foods

Target Population: Low socioeconomic status

The Community and Clinical Connections for Prevention and Health Branch (CCCPH) will collaborate with state and local partners **to implement FSG in community settings to promote and increase consumption of healthier foods and beverages** by:

- A. Increasing healthier options for prepared foods, packaged snacks and beverages
- B. Working with appropriate settings to join the NC 10% Campaign which promotes the sale of local foods
- C. Improving healthy product placement, labeling, promotion and/or competitive pricing

Target Settings: Community settings identified by local partners (e.g., worksites, faith communities, recreation/community centers)

Recommended Partners:

• public health educators • community groups • community coalitions community members that represent the population at greatest risk for health disparities related to nutrition • food service vendors • parks and recreation staff • YMCAs • worksites • colleges and/or universities • health organizations (e.g. hospitals) • local businesses • local civic groups • faith communities • local chambers of commerce

Health Equity Planning Principals: Health disparities are often influenced by the different levels of access that people have to healthy foods. Food inequity can occur because certain communities with limitations in resources and income do not have access to high quality foods in their area. Projects should **prioritize settings that serve food to individuals with lower incomes and/or access, not only offering a healthy selection, but also making healthy items appealing and financially accessible to those with the greatest health disparities.**

FSG Milestones:

1. Convene partners
2. Recruit worksites/community settings
3. Complete baseline NC food service assessment for each worksite/community setting
4. Develop a Physical Activity and Nutrition (PAN) action plan, incorporating the usage of new or existing promotional materials
5. Accomplish activities proposed in PAN action plan
6. Complete follow-up food service assessment for each worksite/community setting

Examples of the types of activities that can be used to implement Strategy #1 - Food Service Guidelines:

- A. As a park system's snack vending contract was set to expire, the park system developed a new contract that required the selected vendor to comply with new, healthier snack vending standards that set limits on

sodium, sugar, fat and calories while also allowing for the inclusion of healthy fat sources such as nuts and seeds.

- B. A worksite wellness committee led the way to healthy changes in the vending machines on campus. They partnered with the vending machine operator to determine which changes could be made. As a result, the vending machine is stocked with options that are lower in sugar, sodium and saturated fat. Marketing materials with simple and modern images were used to promote healthy items.
- C. A faith community that completed Faithful Families partnered with health department staff to adopt a policy to prepare and serve healthy foods at church events. In addition to the written policy, the faith community received healthy cooking kits to help them cook and serve meals that align with the Mediterranean style of eating.
- D. A faith community adopted a written policy to increase healthy food options at all meetings and church gatherings, which included offering baked foods instead of fried foods and switching from sweetened beverages to unsweetened tea, fruit-infused water and bottled water.
- E. A small hospital phased out sugar-sweetened beverages by taking them off the patient menu. Soon after, the hospital's catering team discontinued the traditional service of soda and cookies at staff meetings, substituting pitchers of water, unsweetened ice tea and fresh fruit. Finally, they eliminated sugary drinks from the cafeteria and vending machines.

National Resources:

- A. [Food Service Guidelines for Federal Facilities - cdc.gov/obesity/downloads/guidelines_for_federal_concessions_and_vending_operations.pdf](https://www.cdc.gov/obesity/downloads/guidelines_for_federal_concessions_and_vending_operations.pdf)
- B. [Building and Implementing Healthy Food Services - thefoodtrust.org/uploads/media_items/healthyfoodservices.original.pdf](https://www.thefoodtrust.org/uploads/media_items/healthyfoodservices.original.pdf)
- C. Dietary Guidelines for Americans 2015-2020 - [health.gov/dietaryguidelines/2015/guidelines](https://www.health.gov/dietaryguidelines/2015/guidelines)
- D. Smart Food Choices: How to Implement Food Service Guidelines - [cdc.gov/obesity/downloads/smart-food-choices-how-to-implement-food-service-guidelines.pdf](https://www.cdc.gov/obesity/downloads/smart-food-choices-how-to-implement-food-service-guidelines.pdf)

North Carolina Resources:

- A. NC10% Campaign - [nc10percent.com](https://www.nc10percent.com)
- B. WorkWell NC, Nutrition - [workwellnc.com/scorecard-nutrition.php](https://www.workwellnc.com/scorecard-nutrition.php)

Strategy #2 - Interventions Supportive of Breastfeeding

Expected Outcomes:

1. Increased number of places that implement supportive breastfeeding (BF) interventions
2. Increased breastfeeding

Target Population: African American women of childbearing age (18-49 years)

The Community and Clinical Connections for Prevention and Health Branch (CCCPH) will collaborate with state and local partners **to implement interventions supportive of breastfeeding** that address one or more of the following:

- A. **Maternity care practices in birthing facilities** – partnering with hospitals to pursue the NC Maternity Center Breastfeeding-Friendly Designation by accomplishing Baby Friendly USA’s Ten Steps to Successful Breastfeeding
- B. **Continuity of care** – working with primary care practices (e.g., pediatrics, OB/GYN, outpatient medical clinics serving pregnant and postpartum women) toward earning the Mother-Baby Award for Outpatient Clinics
- C. **Community support** – assisting community organizations (e.g., faith communities) and businesses with adopting breastfeeding-friendly policies and applying for the Breastfeeding-Friendly Business Award
- D. **Workplace compliance with the federal lactation accommodation law** – collaborating with worksites to provide a private space and flexible breaks to express breast milk and applying for the NC Breastfeeding-Friendly Workplace Award

Target Settings: Health care (birthing facilities, primary care practices), faith communities, businesses, worksites

Recommended Partners:

• local breastfeeding coalitions • local breastfeeding support groups • public health educators • community groups • community coalitions • community members that represent the population at greatest risk for health disparities related to breastfeeding • health organizations (e.g. hospitals, pediatric offices) • Women, Infants and Children (WIC) programs • faith communities • YMCAs • worksites • colleges and/or universities • local businesses • local civic groups • local chambers of commerce • lactation consultants

Health Equity Planning Principals: To address breastfeeding disparities, efforts should focus on racial and economic inequities. Establishing health equity related to breastfeeding requires the engagement and support of health care facilities, worksites and communities. Where applicable, projects should prioritize settings serving African-American women of childbearing age and/or worksites with nonexempt (hourly) employees with low hourly rates.

BF Milestones:

1. Convene partners
2. Recruit venue(s)
3. Complete baseline BF assessment for each venue recruited
4. Develop a Physical Activity and Nutrition (PAN) action plan to make venue(s) breastfeeding-friendly, incorporating approved promotional materials and media messages to support the plan

5. Accomplish activities proposed in PAN action plan and apply for breastfeeding-friendly designations as appropriate
6. Complete follow-up BF assessment for each worksites/community venue

Examples of the types of activities that can be used to implement interventions supportive of breastfeeding; the following examples may include equipment that is not permissible with this funding (e.g., large furniture):

- A. A maternity care practice follows eight of the 10 steps to successful breastfeeding including, developing a written breastfeeding policy for the facility and helping all mothers initiate breastfeeding within one hour of birth. They applied for and received the NC Four-Star Breastfeeding Friendly Designation. They are working toward completing all 10 steps and earning the full five-star designation.
- B. A pediatrics office adopted a breastfeeding-friendly office policy, and its providers have completed more than 3 hours of education on breastfeeding beyond professional school. They refer clients to lactation specialists regularly.
- C. A coffee shop welcomes breastfeeding mothers, never asking them to leave, cover up or move. They have applied for the NC Breastfeeding-Friendly Business Award and display the “We’re Breastfeeding-Friendly” window cling.
- D. An elementary school equipped a large storage room with a desk, comfortable chair and small refrigerator for breastfeeding employees to use as a quiet, private space to pump. Breastfeeding teachers are allowed reasonable breaks to pump, and the school meets criteria for the NC Breastfeeding-Friendly Workplace Award.
- E. A small retail establishment earned the NC Breastfeeding-Friendly Workplace Designation by allowing breastfeeding employees to schedule breaks to express milk in a private office around the time the baby would normally feed.

Resources:

- A. The Surgeon General’s Call to Action to Support Breastfeeding - surgeongeneral.gov/library/calls/breastfeeding
- B. NC Maternity Center Breastfeeding-Friendly Designation Program - nutritionnc.com/breastfeeding/bf-mat-center.htm
- C. Mother-Baby Award for Outpatient Clinics - ncbfc.org/mother-baby-friendly-clinics
- D. Breastfeeding-Friendly Business and Workplace Awards - ncbfc.org/business-case-for-breastfeeding-1
- E. NC Making It Work Tool Kit - workwellnc.com/NCMakingItWork.php
- F. Work Well NC Lactation Support Page - workwellnc.com/scorecard-lactation_support.php

Strategy #3 - Activity-Friendly Routes that Connect Everyday Destinations

Expected Outcomes:

1. Increased number of places that implement community planning and transportation interventions that support safe and accessible physical activity
2. Increased physical activity with an emphasis on walking

Priority Population: Low socioeconomic status

The Community and Clinical Connections for Prevention and Health Branch will collaborate with state and local partners to **establish activity-friendly routes that connect everyday destinations to increase safe, accessible physical activity** by:

1. Supporting multi-modal transportation networks that safely accommodate access and travel for all users through the implementation of the NC Complete Streets policy, NC BikePed Plan and NC Vision Zero,
2. Increasing the number of shared use/open use policies in all sectors including faith communities, schools and worksites,
3. Providing support to municipalities to enhance current or develop new wayfinding systems designed to increase walking,
4. Supporting school systems' development of siting policies that increase walking and biking to and from school,
5. Support targeted pedestrian and/or bicycling improvements (please note: funding restrictions apply to all purchases) to increase the connectivity between where people live, learn, play and pray with access to healthy food and places for physical activity and
6. Supporting the implementation of county and municipal master and land use plans.

Target Settings: Community-wide with a focus on locations with disparate bike and pedestrian crash rates and lower walkability index

Recommended Partners:

• public health planners (e.g. county, city, municipal, private) • rural or municipal planning organizations • local or regional transportation engineers • school officials • law enforcement • community groups • community coalitions • parks and recreation staff • health organizations (e.g. hospitals) • local businesses • local civic groups • elected officials • neighborhood associations • community members that represent the population at greatest risk for health disparities related to safe, accessible opportunities for physical activity • community members who represent those with disabilities

Health Equity Planning Principals:

Health is influenced by the way that communities are planned and built, as well as by the services and resources available within them. Health equity requires that all community members have access to features of the built environment that support health and wellness. Where applicable projects should:

1. Prioritize enhancement of low-SES neighborhoods
2. Provide for sufficient, safe, connected, accessible natural green spaces for children and youth

3. Support community-based collaborative land use and planning processes that support health equity and public health

Activity-Friendly Routes Milestones:

1. Apply an equity lens to the planning process
2. Convene a partnership
Create opportunities for vulnerable or priority populations to participate in planning and decision-making processes. Design those opportunities so that priority populations are able to participate and fully engage in the process.
3. Complete County assessment
4. Develop a Physical Activity and Nutrition (PAN) Action Plan
Consider the unique needs of vulnerable or priority populations (e.g., low socioeconomic status (SES), elderly, homeless, those with disabilities or chronic health conditions) when planning interventions to the built environment.
5. Accomplish activities proposed in PAN Action Plan
6. Produce or use existing promotional materials and media messages to support coalition.

Examples of the types of activities that can be used to implement strategy #3; the following examples may include construction items that are not permissible with this funding (e.g., lumber, concrete, paint):

- A. A city created a walking route between destinations of cultural and economic activity that were previously divided by a locked parking lot that prohibited public and pedestrian access.
- B. A neighborhood reduced average vehicle speed by using traffic calming techniques in a busy area served by four bus stops. This improved access to buses during the day, which connected residents to community destinations.
- C. In a town, students, school officials, and the city public works department partnered to paint a new crosswalk to connect the school to the community and the surrounding neighborhood.
- D. With the mayor, more than 100 community volunteers constructed or improved 9.5 miles of trails with landscaping including shade trees, benches, parking areas, and signage.
- E. A city obtained grant funding to revitalize an old road connecting the middle and high schools that had been blocked off for years. This new pathway opened a safe route to school and allows more residents to use a newly surfaced track.
- F. To improve public access to the waterfront, a city gradually acquired a stretch of shoreline property and replaced industrial ruins with parks, marinas, and paved bicycle/pedestrian trails which now connect the city center to parks and residential districts.

National Resources:

- A. The Community Guide Physical Activity: Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design - thecommunityguide.org/findings/physical-activity-built-environment-approaches
- B. The Community Guide Physical Activity: Creating or Improving Places for Physical Activity thecommunityguide.org/findings/physical-activity-creating-or-improving-places-physical-activity
- C. Fact Sheet: Supporting Health Equity Through the Built Environment bccdc.ca/health-professionals/professional-resources/health-equity-environmental-health/equity-and-eph-handbook
- D. Implementation Resource Guide cdc.gov/physicalactivity/community-strategies/beactive/implementation-resource-guide.html

- E. National Center on Health, Physical Activity and Disability – Resources - nchpad.org/Select~Resources
- F. A Practitioner’s Guide for Advancing Health Equity - cdc.gov/NCCDPHP/dch/pdf/health-equity-guide/Practitioners-Guide-section1.pdf
- G. Step it Up! The Surgeon General’s Call to Action to Promote Walking and Walkable Communities <https://bit.ly/2xw8FkH>

North Carolina Resources:

- A. Eat Smart, Move More NC, Programs and Tools, Community eatsmartmovemorenc.com/community.html
- B. Move More Walk Now Engage Your Community movemorewalknownc.com/engage-your-community
- C. Bicycle, Pedestrian Crash Disparities County Dashboard <https://bit.ly/2xn354R>
- D. School Context Maps <https://bit.ly/2xn354R>

Strategy #4 - Early Care and Education Nutrition Standards

Expected Outcomes:

1. Increased number of ECEs that implement nutrition standards
2. Increased ECE nutrition standards

Priority Population: Low socioeconomic status

The Community and Clinical Connections for Prevention and Health Branch will collaborate with state and local partners to **implement and integrate nutrition standards into state-wide ECE systems** by:

- A. Become a NC Breastfeeding-Friendly Child Care Designated Program,
- B. Implement referral policies to help families connect with nutrition assistance programs (e.g., WIC, SNAP),
- C. Implement Farm to ECE,
- D. Support state efforts to mitigate the impacts of adverse childhood experiences (ACEs) on healthy behaviors related to nutrition,
- E. Engage in training, TA and coaching models to support the implementation of NC child care regulations related to nutrition,
- F. Distribute nutrition resources for ECE

Target Settings: Child care centers and family child care homes enrolled in NC's subsidized child care program

Recommended Partners:

smart start partnerships for children • head start programs (early, regional, migrant/seasonal, American Indian) • child care health consultants • health organizations (e.g. hospitals, pediatric offices) • mental health professionals • NC Child Care Resource and Referral Council • ECE technical assistance providers • women, infants and children (WIC) programs • department of social services (DSS) • Children's Developmental Services Agency (CDSA) • Go NAP SACC Coordinators • Prevent Child Abuse NC • family child care homes • child care centers • academic institutions (colleges and or universities) • nutrition professionals • lactation consultants •

Health Equity Planning Principals: Disparities in healthy development start early in life, and far too many are the result of social and economic inequities that are disproportionately experienced by children. Healthy equity within ECE settings requires concerted and intentional activity to address issues of diversity and disparity. It requires the engagement and support of families and young children and includes their voices in design and delivery of services and supports. Where applicable ECE projects should:

1. Build or enhance early childhood systems
2. Expand health's role in wellness and prevention and population health
3. Close disparities in health and well-being by race, place, and income
4. Develop more culturally and linguistically responsive and inclusive systems
5. Educate and advocate and mobilize to produce policy change

ECE Milestones:

1. Convene a coalition

2. Complete ECE assessment
3. Develop an Action Plan
4. Accomplish activities proposed in Action Plan
5. Produce or use existing promotional materials and messages to support coalition.
6. Follow up assessment

Examples of the types of specific activities that can be used to implement Nutrition Strategy #4:

- A. A child care center worked with home improvement store Lowes, who provided supplies and labor to build gardens in the child care center. The child care center and Lowes designed garden areas that were appropriate for all children in the program. Food from the garden were used in taste-tests, art and science projects, and even developed a mini-farmers market. People from the local hospital would visit the center to purchase vegetables. The money raised was used to supply the gardens with plants and seeds for the following year.
- B. To assure parents were provided with numerous opportunities to gain nutrition knowledge in a center where 35 different languages are spoken, a child care center put in place bilingual staff and a contract with a local interpretation organization so that nutrition counseling could be made available to all families. This included the referral of families to nutrition assistance programs.

Resources:

- A. ACEs Too High - acestoohigh.com
- B. Breastfeeding-Friendly Designation - nutritionnc.com/breastfeeding/bf-childcare.htm
- C. Caring for Our Children: Preventing Childhood Obesity in Early Care and Education Programs - nrckids.org/CFOC/Childhood_Obesity
- D. Center for Environmental Farming Systems (CEFS) - cefs.ncsu.edu
- E. Center on the Developing Child at Harvard University - developingchild.harvard.edu/science/key-concepts/toxic-stress
- F. Child and Adult Care Food Program: Farm to CACFP - nutritionnc.com/snp/farm.htm
- G. Child and Adult Care Food Program Training Tools - fns.usda.gov/cacfp-training-tools
- H. Division of Child Development and Early Education - ncchildcare.ncdhhs.gov
- I. First 2000 Days - first2000days.org
- J. Go NAP SACC - gonapsacc.org
- K. Health Kids, Health Future - healthykidshealthyfuture.org
- L. NC Child Care Health and Safety Resource Center - healthychildcarenc.org
- M. Shape NC - smartstart.org/shape-nc-home
- N. The Center for Training and Research Translation (Center TRT) - centertrt.org/?p=find_strategies

Strategy #5 - Early Care and Education Physical Activity Standards

Expected Outcomes:

1. Increased number of ECEs that implement physical activity standards
2. Increased ECE physical activity standards

Priority Population: Low socioeconomic status

The Community and Clinical Connections for Prevention and Health Branch will collaborate with state and local partners to **implement and integrate PA standards into state-wide ECE systems** by:

- A. Engage in training, TA and coaching models to support the implementation of NC child care regulations related to PA,
- B. Support state efforts to mitigate the impacts of adverse childhood experiences (ACEs) on healthy behaviors related to PA,
- C. Distribute PA resources for ECE

Target Settings: Child care centers and family child care homes enrolled in NC's subsidized child care program

Recommended Partners:

smart start partnerships for children • head start programs (early, regional, migrant/seasonal, American Indian) • child care health consultants • health organizations (e.g. hospitals, pediatric offices) • mental health professionals • NC Child Care Resource and Referral Council • ECE technical assistance providers • women, infants and children (WIC) programs • department of social services (DSS) • Children's Developmental Services Agency (CDSA) • Go NAP SACC Coordinators • Prevent Child Abuse NC • family child care homes • child care centers • academic institutions (colleges and or universities) • nutrition professionals • lactation consultants •

Health Equity Planning Principals: Disparities in healthy development start early in life, and far too many are the result of social and economic inequities that are disproportionately experienced by children. Healthy equity within ECE settings requires concerted and intentional activity to address issues of diversity and disparity. It requires the engagement and support of families and young children and includes their voices in design and delivery of services and supports. Where applicable ECE projects should:

1. Build or enhance early childhood systems
2. Expand health's role in wellness and prevention and population health
3. Close disparities in health and well-being by race, place, and income
4. Develop more culturally and linguistically responsive and inclusive systems
5. Educate and advocate and mobilize to produce policy change

ECE Milestones:

1. Convene a coalition
2. Complete ECE assessment
3. Develop an Action Plan

4. Accomplish activities proposed in Action Plan
5. Produce or use existing promotional materials and messages to support coalition.
6. Follow up assessment

Example of the types of specific activities that can be used to implement Physical Activity Strategy #5:

- A. Yoga was introduced at a child care center. The teachers and students visited the social hall and participated in yoga together as a class.

Resources:

- A. ACEs Too High - acestoohigh.com
- B. Caring for Our Children: Preventing Childhood Obesity in Early Care and Education Programs - nrckids.org/CFOC/Childhood_Obesity
- C. Center on the Developing Child at Harvard University - developingchild.harvard.edu/science/key-concepts/toxic-stress
- D. Division of Child Development and Early Education - ncchildcare.ncdhhs.gov
- E. First 2000 Days - first2000days.org
- F. Go NAP SACC - gonapsacc.org
- G. Health Kids, Health Future - healthykidshealthyfuture.org
- H. NC Child Care Health and Safety Resource Center - healthychildcarenc.org
- I. The Center for Training and Research Translation (Center TRT) - centertrt.org/?p=find_strategies

Appendix B: Budget and Narrative Example

(Excel spreadsheet available at communityclinicalconnections.com)

NAME OF ORGANIZATION
RFA # A359
Budget Narrative Sample
April 1, 2019 - September 29, 2019

Personnel

Salaries	Salary	FTE	# Months	Total
Program Coordinator	\$80,000	50%	6	\$20,000
Fringe Benefits	FICA 7.65%	Retirement 15%	Medical Insurance @ \$7,000/yr	Total
Program Coordinator	\$1,530	\$3,000	\$1,750	\$6,280

The Program Coordinator will work with CCCPH to implement physical and activity and healthy healthy strategies as outlined in the approved action plan. **Please modify the salary and fringe rates above to reflect actual rates.**

Total Personnel **\$26,280**

Travel

In-State Travel	# Miles	# Days	# Staff	Cost Per Unit	Total
Mileage	50	20	1	\$0.545	\$545

The Program Coordinator will travel to partner meetings and the required Action Institute.

Total Travel **\$545**

Supplies

Office Supplies	\$208
Paper, pens, binders, printer toner, etc., to carry out the activities of this project	

Total Supplies **\$208**

Total **\$27,033**

Note: Round the total categorical budget amounts to whole dollars as shown

Appendix C: 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.

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