



Request for Applications

RFA #A410

The State Physical Activity and Nutrition Program

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 30, 2023

DEADLINE DATE: December 1, 2023

INQUIRIES and DELIVERY INFORMATION:

Direct all inquiries concerning this RFA to:

Cindy Stevenson, (919) 707-5239

cindy.stevenson@dhhs.nc.gov

Applications will be received until 5:00 pm on December 1, 2023

Electronic copies of the application are available by request.

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

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

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

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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; improve quality and delivery of clinical services; and connect patients and their healthcare providers to community prevention and management programs with the goal of reducing obesity, diabetes, heart disease and stroke in North Carolinians of all ages.

CCCPH has been awarded federal funds from the Centers for Disease Control and Prevention (CDC). These funds support improving the physical activity and nutrition status of North Carolinians by working with local and state partners to implement state level policies and activities that promote nutrition and food service guidelines, achieve breastfeeding continuity of care, connect transportation networks to everyday destinations, and integrate nutrition, physical activity, and breastfeeding national standards in Early Care and Education (ECE) systems and advance Farm to ECE.

Key State Physical Activity and Nutrition Outcomes:

Short-term outcomes:

- 1) Increased access to healthier foods.
- 2) Increased policies, plans, or community design changes that increase access to physical activity.
- 3) Increased access to programs that provide continuity of care for breastfeeding families.
- 4) Increased state level ECE policies and activities that improve nutrition, physical activity, and breastfeeding standards and Farm to ECE.

Intermediate outcomes:

- 1) Increased access to places for physical activity.
- 2) Increased breastfeeding.
- 3) Increased ECE programs meeting nutrition, physical activity, and breastfeeding standards and Farm to ECE.

Long-term outcomes:

- 1) Improved health behaviors and outcomes (e.g., increased healthier food consumption, increased percentage of individuals meeting physical activity guidelines, decreased obesity).
- 2) Reduced health disparities in chronic conditions (e.g., hypertension, heart disease, type 2 diabetes, and obesity).

CCCPH will provide funds to **four to eight** North Carolina-based private (non-profit and for profit), public, or local governmental agencies. The selected organizations shall implement Farm to ECE and breastfeeding interventions at ECE sites. Selected organizations may select an optional strategy to show progress towards Recognizing ECE's Advancing Children's Healthy Habits (REACH) program designation. **Applicants are required to implement Strategy 1 and Strategy 2 below. Strategy 3 is optional.**

REQUIRED STRATEGY 1: Breastfeeding Friendly Activities Implemented at Early Care and Education (ECE) Sites

REQUIRED Activity 1: Develop a written breastfeeding policy that shall be shared with all ECE employees as orientation/training and families as part of enrollment.

REQUIRED Activity 2: Offer a comfortable, private space for expressing milk or nursing for employees and families. The space should have a locked door, be shielded from view, have an electrical outlet, include a hand hygiene station, and should not be a bathroom.

REQUIRED Activity 3: Complete an [infant feeding plan](#) as part of enrollment with each family.

REQUIRED Activity 4: Encourage breastfeeding parents to visit the childcare center at any time during the day to nurse/feed expressed milk to their child.

REQUIRED Activity 5: Provide all breastfeeding employees with reasonable break time to express breast milk each time the employee has a need to express the milk.

REQUIRED Activity 6: Provide up-to-date printed and/or electronic breastfeeding resources for families and staff.

REQUIRED Activity 7: Develop a list of community breastfeeding services available for families and staff and refer as appropriate.

REQUIRED Activity 8: Complete at least 2 hours of cumulative breastfeeding training per year with all ECE staff.

REQUIRED Activity 9: Create a success story (written or video) of breastfeeding interventions.

REQUIRED STRATEGY 2: Farm to ECE Activities Implemented at ECE Sites

REQUIRED Activity 1: Provide a dedicated part-time (20 hours/week) Garden Coordinator who shall complete garden maintenance, provide direct gardening education to children at the site, and incorporate harvests into meal plans and/or snacks (This can be existing staff but must have dedicated hours for these activities. This could include multiple staff if 20 total hours of support are provided each week. The staff person(s) must also have direct education experience with preschool age children).

REQUIRED Activity 2: Create and maintain a garden. **Technical assistance will be provided as needed and coordinated by the CCCPH Branch.**

REQUIRED Activity 3: Incorporate the garden into the ECE curriculum. **Technical assistance and lesson plans will be provided by the CCCPH Branch as needed.**

REQUIRED Activity 4: Incorporate garden harvests into meal plans and/or snacks. **Technical assistance will be provided as needed and coordinated by the CCCPH Branch.**

REQUIRED Activity 5: Encourage children's participation in food preparation that includes the garden harvest ensuring child-safe cooking tools are utilized.

REQUIRED Activity 6: Ensure the Garden Coordinator(s) attends two required trainings per year to include an initial garden set up training and off-season garden training in Year 1.

REQUIRED Activity 7: Ensure the Garden Coordinator(s) attends the required online virtual collaborative monthly meeting for continual training and technical assistance.

REQUIRED Activity 8: Create a success story (written or video) of Farm to ECE interventions.

OPTIONAL STRATEGY 3: Recognizing ECE’s Advancing Children’s Healthy Habits (REACH) Program Designation at ECE Sites

OPTIONAL Activity 1: Show progress towards REACH program designation at ECE sites. The [REACH program](#) includes recognition in the following Go Nutrition and Physical Activity Self-Assessment for Child Care (GoNAPSACC) modules: Child Nutrition, Farm to ECE, Oral Health, physical activity, Outdoor Play & Learning, and Screen Time.

ELIGIBILITY

This RFA is open to organizations and agencies that can implement, at a minimum, both Strategy 1 and Strategy 2 listed above. Funding is open to North Carolina-based private (non-profit or for profit), and public organizations; and local governmental agencies. Applicants:

1. Must demonstrate a clear ability to implement all activities in their application.
2. Must 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 in regard to all aspects of the strategies being implemented.
 - a. Applications must include Letters of Commitment (LOCs) from key collaborators. LOCs should clearly describe the partners’ level of participation and their anticipated contribution to overall program strategies and activities.
3. Must demonstrate a willingness to engage in the required training and preparation to complete project deliverables.
4. Must work with the CCCPH-designated technical assistance providers for each of the activities.
5. Must be willing to submit monthly expenditure reimbursement forms with supporting expenditure documentation and monthly progress reports.
6. May be required to participate in a CDC national evaluation including providing process and outcomes data.

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 may be required to participate in national and CCCPH monthly meetings.

FUNDING

The project period is April 1, 2024 - September 29, 2026. The funded organizations shall implement activities for this initiative throughout the project period pending satisfactory performance and funding

availability. **APPLICANTS ARE REQUIRED TO SUBMIT YEAR 1 AND YEAR 2 BUDGETS IN RESPONSE TO THIS RFA.**

The budget period:

- Year 1: April 1, 2024 - September 29, 2024
(Total funding for Year 1 is \$424,400. **Each application budget should not exceed \$106,100**)
- Year 2: October 1, 2024 - September 29, 2025
(Total funding for Year 2 is \$424,400. **Each application budget should not exceed \$106,100**)
- Year 3: October 1, 2025 – September 29, 2026
(Total funding for Year 3 is \$424,400. **Estimated applicant budget not to exceed \$106,100**)

Source of the funding: 100% federal funding

Federal Grant Information:

Name: The State Physical Activity and Nutrition Program

CFDA: 93.439

Award #: TBD

Type: Cooperative Agreement

Department: Centers for Disease Control and Prevention

II. BACKGROUND

Chronic diseases and illnesses impacted by physical activity and nutrition include cancer, heart disease, stroke, and diabetes. These four conditions are all among the top 10 causes of death in North Carolina (NC). In 2019, these conditions accounted for close to half of all deaths in NC, 21% of hospital admissions, and over \$11.8 billion in hospital charges. Chronic diseases impact the lives of nearly 2 million people in NC. Prediabetes and type 2 diabetes are a significant burden, with 12.7% of adults diagnosed. In NC, 9.8% of adults report being told they have a history of a cardiovascular disease (heart attack, coronary heart disease, or stroke) compared with 8% nationwide. NC ranks 34th in the United States (US) (a ranking of 1 is the best) for obesity (Body Mass Index (BMI)>30). NC adult obesity rates surpass national rates at 36% compared to 33% in the US. Approximately 5.7 million adults in NC (70%) are either overweight or obese. Of 100 NC counties, 13% have obesity rates greater than 40%.

Healthy eating and physical activity play an important role in the prevention of chronic diseases and conditions, including reducing obesity rates, but many North Carolinians do not engage in these behaviors enough. Almost 18% of NC adults report consuming vegetables less than one time a day and 40.4% of adults report consuming fruit once or not at all each day. Approximately 11% of North Carolinians report experiencing food insecurity, while only 12.6% of farmers' markets accept Supplemental Nutrition Assistance Program (SNAP) benefits, and 15.4% accept Women, Infants, and Children (WIC) coupons. Breastfeeding initiation rates are high in NC, with 83.4% of infants reported to be breastfed at birth, yet only 53% of infants were at least partially breastfed at six months. In NC, 35.7% of all live births occurred in hospitals with a Baby-Friendly designation by the Baby Friendly Hospital Initiative that supports increasing breastfeeding initiation in maternity facilities. In 2019, over 50% of NC adults reported that their physical activity did not meet aerobic recommendations for exercise. Compounding the issue of low rates of physical activity is a lack of access to safe and accessible places for physical activity. Only 23.3% of people in NC report living within a half mile of a park, this is half of the overall US rate of 46.4%. Nearly 3 in 4 children in NC do not have parks, playgrounds, community centers, sidewalks, or walking trails available in their neighborhoods. Over 67% of North Carolinians report that their communities have trails, greenways, bike paths, and sidewalks, but 23.4% report never using these resources for walking, biking, or other activities.

III. SCOPE OF SERVICES

Input

Funding is open to North Carolina-based private (non-profit and for profit), public, and local governmental agencies.

The CCCPH Branch will contract with **four to eight** North Carolina-based organizations that shall implement Farm to ECE and breastfeeding interventions at ECE sites. Selected organizations may select an optional strategy to show progress towards Recognizing ECE's Advancing Children's Healthy Habits (REACH) program designation.

The project period is April 1, 2024 - September 29, 2026. The funded organizations shall implement activities for this initiative throughout the project period pending satisfactory performance and funding availability. **APPLICANTS ARE REQUIRED TO SUBMIT YEAR 1 AND YEAR 2 BUDGETS IN RESPONSE TO THIS RFA.**

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(Total funding for Year 2 is \$424,400. **Each application budget should not exceed \$106,100**)
- Year 3: October 1, 2025 – September 29, 2026
(Total funding for Year 3 is \$424,400. **Estimated applicant budget not to exceed \$106,100**)

Output

Applicants must propose work in Strategy 1 and Strategy 2 listed below. Strategy 3 is optional.

REQUIRED STRATEGY 1: Breastfeeding Friendly Activities Implemented at Early Care and Education (ECE) Sites

REQUIRED Activity 1: Develop a written breastfeeding policy that shall be shared with all ECE employees as orientation/training and families as part of enrollment.

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REQUIRED Activity 7: Develop a list of community breastfeeding services available for families and staff and refer as appropriate.

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REQUIRED Activity 9: Create a success story (written or video) of breastfeeding interventions.

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OPTIONAL Activity 1: Show progress towards REACH program designation at ECE sites. The [REACH program](#) includes recognition in the following GoNAPSACC modules: Child Nutrition, Farm to ECE, Oral Health, physical activity, Outdoor Play & Learning, and Screen Time.

Outcome

The outcome of this RFA is to support investments to improve health behaviors and outcomes (e.g., increased healthier food consumption, increased percentage of individuals meeting physical activity guidelines, decreased obesity) and reduce health disparities in chronic conditions (e.g., hypertension, heart disease, type 2 diabetes, and obesity).

Key State Physical Activity and Nutrition Outcomes:

Short-term outcomes:

- 1) Increased access to programs that provide continuity of care for breastfeeding families.
- 2) Increased state level ECE policies and activities that improve nutrition, physical activity, and breastfeeding standards and Farm to ECE.

Intermediate outcomes:

- 1) Increased breastfeeding.
- 2) Increased ECE programs meeting nutrition, physical activity, and breastfeeding standards and Farm to ECE.

Service Quality

Services shall be culturally and linguistically sensitive. The required Garden Coordinator must have direct education experience with preschool age children. Awardee shall have all required 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 December 14, 2023.

2. 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.

3. 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.

4. 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.

5. 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.

6. Titles

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

7. 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).

8. 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).

9. 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.

10. 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.

11. 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.

12. 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.

13. Subcontracting

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

Agencies and organizations shall also ensure that subcontractors are not on the state's Suspension of Funding List available at the [NC Office of State Budget and Management](#).

14. 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.

15. 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.

16. 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 [DHHS website](#) on October 30, 2023 and may be sent to prospective agencies and organizations via direct mail, email, and/or the [Program's website](#).

2. **Distribution of the RFA**

RFAs will be posted on the [CCCPH website](#) and may be sent via email to interested agencies and organizations beginning October 30, 2023.

3. **Question & Answer Period**

Please send written questions concerning the specifications in this Request for Applications by email to cindy.stevenson@dhhs.nc.gov by 5:00 pm on November 9, 2023. As an addendum to this RFA, a summary of all questions and answers will be posted on the [CCCPH website](#) by November 17, 2023.

4. **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 December 1, 2023 in MS Word, Excel or PDF format. The electronic application must contain signed documents. **Faxed applications will not be accepted.**

5. **Original Application**

The original application must contain original documents, and all signatures in the original application must be original. Mechanical, copied, or stamped signatures are not acceptable. The original application should be clearly marked "original" on the application face sheet.

6. **Format**

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.

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 and organization will be logged into the system and stamped with the date received on the cover sheet.

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 and signed page verifying continued existence of the agency's 501(c)(3) status (An example of this page is provided in section *VIII.8 Verification of 501(c)(3) Status*).

15. Federal Certifications

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

16. System for Award Management Database (SAM)

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

17. Unique Entity Identifier (UEI)

All grantees receiving federal funds must have a Unique Entity Identifier (UEI) which is issued by the federal government at SAM.gov. If your agency does not have a UEI, please use the online registration at SAM.gov to receive one free of charge.

18. 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. Documentation of the agency's Unique Entity Identifier (UEI).

If your agency does not have a UEI, please use the online registration at SAM.gov to receive one free of charge.

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

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

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

Note: At the start of each calendar year, all agencies with current Division of Public Health 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.

19. 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).

20. Federal Funding Accountability and Transparency Act (FFATA)

Data Reporting Requirement

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

21. Registration in NC e-Procurement via NC Electronic Vendor Portal (eVP)

Successful applicants (excepting Local Health Departments, which are exempt from this requirement) must be registered in NC eProcurement via the Electronic Vendor Portal (eVP) in order to receive reimbursement payments. This registration does not change your organization's subrecipient status or how the organization will be treated by DPH. If this is the agency's first award as an NCDHHS subrecipient, email dph.contractdocs@dhhs.nc.gov for instructions on how to register.

22. Sudan Divestment Act

The Sudan (Darfur) Divestment Act of 2007, as amended, requires State agencies to divest from investments in companies that are engaged in certain activities in Sudan. Any organization identified engaging in investment activities in Sudan (Darfur), as determined by appearing on the Final Divestment List created by the NC Department of the State Treasurer, is ineligible to contract with the State of North Carolina or any political subdivision of the State. Refer to NC General Statutes Chapter 147 Article 6D.

23. Iran Divestment Act

The Iran Divestment Act of 2015, as amended, prohibits State agencies from investing in or contracting with individuals and companies engaged in certain investment activities in Iran. Any organization identified engaging in investment activities in Iran, as determined by appearing on the Final Divestment List created by the NC Department of the State Treasurer, is ineligible to contract with the State of North Carolina or any political subdivision of the State. Refer to NC General Statutes Chapter 147 Article 6E.

24. Boycott Israel Divestment Policy

The Divestments from Companies Boycotting Israel Act of 2017, as amended, prohibits State agencies from making investments in, and contracts with, companies that are engaged in a boycott of Israel, as defined by this Act. Any organization that boycotts Israel, as determined by appearing on the Final Divestment List created by the NC Department of the State Treasurer, is ineligible to contract with the State of North Carolina or any political subdivision of the State. Refer to NC General Statutes Chapter 147 Article 6G.

25. Application Process Summary Dates

- 10/30/2023 Request for Applications released to eligible applicants.
- 11/09/2023 End of Q&A period. All questions due in writing by 5:00 pm.
- 11/17/2023 Answers to Questions released to all applicants, as an addendum to the RFA will be posted by November 17, 2023 [here](#).
- 12/01/2023 Applications are due by 5:00 pm.
- 12/14/2023 Successful applicants will be notified.
- 04/01/2024 Proposed contract start date.

VI. PROJECT BUDGET

Budget and Justification

The CCCPH Branch will contract with **four to eight organizations** that shall implement Farm to ECE and breastfeeding interventions at ECE sites. Selected organizations may select an optional strategy to show progress towards Recognizing ECE's Advancing Children's Healthy Habits (REACH) program designation.

The project period is April 1, 2024 - September 29, 2026. The funded organizations shall implement activities for this initiative throughout the project period pending satisfactory performance and funding availability.

The budget period:

- Year 1: April 1, 2024 - September 29, 2024
(Total funding for Year 1 is \$424,400. **Each application budget should not exceed \$106,100**)
- Year 2: October 1, 2024 - September 29, 2025
(Total funding for Year 2 is \$424,400. **Each application budget should not exceed \$106,100**)
- Year 3: October 1, 2025 – September 29, 2026
(Total funding for Year 2 is \$424,400. **Estimated applicant budget not to exceed \$106,100**)

Applicants must submit a budget narrative to include:

- Year 1 budget (April 1, 2024 - September 29, 2024, not to exceed \$106,100).
- Year 2 budget (October 1, 2024 - September 29, 2025, not to exceed \$106,100).

Note: Year 3 budgets (October 1, 2025 – September 29, 2026) should NOT be submitted.

Applicants must use the sample budget template provided [here](#). 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).**

Narrative Justification for Expenses

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

Eligible Expenses

1. Computers for staff working on the project. **TOTAL cost for all computer-related items (e.g., computers, printers, monitors) may not exceed \$4,999**
2. Indirect cost. **Please see [page 23](#) for additional information on indirect cost**
3. In-state travel not to exceed the state rate. This may include mileage, parking, per diem and lodging. **See [page 22](#) for state rates**
4. Supplies to create the gardens and support Farm to ECE efforts (e.g., gardening tools, soil, garden gloves, compost, seeds, towels, napkins/paper towels, heat mats, grow lights, greenhouses with a cost less than \$4,999, mulch, garden hoses, storage containers, signage, children's gardening kits, kneeling pads, grow bags, gardening pots, and trellises).

Examples of permissible supplies/resources include:

- a. **Garden Beds**
 - [Two Tiered Raised Beds](#)
 - [Set of 2 Raised Beds](#)
 - [Raised Bed with Wildlife Cover](#)
 - [Topsoil](#)
 - [Compost](#)
- b. **Supplies for Starting Seeds Indoors**
 - [12-Pack Organic Natural Pot](#)
 - [Seed Starting Potting Mix](#)
 - [Plant labels](#)
 - [Fruits & Vegetables Stickers for Labels](#)
 - [Fruits & Vegetable Stickers #2](#)
 - [Organic Herb Garden Kit Indoor](#)
 - [Organic Garden Starter Kits](#)
 - [Spray Bottles \(Pack of 5\)](#)
- c. **Childrens' Gardening Tools**
 - [Gardening Tools Set Includes Sturdy Tote Bag, Watering Can, Shovel, Rake, Trowel, and Garden Storybook](#)
 - [4-Piece | Kids Rake and Shovel Set](#)
 - [6 Pairs Kids Gardening Gloves \(Small \(Age 3-5\)\)](#)
 - [Toddler Wheelbarrow](#)
 - [Foam Kneeling Pads \(6 Kneeling Pads\)](#)
- d. **Other Gardening Supplies**
 - [Nail brushes](#)
 - [Tarp](#)
 - [Garden Hose, 50-Foot, BPA/Phthalate/Lead Ratings](#)
 - [Watering Wand with Thumb Flow Control](#)
- e. **Seed Packet Sets/Themed Gardens Sets**
 - [Cold Hardy Winter and Fall Vegetable Garden Seeds Organic Variety Pack](#)
 - [Organic Cool Weather Spring and Fall Vegetable Seeds Variety Pack](#)
 - [Summer Vegetable Garden Seeds Organic Variety Pack](#)
 - [Salsa Garden Vegetable Seeds Organic Variety Pack](#)
 - [Asian Vegetable Garden Seeds Organic Variety Pack](#)
 - [Italian Vegetable Garden Seeds Organic Variety Pack](#)
 - [Melon Medley Garden Seeds Organic Variety Pack](#)
- f. **Farm to ECE Resources**
 - [Healthy Greens Garden Seeds Organic Variety Pack](#)
 - [Hot Weather Lettuce and Greens Vegetable Seeds Organic Variety Pack](#)
 - [Herbal Tea Garden Seeds Organic Variety Pack](#)
 - [Herb Garden Seeds Organic Variety Pack](#)
 - [Pumpkin Seeds to Plant - 5 Variety Baby Boo, Giant Big Max, Jack Be Little, Jack O Lantern, Sugar Pie](#)
 - [Color Me Healthy](#)
- g. **Microgreens Indoor Garden**
 - [10Pcs Tray Sprouter Microgreens Growing Kit](#)

[Variety Pack Sprouting Seeds Broccoli, Alfalfa, Radish, Mung Beans & Salad Mix for Sprouts and Microgreens](#)

h. **Books**

[Farm to School and Gardening Too! Little Book](#)

[Fruit and Veggie ABC's Little Book](#)

[I Love Fruits and Veggies Little Book](#)

[Let's All Go to the Farmer's Market Little Book](#)

[Let Me Help in the Kitchen! Little Book](#)

[What Color are You Eating Little Book](#)

[Choose Us! Fruit and Veggie Buddies Little Book](#)

[Fruit and Veggie 1-2-3 Little Book](#)

[Fruit & Veggie Sticker Book](#)

[Eating More Fruits and Vegetables Coloring Book](#)

i. **Farm to Preschool Classroom Curriculums**

[Farm to Child Care Curriculum Package – Institute for Agriculture & Trade Policy](#)

[Creative Curriculum Resources – The Policy Equity Group](#)

[Reach for the Stars Curriculum – Farm to Preschool Network](#)

[2nd Edition](#)

[Wake County Farm to Child Care Toolkit](#)

[Growing Minds Preschool Lesson Plans](#)

[Farm to Preschool Toolkit, Second Edition](#)

j. **Nutrition and Cooking with Children**

[Grow It, Try It, Like It! Fun with Fruits and Vegetables at Family Child Care](#)

[Grow It, Try It, Like It! Nutrition Education Kit](#)

[ASAP Growing Minds Recipes](#)

[Knife Skills 101: Chef Ann Butler Teaches Kids to Properly Use a Knife](#)

k. **Supplies for Cooking with Children**

[Cart](#)

[50PCS Kids Kitchen Cooking Set - Crocodile Wooden Kid Safe Knife, Cutting Board, Apron, Gloves, Fruit Vegetable Crinkle Cutters, Peeler, Serrated Edges Plastic](#)

[Toddlers Knives, Kids Knives for Real Cooking](#)

[5 Sets of Toddler Knife Set with Cutting Board](#)

[Blender](#)

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l. **Cookbooks**

[Snacking and Cooking with Warm-Season Produce from Childcare Production Gardens](#)

[Snacking and Cooking With Cool-Season Produce From Childcare Production Gardens](#)

[Farmers Market Cookbook](#)

[Fruit and Veggie Snack Recipes Book](#)

5. Office rent (if not included in any indirect cost being claimed) and telephone for staff working on this project
6. Educational resources supportive of breastfeeding and Farm to ECE interventions.
7. Supplies for the breastfeeding room to provide a comfortable, private space for expressing milk or nursing for employees and families (e.g., signage, door locks, refrigerator to store

- breast milk with a cost not to exceed \$4,999, educational materials, hand hygiene station)
- 8. Office supplies (e.g., paper, tape, scissors, binders, toner, pens, pencils)
- 9. Staff salaries and fringe benefits (this could include the Garden Coordinator that supports Strategy 2)
- 10. Videographer to create the required success stories

Ineligible Expenses

- 1. Cash incentives
- 2. Construction (e.g., lumber, concrete, capital improvements)
- 3. Equipment (includes any item with a cost more than \$4,999)
- 4. Food (this does not include per diem when traveling)
- 5. Furniture
- 6. Breast pumps
- 7. Gift cards (e.g., gas cards, department store gift cards, farmers market vouchers, gift cards intended as incentives)
- 8. Incentives
- 9. Out-of-state travel

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 65.5 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 North Carolina Department of Health and Human Services Travel Policy. Effective July 1, 2021, the Department of Health and Human Services (DHHS) shall utilize GSA State/City Standard Travel Per Diems as the maximum allowable statutory rate for meals and lodging (subsistence). The following schedule (effective October 1, 2023) shall be used for reporting allowable subsistence expenses incurred while traveling on official state business:

Current Rates for Travel and Lodging

Meals	In State	Out of State
Breakfast	\$13.00	\$13.00
Lunch	\$15.00	\$15.00
Dinner	\$26.00	\$26.00
<i>Total Meals Per Diem Per Day</i>	<i>\$54.00</i>	<i>\$54.00</i>
Lodging (<i>Maximum rate per person, excludes taxes and fees</i>)	\$107.00 + taxes/fees	\$107.00 + taxes fees
Total Travel Allowance Per Day	\$161.00	\$161.00
Mileage	\$0.655 per mile/regardless of distance	

Other Restrictions (if applicable)

Audits

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

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

Level 1: Less than \$25,000

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

Level 3: \$500,000 or more

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

Indirect Cost

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

Per NC Session Law 2023-65: For Grantees, including nonprofit grantees, that (i) are receiving financial assistance and do not have a federally approved indirect cost rate from a federal agency or (ii) have a previously negotiated but expired rate, the Department may allow the grantee, in accordance with 2 C.F.R. § 200.332(a)(4) or 2 C.F.R. § 200.414(f), to use the de minimis rate or ten percent (10%) of modified total direct costs. Alternatively, the grantee may negotiate or waive an indirect cost rate with the Department. If State or federal law or regulations establish a limitation on the amount of funds the grantee may use for administrative purposes, then that limitation controls, in accordance with 2 C.F.R. § 200.414(c)(3).

This RFA is funded by CDC through The State Physical Activity and Nutrition Program.

Federal National State Physical Activity and Nutrition Program (with no Indirect Cost/Administrative Restrictions)

Indirect cost is allowed on the portion of the sub-award funded by The State Physical Activity and Nutrition 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.

Estimated portion of subaward funded by The State Physical Activity and Nutrition Program cooperative agreement is as follows for each year:

Year	The State Physical Activity and Nutrition Program Funding Estimate
1	\$424,400
2	\$424,400
3	\$424,400

VII. EVALUATION CRITERIA

SCORING OF APPLICATIONS

Applications shall be scored based on the thoroughness of responses to each content area: strategies, strengths and needs, capacity, health equity, budget, and letters of commitment. 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 is weighted, and the score of 1 to 4 will be multiplied by the assigned weight of the content area. The highest total score is 100 points. The scoring procedure is as follows:

Section I - Strategies:

Weight = 20%, Total maximum points = 20

Section II - Strengths and Needs:

Weight = 20%, Total maximum points = 20

Section III – Organizational Capacity:

Weight = 20%, Total maximum points = 20

Section IV - Health Equity:

Weight = 20%, Total maximum points = 20

Section V - Budget and Budget Justification:

Weight = 10%, Total maximum points = 10

Section VI - Letters of Commitment:

Weight = 10%, Total maximum points = 10

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 and expected outcomes associated with each strategy.

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**
Include a completed State Physical Activity and Nutrition Action Plan using the template located [here](#). Must be submitted as a .doc, .docx, or .pdf file.
4. ___ **Project Budget**
Include a budget in the format provided [here](#).
Must be submitted as a .xls or .xlsx file
5. ___ **Indirect Cost Rate Approval Letter** (if applicable)
6. ___ **Letters of Commitment**
7. ___ *IRS Documentation:*
IRS Letter Documenting Your Organization's Tax Identification Number (public agencies)
or
___ **IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax-exempt Status** (private non-profits)
and
8. ___ **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:

1. Legal name of the Applicant agency
2. RFA number
3. Applicant agency's federal tax identification number
4. Applicant agency's Unique Entity Identifier (UEI)
5. Closing date for applications

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with *The State 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 # *A-410* 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 UEI:
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 I-VI as 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 strategies selected.

Section I – Strategies (3 pages maximum per strategy); 20 points

The applicant must submit a completed the State Physical Activity and Nutrition Action Plan using the template located [here](#). **In the Action Plan, applicants are required to complete Strategy 1 and Strategy 2. Strategy 3 is optional.**

REQUIRED STRATEGY 1: Breastfeeding Friendly Activities Implemented at Early Care and Education (ECE) Sites

REQUIRED Activity 1: Develop a written breastfeeding policy that shall be shared with all ECE employees as orientation/training and families as part of enrollment.

REQUIRED Activity 2: Offer a comfortable, private space for expressing milk or nursing for employees and families. The space should have a locked door, be shielded from view, have an electrical outlet, include a hand hygiene station, and should not be a bathroom.

REQUIRED Activity 3: Complete an [infant feeding plan](#) as part of enrollment with each family.

REQUIRED Activity 4: Encourage breastfeeding parents to visit the childcare center at any time during the day to nurse/feed expressed milk to their child.

REQUIRED Activity 5: Provide all breastfeeding employees with reasonable break time to express breast milk each time the employee has a need to express the milk.

REQUIRED Activity 6: Provide up-to-date printed and/or electronic breastfeeding resources for families and staff.

REQUIRED Activity 7: Develop a list of community breastfeeding services available for families and staff and refer as appropriate.

REQUIRED Activity 8: Complete at least 2 hours of cumulative breastfeeding training per year with all ECE staff.

REQUIRED Activity 9: Create a success story (written or video) of breastfeeding interventions.

REQUIRED STRATEGY 2: Farm to ECE Activities Implemented at ECE Sites

REQUIRED Activity 1: Provide a dedicated part-time (20 hours/week) Garden Coordinator who shall complete garden maintenance, provide direct gardening education to children at the site, and incorporate harvests into meal plans and/or snacks (This can be existing staff but must have dedicated hours for these activities. This could include multiple staff if 20 total hours of support are provided each week. The staff person(s) must also have direct education experience with preschool age children).

REQUIRED Activity 2: Create and maintain a garden. **Technical assistance will be provided as needed and coordinated by the CCCPH Branch.**

REQUIRED Activity 3: Incorporate the garden into the ECE curriculum. **Technical assistance and lesson plans will be provided by the CCCPH Branch as needed.**

REQUIRED Activity 4: Incorporate garden harvests into meal plans and/or snacks. **Technical assistance will be provided as needed and coordinated by the CCCPH Branch.**

REQUIRED Activity 5: Encourage children’s participation in food preparation that includes the garden harvest ensuring child-safe cooking tools are utilized.

REQUIRED Activity 6: Ensure the Garden Coordinator(s) attends two required trainings per year to include an initial garden set up training and off-season garden training in Year 1.

REQUIRED Activity 7: Ensure the Garden Coordinator(s) attends the required online virtual collaborative monthly meeting for continual training and technical assistance.

REQUIRED Activity 8: Create a success story (written or video) of Farm to ECE interventions.

OPTIONAL STRATEGY 3: Recognizing ECE’s Advancing Children’s Healthy Habits (REACH) Program Designation at ECE Sites

OPTIONAL Activity 1: Show progress towards REACH program designation at ECE sites. The [REACH program](#) includes recognition in the following GoNAPSACC modules: Child Nutrition, Farm to ECE, Oral Health, physical activity, Outdoor Play & Learning, and Screen Time.

Section II – Strengths and Needs (3 pages maximum); 20 points

1. Describe the county(ies), area(s), and/or sites you will be serving. **Preference may be given for selection of implementation county(ies) with high needs.**
2. Describe issues (e.g., health disparities, gaps in services or access, concerns expressed by the community) in the county/area that will be addressed by the implementation of 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.

Section III – Description of Organization/Organizational Capacity (3 pages maximum); 20 points

1. Provide evidence that your organization has the capacity to implement the strategies.
2. Describe your experience collecting, reporting and/or analyzing data to evaluate activities like those required in this RFA.
3. Describe the individuals, agencies and/or organizations that you will partner with to implement the strategies and their role in your proposed implementation. You must include a Letter of Commitment from each partner described.
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); 20 points

1. Describe how you have and/or how you will engage the community (including members of the priority populations) to assess (e.g., identify assets, needs, interests, readiness), plan, and implement the strategies.
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 strategies.

Section V - Project Budget; 10 points

Applicants must complete a budget and budget justification narrative using the Excel spreadsheet located [here](#).

Eligible Expenses

1. Computers for staff working on the project. **TOTAL cost for all computer-related items (e.g., computers, printers, monitors) may not exceed \$4,999**
2. Indirect cost. **Please see [page 23](#) for additional information on indirect cost**
3. In-state travel not to exceed the state rate. This may include mileage, parking, per diem and lodging. **See [page 22](#) for state rates**
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Examples of permissible supplies include:

a. **Garden Beds**

- [Two Tiered Raised Beds](#)
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Ineligible Expenses

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5. Furniture
6. Breast pumps
7. Gift cards (e.g., gas cards, department store gift cards, farmers market vouchers, gift cards intended as incentives)
8. Incentives
9. Out-of-state travel

Indirect Cost Rate Approval Letter (if applicable)

Applicants that have an approved Federal Negotiated Indirect Cost Rate (FNICR) and that are including indirect cost in their budget must include a copy of the FNICR with their application.

Section VI - Letters of Commitment; 10 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, or services to participants beyond the scope of the applicant agency.

4. 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.

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

IRS Tax Exemption Verification Form (Annual)

I, _____, hereby state that I am _____ of
(Printed Name) (Title)
_____ (“Organization”), and by that authority duly given
(Legal Name of Organization)

and as the act and deed of the Organization, state that the Organization’s status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

I understand that the penalty for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the _____ day of _____, 20_____.

(Signature)

Appendix A Forms for Reference

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

FEDERAL CERTIFICATIONS

The undersigned states that:

1. He or she is the duly authorized representative of the Contractor named below;
2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
 - a. The Certification Regarding Nondiscrimination;
 - b. The Certification Regarding Drug-Free Workplace Requirements;
 - c. The Certification Regarding Environmental Tobacco Smoke;
 - d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
 - e. The Certification Regarding Lobbying;
3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
4. [Check the applicable statement]
 - He or she **has completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;
 - OR**
 - He or she **has not completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.
5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

Signature **Title**

Contractor [Organization’s] Legal Name **Date**

[This Certification must be signed by a representative of the Contractor who is authorized to sign contracts.]

I. Certification Regarding Nondiscrimination

The Contractor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

II. Certification Regarding Drug-Free Workplace Requirements

1. **The Contractor certifies** that it will provide a drug-free workplace by:
 - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - b. Establishing a drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The Contractor's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
 - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
 - e. **Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;**

- f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
 - (1) taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
 - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):
- Street Address No.1:
-
- City, State, Zip Code:
-
- Street Address No.2:
-
- City, State, Zip Code:
-
3. Contractor will inform the Department of any additional sites for performance of work under this agreement.
4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

III. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor certifies that it will comply with the requirements of the Act. The Contractor further agrees that it will require the language of this certification be included in any subawards that contain provisions for children's services and that all subgrantees shall certify accordingly.

IV. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Instructions

[The phrase "prospective lower tier participant" means the Contractor.]

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

Certification

- a. **The prospective lower tier participant certifies**, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

V. Certification Regarding Lobbying

The Contractor certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.

VI. Disclosure of Lobbying Activities

Instructions

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee

of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

**Disclosure of Lobbying Activities
(Approved by OMB 0348-0046)**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

<p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p><input type="checkbox"/> b. grant</p> <p><input type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan</p> <p><input type="checkbox"/> e. loan guarantee</p> <p><input type="checkbox"/> f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. Bid/offer/application</p> <p><input type="checkbox"/> b. Initial Award</p> <p><input type="checkbox"/> c. Post-Award</p>	<p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p>For Material Change Only:</p> <p>Year _____ Quarter _____</p> <p>Date of Last Report: _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime</p> <p><input type="checkbox"/> Subawardee Tier _____, (if known)</p> <p>Congressional District (if known) _____</p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District (if known) _____</p>	
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> <p>CFDA Number (if applicable) _____</p>	
<p>8. Federal Action Number (if known)</p>	<p>9. Award Amount (if known) :</p> <p>\$ _____</p>	
<p>10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	<p>b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	
<p>11. Amount of Payment (check all that apply):</p> <p>\$ _____ € 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

CONFLICT OF INTEREST POLICY

CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY

State of _____

County _____

I, _____ hereby state that I am the _____
(Printed Name) (Title)

of _____ (“Organization”), and by that authority
(Legal Name of Organization)

duly given and as the act and deed of the Organization, state that the following Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the _____ day of _____, _____. I understand that the penalty
(Day of Month) (Month) (Year)

for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the _____ day of _____, 20_____.
(Day of Month) (Month) (Year)

(Signature)

Instruction for Organization:

Sign and attach the following pages after adopted by the Board of Directors/Trustees or other governing body OR replace the following with the current adopted conflict of interest policy.

Name of Organization

Reference only — Not for signature

Signature of Organization Official

Conflict of Interest Policy Example

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors, Trustees, or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. Duty to Disclosure -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. Board Action -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest.

After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

F. Violations of the Conflicts of Interest Policy -- If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee, or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

G. Record of Conflict -- The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

Name of Organization

Signature of Organization Official

Date

NO OVERDUE TAX DEBTS CERTIFICATION

State Grant Certification – No Overdue Tax Debts¹

To: State Agency Head and Chief Fiscal Officer

Certification:

We certify that the _____
[Organization’s full legal name] does not have any overdue tax debts, as defined by **N.C.G.S. 105-243.1**, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of **N.C.G.S. 143C-6-23(c)** is guilty of a criminal offense punishable as provided by **N.C.G.S. 143C-101(b)**.

Sworn Statement:

_____ [Name of Board Chair] and
_____ [Name of Second Authorizing Official] being
duly sworn, say that we are the Board Chair and

_____ [Title of Second Authorizing Official],

respectively, of _____

[Agency/Organization’s full legal name] of _____ [City] in the State of

_____ [State]; and that the foregoing certification is true, accurate and

complete to the best of our knowledge and was made and subscribed by us. We also

acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

Reference only – Not for signature

Board Chair

Reference only – Not for signature

Title

Date

Signature

Title of Second Authorizing Official

Date

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

Reference only – Not for signature

Notary Signature and Seal

Notary’s commission expires _____, 20__.

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

CONTRACTOR CERTIFICATIONS

State Certifications

Contractor Certifications Required by North Carolina Law

Instructions: The person who signs this document should read the text of the statutes and Executive Order listed below and consult with counsel and other knowledgeable persons before signing. The text of each North Carolina General Statutes and of the Executive Order can be found online at:

- Article 2 of Chapter 64: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- G.S. 133-32: <http://www.ncga.state.nc.us/gascritps/statutes/statutelookup.pl?statute=133-32>
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): <http://www.ethicscommission.nc.gov/library/pdfs/Laws/EO24.pdf>
- G.S. 105-164.8(b): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- G.S. 143-48.5: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html
- G.S. 143-59.1: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- G.S. 143-59.2: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- G.S. 143-133.3: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html
- G.S. 143B-139.6C: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf

Certifications

- (1) **Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009)**, the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.
- (2) **Pursuant to G.S. 143-48.5 and G.S. 143-133.3**, the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov
- (3) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:
 - (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
 - (b) [check **one** of the following boxes]
 - Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
 - The Contractor or one of its affiliates **has** incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **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.
- (4) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (5) **Pursuant to G.S. 143B-139.6C**, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.
- (6) The undersigned hereby certifies further that:
 - (a) He or she is a duly authorized representative of the Contractor named below;
 - (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
 - (c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-

59.1 and -59.2 shall be guilty of a Class I felony.

Contractor's Name: _____

Contractor's Authorized Agent: Signature _____ Date _____

Printed Name _____ Title _____

Witness: Signature _____ Date _____

Printed Name _____ Title _____

The witness should be present when the Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.

FFATA Form

Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement
NC DHHS, Division of Public Health Subawardee Information

A. Exemptions from Reporting

1. Entities are **exempted** from the entire FFATA reporting requirement if **any** of the following are true:
 - The entity has a gross income, from all sources, of less than \$300,000 in the previous tax year
 - The entity is an individual
 - If the required reporting would disclose classified information
2. Entities who are not exempted for the FFATA reporting requirement may be exempted from the requirement to provide executive compensation data. This executive compensation data is **required only if both** are true:
 - More than 80% of the entity’s gross revenues are from the federal government **and** those revenues are more than \$25 million in the preceding fiscal year
 - Compensation information is *not* already available through reporting to the U.S. Securities and Exchange Commission.

By signing below, I state that the entity listed below is exempt from:

The entire FFATA reporting requirement:

- as the entity’s gross income is less than \$300,000 in the previous tax year.
- as the entity is an individual.
- as the reporting would disclose classified information.

Only executive compensation data reporting:

- as at least one of the bulleted items in item number 2 above is not true.

Reference only – Not for signature

Signature _____ Name _____ Title _____

Entity _____ Date _____

B. Reporting

1. **FFATA Data** required by all entities which receive federal funding (except those exempted above) per the reporting requirements of the *Federal Funding Accountability and Transparency Act (FFATA)*.

Entity’s Legal Name _____ Contract Number _____

Active UEI registration record is attached

An active registration with UEI is required

Entity’s UEI _____ Entity’s Parent’s UEI (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.

Confirmation of Registration and Login NC Electronic Vendor Portal (eVP) and eProcurement

Grantees (subrecipients) and contractors under contract with the NC DHHS Division of Public Health must be registered in the NC Electronic Vendor Portal (eVP) to receive reimbursements and payments. When registering, grantees must choose NC eProcurement as their registration type. There is no fee to register.

Please note that grantees and contractors **must login to NC eVP at least once a year** to keep your account active and out of inactive status.

In order to avoid payment delays, please provide your eVP Customer Number below and confirm that you have logged in to eVP to keep your account active. When you login to eVP, your Customer Number can be found on your Main Page and also under the Company Information Tab.

Confirmed by:

eVP Customer Number

Name of Organization

Signature of Organization Official

Date

End of Document. Page left intentionally blank.