NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health

Request for Applications

RFA # A425

Supporting Women's Health Services

FUNDING AGENCY: North Carolina Department of Health and Human Services
Division of Public Health
Women, Infant, and Community Wellness Section

ISSUE DATE: September 17, 2026

DEADLINE DATE: October 30, 2026

INQUIRIES and DELIVERY INFORMATION:
Direct inquiries concerning this RFA to:
General RFA Questions or Reproductive Health Questions:
Juanella Tyler, juanella.tyler@dhhs.nc.gov
Maternal Health Questions
Danielle Bishop, danielle.bishop@dhhs.nc.gov

Applications will be received until 5:00 p.m. on October 30, 2026.

Electronic copies of the application and all required forms are available for download at https://wicws.dph.ncdhhs.gov/.

Email all applications electronically to: juanella.tyler@dhhs.nc.gov

Indicate Applicant name and RFA number in the subject line of the email.

Email file size limited to 30MB.

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I. INTRODUCTION

The North Carolina Department of Health and Human Services (DHHS), Division of Public Health (DPH), Women, Infant, and Community Wellness Section (WICWS) develops and promotes programs and services that improve the health and well-being of women, infants, and families across North Carolina. WICWS works to improve maternal and infant health outcomes, reduce preventable illness and death, and strengthen families and communities through evidence-based and evidence-informed public health strategies. Priority is given to underserved, uninsured, or medically indigent individuals.

The Supporting Women's Health Services (SWHS) Request for Applications (RFA) provides competitive grant funding to Local Health Departments (LHDs) and nonprofit Community Health Centers (CHCs) to implement evidence-based and evidence-informed strategies that improve reproductive, maternal, and infant health outcomes. Through this funding opportunity, applicants implement programs designed to increase access to reproductive and maternal health services, improve care coordination, reduce barriers to care, and address persistent health disparities across North Carolina.

The health of women of reproductive age and infants is essential to the health of North Carolina communities. Although progress has been made in improving maternal and infant health outcomes, significant disparities persist across key indicators, including unintended pregnancy, infant mortality, maternal mortality, and severe maternal morbidity. These disparities disproportionately affect historically underserved populations and underscore the need to coordinate community-based approaches that improve access to high-quality care throughout the reproductive, prenatal, and postpartum continuum.

Unintended Pregnancy

According to the 2020 North Carolina Pregnancy Risk Assessment Monitoring System (PRAMS), **24.8**% of pregnancies among women with a recent live birth were unintended, while **16.5**% of women reported they were unsure whether their pregnancy was intended. Non-Hispanic Black women experienced the highest proportion of unintended pregnancies (**38.6**%). Unintended pregnancy is associated with delayed prenatal care, adverse birth outcomes, and poorer maternal and infant health outcomes, underscoring the importance of improving access to reproductive health services and family planning.[1]

Infant Mortality

Infant mortality remains a significant public health concern in North Carolina. In **2024**, the state's infant mortality rate was **6.3 infant deaths per 1,000 live births**, **representing 770 infant deaths** before the first birthday. Although infant mortality has declined over the past decade, significant racial disparities persist. Between **2022 and 2024**, Black infants experienced an infant mortality rate **of 13.1 deaths per 1,000 live births**, compared with **4.5 deaths per 1,000 live births** among White infants. Improving infant health outcomes requires coordinated efforts to increase access to quality prenatal, postpartum, and infant care while

[1] North Carolina Department of Health and Human Services, State Center for Health Statistics. 2020 North Carolina Pregnancy Risk Assessment Monitoring System (PRAMS) Surveillance Report. Raleigh, NC: NCDHHS.

addressing the social, economic, and structural factors that contribute to disparate health outcomes.[2]

Maternal Mortality and Severe Maternal Morbidity

Maternal mortality and severe maternal morbidity remain significant public health concerns in North Carolina. According to the **2018–2020 North Carolina Maternal Mortality Review Committee (MMRC) Report**, the pregnancy-related mortality ratio was **38.0 pregnancy-related deaths per 100,000 live births**. Persistent disparities continue, with non-Hispanic Black women experiencing a pregnancy-related mortality ratio of **57.0 deaths per 100,000 live births**, compared with **32.0 deaths per 100,000 live births** among non-Hispanic White women.[3]

The MMRC determined that **87.2% of pregnancy-related deaths were preventable**, demonstrating substantial opportunities to improve maternal health outcomes through timely, coordinated, and respectful care. The report identified **mental health conditions, including overdose and suicide, as the leading cause of pregnancy-related deaths**. Additionally, **48% of pregnancy-related deaths occurred between 43 days and one year postpartum**, emphasizing the importance of extending care and support throughout the postpartum period, up to 12 months. The MMRC recommends improving access to quality prenatal and postpartum care, strengthening behavioral health services, enhancing care coordination, improving management of chronic conditions and obstetric emergencies, and reducing barriers to care through community-based approaches.[4]

1. Eligibility

The following entities are eligible to apply for funding under this Request for Applications:

- **Local Health Departments** are eligible to apply for funding under **Program Aim A: Increase Access to Contraceptives** and/or **Program Aim B: Improve Maternal and Infant Health**
- **Nonprofit Community Health Centers** are eligible to apply **only** for Program **Aim A: Increase Access to Contraceptives.**
- **For-profit organizations** are not eligible to apply.
- Applicants must be eligible to receive North Carolina State funding and comply with all applicable federal, state, and departmental requirements.

2. Subawards

DPH has determined that successful applicants to this RFA will meet the criteria of Subrecipient as defined in 2 CFR 200.331. Typical characteristics of a Subrecipient include, but are not limited to, that the entity will:

- Have its performance measured in relation to whether the objectives of a program were met;

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[2] North Carolina Department of Health and Human Services, State Center for Health Statistics. 2024 North Carolina Infant Mortality Statistics. Raleigh, NC: NCDHHS.
[3] North Carolina Department of Health and Human Services. 2018–2020 North Carolina Maternal Mortality Review Committee Report. Women, Infant and Community Wellness Section. Published August 2025.
[4] North Carolina Department of Health and Human Services. 2018–2020 North Carolina Maternal Mortality Review Committee Report. Women, Infant and Community Wellness Section. Published August 2025.

- Have responsibility for programmatic decision-making;
- Be responsible for adherence to applicable program requirements; and
- Implement a program for a public purpose.

In accordance with federal guidance, a Subaward may be provided through any form of legal agreement consistent with criteria in with 2 CFR §200.331, including an agreement the Pass-through Entity considers a contract. Successful applicants will receive a Subaward issued by NCDHHS in the form of a negotiated, financial assistance contract.

Per 09 NCAC 03M .0801, NCDHHS cannot disburse any state financial assistance Subaward to an entity that is on the North Carolina Suspension of Funding List. Nor can NCDHHS contract with entities on the North Carolina Debarred Vendors List (01 NCAC 05B .1520) or the Federal Exclusions List (Sections 1128 and 1156 of the Social Security Act (Act).

Awarded Subrecipients must adhere to all required terms and conditions of the Subaward, including terms and conditions regarding access to persons and records resulting from all contracts or grants.

3. Funding

A total of $3,500,000 is available to be awarded annually through this RFA. Awards are contingent upon contact compliance, satisfactory project performance, and the availability of funds. Successful applicants will be awarded funding based on demonstrated community need, agency capacity, proposed activities and population served. Applicants may request funding in the range of **$50,000 - $150,000 per year.**

Funding Source

Contracts resulting from this RFA will be funded with **100% State funds** to support the **Supporting Women's Health Services** program.

Number of Awards

Funding will be awarded to eligible Local Health Departments and nonprofit Community Health Centers that demonstrate the capacity to successfully implement the proposed evidence-based strategy(ies). More than one entity may be awarded funding within the same county when proposed services prioritize different populations or geographic areas and do not duplicate existing services.

If multiple agencies are funded within the same county, a **Memorandum of Agreement (MOA)** may be required to ensure coordination of services.

If funded, agencies will complete the Year 1 Implementation Plan included in Appendix B. Applicants proposing more than one Evidence-Based Strategy (EBS) shall complete a separate plan for each selected strategy.

Funding Periods

There will be three (3) Grantee Award Periods (GAP) lasting until 05/31/2030. Initial contracts will be awarded with an anticipated start date of 06/01/2027, and renewed on an annual basis through the total project period. The following table outlines the anticipated Grantee Award

Periods, and projected funding available, which Applicants may consider as they build their budgets.

Funding Periods			
Grantee Award Period (GAP)	GAP 1: Contract Start Date* (anticipated) – 06/01/2027-05/31/2028	GAP 2**: 06/01/2028 – 05/31/2029	GAP 3**: 06/01/2029 – 05/31/2030
* Contract start date is estimated.			
** Future GAPs are contingent on funding availability.			

If awarded federal pass-through funds, Applicant as well as all SubGrantees of the Applicant must certify the following whenever applying for funds, requesting payment, and submitting financial reports:

> "I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812."

4. Definitions

Below is a list of definitions for programmatic words or phrases used specifically in this RFA. Terms listed in alphabetical order:

DPH: North Carolina Division of Public Health

Grantee (also "Subrecipient"): An entity that receives a subaward from a pass-through entity to carry out part of a federal award. Successful applicants to this RFA will be Grantees of the State.

Grantee Award Period (GAP): The period of time for which the State's subaward contracts to its Grantees are funded.

NCDHHS: North Carolina Department of Health and Human Services.

Pass-through Entity: A Grantee that provides a subaward to a Subrecipient (including lower-tier subrecipients) to carry out part of a federal program. In subawarding these funds, NCDHHS is a Pass-through Entity.

Subaward: An award provided by a Pass-through Entity to a Subrecipient for the Subrecipient to contribute to the goals and objectives of the Project by carrying out part of the federal program awarded to the Pass-through Entity. NCDHHS provides its Subawards by executing a financial assistance contract with the awarded Subrecipient.

Suspension of Funding List: a database maintained and distributed by the North Carolina Office of State Budget and Management in consultation with State agencies designating grantees or subgrantees in a state of non-compliance with grant agreement requirements in accordance with 09 NCAC 03M .0801.

II. BACKGROUND

Session Law 2023-14, Section 4.1 appropriated funding to the North Carolina Department of Health and Human Services, Division of Public Health, to award competitive grants to local health departments and nonprofit community health centers.

In accordance with Session Law 2023-14, nonprofit community health centers selected to receive grant funding shall use the funds to purchase and make available long-acting reversible contraceptives (LARCs) and other contraceptive methods for underserved, uninsured, or medically indigent patients.

Session Law 2023-14 defines a long-acting reversible contraceptive as a contraceptive drug or device that meets all the following criteria:

- Is a method of birth control that provides effective contraception for an extended period of time without depending upon user action;
- Is designed as a temporary method of birth control that the user can elect to discontinue;
- Has been approved by the United States Food and Drug Administration for use as a contraceptive; and
- Is obtained under a prescription written by a health care provider authorized to prescribe medications under the laws of this State.

Local health departments selected to receive grant funding may use these funds to implement evidence-based and evidence-informed strategies that increase access to contraceptive services and/or improve maternal and infant health outcomes within their communities. Allowable activities include strategies that improve access to reproductive, prenatal, and postpartum services; strengthen care coordination; address barriers to care; and reduce disparities in maternal and infant health outcomes, consistent with the requirements of this RFA and applicable state law.

III. SCOPE OF SERVICES

The Supporting Women's Health Services funding opportunity includes two program aims: **increase access to contraceptive services and improve maternal and infant health outcomes**. The table below outlines each program aim and the associated evidence-based and evidence-informed strategies available to applicants.

Applicants shall select at least one strategy under each program aim they propose to address. **Nonprofit community health centers are only eligible to apply under Program Aim A: Increase Access to Contraceptive Services, to increase access to contraceptive, specifically LARCs**. Local health departments may apply under one or both program aims.

Each program aim and evidence-based/evidence-informed strategy is described below, including the required program activities, program requirements, annual performance outcome measures, and reporting requirements.

PROGRAM AIMS	EVIDENCE-BASED/INFORMED STRATEGIES
A. Increase access to contraceptives	a. Provide extended clinical hours beyond normal business hours b. Offer contraceptive services in additional locations within the community with satellite clinic opportunities
B. Improve maternal and infant health*	a. Home Visit for Postnatal Assessment (HVPNA) and Follow-up Care b. Increase access to Behavioral Health/Maternal Mental Health providers by hiring or contracting with a new provider or increasing FTE of existing staff, (including Licensed Clinical Social Worker) c. Community Health Worker Integration d. Perinatal Patient Navigation

*Only Local Health Departments are eligible to apply under Program Aim B and the associated evidence-based/evidence-informed strategies.

Each program aim and evidence-based/evidence-informed strategy is described below, including the required services, program requirements, annual performance outcome measures, reporting requirements, and applicable funding requirements.

Program Aims

A. Increase Access to Contraceptives **(LHD <u>AND</u> Community Health Centers eligible to apply)**

1. Description:

Applicants may apply for funds to increase access to contraceptives. Applicants must demonstrate that the funding will provide additional opportunities for individuals within their communities to obtain contraception. The funding cannot be utilized to only purchase additional methods, and all other aspects of clinical services remain the same. Community health centers can only purchase LARCs and no other contraceptive methods under this funding. Funding can also be used for support and staffing to increase access to LARCs.

2. Evidence-Based/Informed Strategies (**Applicants must select at least one strategy**)
    a. <u>Offer extended clinical hours</u> beyond normal business hours for patients to access contraceptive services. A 2015 survey from Guttmacher Institute indicated that 51% of patients reported preferring to go to clinics with extended hours because they did not have to take time off from work or school, were more likely to find free or low-cost childcare, and there were shorter waiting times during non-conventional clinic times.[5] This may include having appointments earlier than 8 a.m. or after 5 p.m. on weekdays and/or offering appointments on weekends. The revised schedule may occur a few

[5] Source: Guttmacher Institute: https://www.guttmacher.org/report/publicly-funded-family-planning-clinic-survey-2015

days a week, one day a week, or every other week. The schedule must be different to the current business hours when services are available.

b. Offer contraceptive services in locations beyond regular clinical space to reach additional patients. Offering alternative locations provides an opportunity to bring reproductive health services directly to communities in need, including those who face systemic barriers to care and those in rural areas.[6] These satellite locations may be utilizing another agency's space to offer services, such as a community college or university health center. Another way to offer a satellite location may be a mobile unit where services are provided.

3. Agencies working on this program aim will be required to implement a Patient Experience Survey, provided by the WICWS, with patients served under this funding. This will be a voluntary survey for patients to complete about their clinic experience. Survey results will be compiled by WICWS, and a summary will be shared with funded agencies to incorporate in their quality improvement work.
4. Training:
    a. Staff providing contraceptive services for patients with this funding, will be required to complete contraceptive counseling training during year one (and subsequent years for new staff). There will be no costs associated with completing this training requirement. Additional contraceptive-related training courses may be identified annually for staff to complete.
5. Funding Requirements:
    a. Funding from this RFA can be utilized to purchase contraceptive methods, pay for LARC insertions and removals, cover staff time, and other supplies needed for contraceptive services. Community health centers are only eligible to purchase LARCs and LARC associated costs regarding types of birth control methods. Funds could also support a community health worker assisting with increasing awareness of services.
6. Annual Performance Outcome Measures
    a. Offer extended clinical hours
        i. 100% of individuals receiving contraceptive services shall be underserved, uninsured, or medically indigent patients.
        ii. 100% of new clinical staff shall complete WICWS contraceptive counseling training within 30 days, and 100% of existing clinical staff shall complete WICWS designated continuing training.
        iii. Number of days per month extended hours were offered.
        iv. Number of appointments created due to extended hours.
        v. Number of patients served during extended hours.
        vi. Percent of extended-hour appointment slots filled.
        vii. Percent of patients who report extended hours increased their ability to access care.
    b. Offer contraceptive services in locations beyond regular clinical space
        i. 100% of individuals receiving contraceptive services shall be underserved, uninsured, or medically indigent patients.

[6] Source: Robert Wood Johnson Foundation (2018). https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mobile-reproductive-health-clinics

ii. 100% of new clinical staff shall complete WICWS contraceptive counseling training within 30 days, and 100% of existing clinical staff shall complete WICWS designated continuing training.
iii. Number of community sites used.
iv. Number of satellite clinic days offered.
v. Number of patients served at satellite locations.
vi. Percent of scheduled satellite clinic days offered
vii. Percent of satellite clinic patients who report satellite clinic increased their ability to access care.

B. Improve Maternal and Infant Health (**only LHDs can apply**)

1. **Description:**
LHD applicants may apply for funding to implement one or more evidence-based and evidence-informed strategies designed to improve maternal and infant health outcomes. Applicants shall implement at least one of the strategies described below to increase access to maternal health services, strengthen care coordination, improve participant education, reduce barriers to care, and improve maternal and infant health outcomes within their communities.

2. Evidence-based/Evidence-Informed Strategies (**Applicants must select at least one strategy.**)

a. Implement or Enhance Home Visit for Postnatal Assessment (HVPNA) and Follow-Up Care Services to improve maternal and infant health outcomes during the postpartum period. Funds may be utilized to provide home visiting services for underinsured and uninsured postpartum individuals within the local health department service area. The HVPNA should be conducted within **two to three weeks following delivery** and follow the WICWS **HVPNA and Follow-up Care Protocol**[7]. The goals of HVPNA are to provide a key mechanism for reaching families early during the postpartum period with preventive and anticipatory services, identify maternal and infant health needs, provide education on postpartum recovery and post-birth warning signs, strengthen continuity of care, encourage attendance at recommended postpartum visits, promote spacing of subsequent pregnancies, and connect participants to preventive health services and community resources.[8]
1. Program Requirements:
i. Hire a full-time Registered Nurse (RN) or assign a percentage of a RN Full-Time Equivalent (FTE), to coordinate HVPNA services. A RN serving as 100% FTE for Care Management for High-Risk Pregnancies or Care Management for At-Risk Children is not eligible to coordinate HVPNA services.

[7] North Carolina Department of Health and Human Services, Women, Infant and Community Wellness Section. Home Visit for Postnatal Assessment and Follow-up Care Protocol.
[8] American College of Obstetricians and Gynecologists. *Optimizing Postpartum Care. Committee Opinion No. 736.* Reaffirmed 2025.

1. The RN shall provide one-on-one, face-to-face home visits within two to three weeks following delivery.
2. Follow the current HVPNA and Follow-up Care Protocol established by the WICWS.
3. During the home visit, assess maternal and infant health needs and provide education on postpartum recovery, post-birth warning signs, infant care, breastfeeding support, safe sleep practices, and reproductive life planning.
4. Provide referrals and facilitate connections to appropriate health care providers, support services, and community resources based on participant needs identified during the home visit.
5. Document all home visits, participant education, referrals, and follow-up activities in accordance with local health department policies and program requirements.

ii. Annual Performance Outcome Measures
1. 100% of staff identified to conduct HVPNA services shall complete all required training.
2. At least 90% of home visits shall be completed within three weeks following delivery.
3. At least 75% of postpartum participants referred to home visiting services shall receive a home visit.
4. At least 70% of participants receiving a home visit shall attend a postpartum visit with their health care provider.
5. 100% of participants receiving a home visit shall receive education on post-birth warning signs.
6. 100% of participants receiving a home visit shall develop a reproductive life plan to discuss with their health care provider.
7. Local health departments shall document referrals and connections to appropriate health care providers, behavioral health services, lactation support, and community resources.

iii. Integrating Behavioral Health/Maternal Mental Health Provider Services - increase access to Behavioral Health/Maternal Mental Health Provider services by hiring or contracting with new providers or increasing the Full-Time Equivalent (FTE) of existing staff to improve access to integrated behavioral health care for pregnant and postpartum individuals. Perinatal mental health conditions are among the most common complications of pregnancy and childbirth, affecting approximately **1 in 5** individuals during pregnancy or the first year postpartum. Untreated or undertreated perinatal mood and anxiety disorders (PMADs) are associated with adverse maternal and infant outcomes, including poor maternal-infant bonding, preterm birth, reduced breastfeeding duration, increased risk of substance use, and maternal morbidity and

mortality.[9] Integrating behavioral health services into maternal health care improves early identification, timely intervention, care coordination, and access to treatment.[10] Behavioral Health/Maternal Mental Health Providers support pregnant and postpartum individuals through screening, assessment, brief intervention, referral, treatment, and care coordination. Local health departments implementing this strategy shall integrate behavioral health services into maternal health programs to improve access to care, reduce barriers to treatment, and strengthen coordination among maternal health providers and community partners.[11]

iv. Program Requirements:
    1. Hire or assign a licensed Behavioral Health/Maternal Mental Health Provider to support maternal health services.
    2. Integrate behavioral health services within maternal health programs to improve access to behavioral health screening, assessment, treatment, referral, and care coordination.
    3. Conduct behavioral health screenings using WICWS-approved screening tools and screening protocols.
    4. Provide behavioral health assessment, brief intervention, counseling, referral, follow-up services, and care coordination, as appropriate.
    5. Establish referral pathways and coordinate care with health care providers, community organizations, and other support services to address participant needs. Behavioral Health/Maternal Mental Health Providers are encouraged to utilize the North Carolina MATTERS Psychiatry Access Line to consult with a perinatal psychiatrist and access additional behavioral health resources, as appropriate.
    6. Document behavioral health services, participant encounters, referrals, care coordination activities, and follow-up in accordance with local health department policies and program requirements.
    7. Participate in all required WICWS trainings and technical assistance opportunities.

v. Annual Performance Outcome Measures
    1. 100% of Behavioral Health/Maternal Mental Health Providers shall complete all required WICWS training.
    2. 100% of Behavioral Health/Maternal Mental Health Providers shall maintain an active North Carolina professional license or associate license, as applicable, that authorizes the

[9] American College of Obstetricians and Gynecologists. *Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum. Clinical Practice Guideline No. 4.* 2023.
[10] North Carolina MATTERS (Making Access to Treatment, Evaluation, Resources, and Screening Better). Available at: https://ncmatters.org/
[11] National Institutes of Health. Perinatal Depression. Available at: https://www.nimh.nih.gov/health/publications/perinatal-depression

provider to deliver behavioral health services within their scope of practice.
3. Number of pregnant and postpartum participants who receive a behavioral health screening.
4. Number of participants who receive a behavioral health assessment, brief intervention, counseling, or other behavioral health services.
5. Number of referrals made for behavioral health or other supportive services.
6. Number of participants successfully connected to recommended behavioral health services following referral.
7. Number of participant encounters provided by the Behavioral Health/Maternal Mental Health Provider.

vi. Integrate a Community Health Worker (CHW) Model into Maternal Health Services to improve maternal and infant health outcomes through outreach, education, care coordination, resource navigation, and connections to community-based services. The American Public Health Association defines a CHW as "a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served." This trusted relationship enables the CHW to serve as a liaison between health care providers, social services, and the community to improve access to services and strengthen culturally responsive care.[12]

CHWs play an important role in improving maternal health by providing non-clinical support to pregnant and postpartum individuals. Services include participant outreach, health education, care coordination, identification of barriers to care, referrals, advocacy, and connections to health care providers and community resources. CHWs assist participants in identifying and addressing barriers to care, including transportation, food insecurity, housing instability, insurance navigation, and other social determinants of health that may affect maternal and infant outcomes. CHWs also provide education on childbirth preparation, lactation, postpartum care, post-birth warning signs, and available maternal health resources while helping participants successfully navigate health and social service systems. The WICWS recognize CHWs as essential members of the maternal health care team who improve participant engagement, increase health knowledge, strengthen care coordination, promote culturally and linguistically responsive care, and address social determinants of health that affect maternal and infant outcomes.[13]

Each CHW hired by the local health department must attend and successfully complete the certification training and maternal and

[12] American Public Health Association. *Community Health Workers.*

[13] North Carolina Department of Health and Human Services. *Community Health Workers in North Carolina: Creating an Infrastructure for Sustainability.*

infant health module. Funds should be allocated in the program budget to underwrite training registration, materials and travel costs for each CHW to be trained.

vii. Program Requirements:
   1. Hire or assign at least one CHW to support maternal health services.
   2. Develop a CHW implementation plan that outlines outreach activities, participant engagement, referral processes, and documentation procedures.
   3. CHWs shall provide education and reinforce key maternal health messages, including postpartum care, post-birth warning signs, available maternal health resources, and referrals to childbirth education and other educational opportunities, as appropriate.
   4. Assess participant needs and provide referrals and connections to appropriate health care providers, support services, and community resources.
   5. Conduct outreach activities to increase awareness of available maternal and infant health services and assist with participant recruitment and engagement.
   6. Document participant encounters, education provided, referrals, and resource connections in accordance with local health department policies.
   7. Successfully complete the North Carolina Community Health Worker certification training within the required timeframe and participate in additional maternal and infant health training opportunities identified by the WICWS.

viii. Annual Performance Outcomes
   1. 100% of CHW shall successfully complete the required North Carolina Community Health Worker certification training within the required timeframe.
   2. Number of pregnant and postpartum participants engaged by the CHW.
   3. Number of outreach and community education activities conducted by the CHW.
   4. Number of referrals made to health care providers, support services, and community resources.
   5. Number of participants connected to community resources following referral.
   6. Number of participants encounters completed by the CHW.

ix. Implement a Perinatal Navigation Program to improve maternal and infant health outcomes by enhancing continuity of care, increasing access to first trimester prenatal care and increasing access to appropriate postpartum services during the first year following delivery. Perinatal Navigation provides individualized, non-clinical support to assist pregnant and postpartum individuals in accessing recommended health care services, addressing barriers to care,

and navigating health care and community support systems.[14] Evidence demonstrates that perinatal navigation encourages early access to prenatal care, improves postpartum visit attendance, increases participant engagement, strengthens care coordination, and improves connections to health care providers and community resources. The American College of Obstetricians and Gynecologists recommend postpartum care as an ongoing process, with early contact following delivery and continued support throughout the postpartum period. Perinatal Navigation supports these recommendations by helping participants overcome barriers to care and promoting timely access to recommended postpartum services.[15] Perinatal Navigators provide participant-centered support through appointment scheduling assistance, appointment reminders, participant follow-up, care coordination, referrals, resource navigation, and education regarding available postpartum services. The Perinatal Navigator serves as a liaison between participants, health care providers, and community organizations to improve access to care, strengthen continuity of postpartum services, and support positive maternal and infant health outcomes.[16]

x. Program Requirements:
    1. Hire or assign at least one staff member to serve as a Perinatal Navigator.
    2. Develop a Perinatal Navigation implementation plan describing participant eligibility, referral pathways, navigation activities, documentation procedures, and community partnerships. Technical assistance will be provided by WICWS.
    3. Provide individualized participant navigation services, including assistance with scheduling initial prenatal appointment focusing on first trimester entry to care.
    4. Provide individualized participant navigation services, including assistance with scheduling postpartum appointments, appointment reminders, and participant follow-up.
    5. Assess participant barriers to care and assist with connecting participants to appropriate health care providers, support services, and community resources.
    6. Provide education on available postpartum resources and assist participants in accessing the services needed.
    7. Maintain communication with participants, as appropriate, throughout the first 12 months following delivery to support

[14] American College of Obstetricians and Gynecologists. *Optimizing Postpartum Care.*
[15] National Academy for State Health Policy. *State Strategies to Strengthen Perinatal Health Care Systems and Postpartum Care.*
[16] National Academy for State Health Policy. *State Strategies to Strengthen Perinatal Health Care Systems and Postpartum Care.*

continuity of care, encourage completion of recommended postpartum services, and facilitate the transition to a primary care provider for ongoing preventive and primary health care needs.

8. Document participant encounters, navigation activities, referrals, resource connections, barriers identified, and follow-up activities in accordance with local health department policies and program requirements.
9. Participate in all required WICWS trainings and technical assistance opportunities.

xi. Annual Performance Outcome Measures

1. 100% of staff identified as Perinatal Navigators shall complete required training.
2. Number of participants enrolled in Perinatal Navigation services.
3. Number of perinatal appointment reminders provided.
4. Number of referrals made to health care providers, support services, and community resources.
5. Number of participants successfully connected to recommended health care providers, support services, and community resources following referral.
6. Percentage of participants who attend a postpartum visit following engagement with Perinatal Navigator.
7. Number of participant encounters completed by the Perinatal Navigator.

2. Annual Reporting Requirements
    i. Program Reporting
        1. Each funded agency shall submit a quarterly report that provides detailed information on program deliverables, performance outcome measures, activities, and participant data for each evidence-based strategy. A report template will be provided by the DPH Contract Administrator. The submission date will be determined by the DPH Contract Administrator.
        2. Each agency shall administer a program participant satisfaction survey to obtain programmatic feedback for each evidence-based strategy. A summary of the satisfaction survey responses shall be submitted to the DPH Contract Administrator. The submission dates will be determined by the DPH Contract Administrator.
3. Expenditure Reporting
    i. Each agency shall submit a monthly itemization report outlining the previous month's line-item expenditure. The monthly submission dates will be determined by the DPH Contract Administrator. A copy of the monthly itemization report will be provided by the DPH Contract Administrator.

ii. Note: Community Health Centers funded must submit a monthly contract expenditure report to be reimbursed for the previous month's expenditures. This monthly report is due by the 10th of every month. Your agency expends funds to implement the work and the state reimburses, based on monthly submission of expenses.

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. **Award or Rejection**
   All qualified applications will be evaluated, and award made to that entity 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.

2. **Cost of Application Preparation**
   Any cost incurred by an entity in preparing or submitting an application is the entity's sole responsibility; the funding agency will not reimburse any entity 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 Subaward (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 entity may be grounds for rejection of that entity's application. Funded entities specifically agree to the conditions set forth in the Subaward (contract).

9. **Advertising**
   In submitting its application, entities 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 entity will become the property of the funding agency when received.

11. Applying Entity's Representative

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

12. Subcontracting

Entities may propose to subcontract or subgrant portions of work provided that their applications clearly indicate the scope of the work to be subcontracted or passed through, and to whom.

Subcontractors are vendors hired by the entity via a contract to provide a good or service required by the entity to perform or accomplish specific work outlined in the entity's executed contract with the State.

Subgrantees of the entity are awardees chosen by the entity to receive a portion of the State's pass-through funding to carry out all or a portion of the programmatic responsibilities outlined in the entity's executed contract with the State.

Entities may refer to 2 CFR 200.331 to assist in making the determination.

Each is subject to the State's approval prior to being awarded a contract or agreement from the entity. All Subcontractors and Subgrantees are subject to the funding restrictions and applicable terms and conditions of the Federal award and the State award to the entity. The entity is required to execute written agreements with all Subcontractors and Subgrantees prior to the commencement of any work.

Entities must also ensure that subcontractors are not on the North Carolina Suspension of Funding List, Debarred Vendors List, or Federal Exclusions List.

In accordance with 09 NC Administrative Code 03M.0703 – Required Contract Provisions, information is required for each proposed subgrantee and subcontractor. See *Section VII. Application* for Subcontractor/Subgrantee Information Form.

13. Proprietary Information

Trade secrets or similar proprietary data which the entity 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.

14. Contract

The Division will issue a financial assistance contract ("Subaward") to the awarded entity(ies) ("Grantee") of the RFA funding which will include a negotiated, approved scope of work, performance metrics, and budget.

Per 09 NCAC 03M .0801, NCDHHS cannot disburse any state financial assistance Subaward to an entity that is on the North Carolina Suspension of Funding List. Nor can NCDHHS contract with entities on the North Caroline Debarred Vendors List (01 NCAC 05B .1520) or the Federal Exclusions List (Sections 1128 and 1156 of the Social Security Act (Act). Entities have the option to request in writing to the Office of State Budget and Management to be removed from the Suspension of Funding List (SOFL) if they believe

they have been suspended in error. Once removed from the SOFL, the recipient is eligible for current and future grants.

15. Reimbursement

Financial assistance funding operates on a reimbursement basis. This requires the awarded entity to pay for program expenses upfront using their own funds and subsequently request payment from NCDHHS for approved costs. The process is as follows:

- Once a contract is fully executed by both parties, spending may begin.
- The awarded entity ("Grantee") pays for goods, services, or salaries required for the project using its own cash flow.
- The Grantee must meticulously track all expenses, keep receipts, invoices, and payroll records to prove costs are allowable and earned.
- The Grantee submits a reimbursement request to DPH with required documentation of expenses.
- DPH reviews the request and documentation to ensure expenses are allowable and reasonable.
- Once approved, DPH will issue reimbursement payment to the Grantee.

Reimbursement will be made only for costs that are allowable, allocable, and reasonable.

V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

The following is a general description of the process by which applicants will be selected for this project.

1. Announcement of the Request for Applications (RFA)

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on 09/17/2026: http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities and may be sent to prospective applicants via email and/or the Program's website.

2. Distribution of the RFA

RFAs will be posted on the following website https://wicws.dph.ncdhhs.gov/ and may be sent via email to interested applicant entities beginning 09/17/2026.

3. Applicant Conference / Teleconference / Question & Answer Period

All prospective applicants are encouraged to attend an Applicant Conference on 09/25/2026 from 10:00 a.m. – 11:30 a.m.
https://www.zoomgov.com/meeting/register/BBTPHamrQ02eEdR0rcVxSw

Written questions concerning the specifications in this Request for Applications will be received until 10/09/2026 at 5:00 p.m.

As an addendum to this RFA, a summary of all questions and answers will be posted 10/16/2026 at 5:00 p.m. on the following website: https://wicws.dph.ncdhhs.gov/. Any questions must be emailed to the email address listed on this RFA cover page.

Questions directed to any other DPH staff or email will not be addressed.

4. **Notice of Intent**
   Any entity that plans to submit an application is encouraged to submit a Notice of Intent no later than 5:00 p.m. on 10/02/2026 to the email address listed on this RFA cover page. Please include the following information in the Notice of Intent:
   - The legal name of the entity.
   - The name, title, phone number, mailing address, and email address of the person who will coordinate the application submission.

5. **Applications**
   Applicants shall email a PDF version of their full application to the email address listed on the cover sheet of this RFA. The subject line must contain the applicant's legal name, RFA number and RFA title. In addition to their application response, applicants should email the Excel worksheet of the application budget. Faxed and hand-delivered applications will not be accepted. DPH can only accept email attachments less than 30MB. If necessary, break the application into separate PDFs and emails, noting the number and total, i.e., 1 of 3, 2 of 3, 3 of 3.

6. **Format**
   The application should be typed and be single-spaced with 1" margins. Arial, Times New Roman, Calibri, or similar font; 12 pt (10 pt for tables/charts).

7. **Space Allowance**
   Page limits are clearly marked in each section of the application. Attachments do not count toward page limit. Examples include: Organizational chart, board list, job descriptions, financial statements, letters of commitment.

8. **Application Deadline**
   All applications must be received by the date and time on the cover sheet of this RFA. Faxed or hard copies of applications will not be accepted in lieu of the emailed PDF version.

9. **Receipt of Applications**
   Applications from each responding entity will be timestamped with the date and time received in by DPH's email application. Entities will receive an email that the application has been received.

10. **Review of Applications**
    Applications are reviewed by a multi-disciplinary committee of public and private health and human services subject matter specialists. Staff from applicant entities may not participate as reviewers.

    Applications will be evaluated by the committee for completeness, content, experience with similar projects, ability of the entity's staff, benefit to the State, 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 entity 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. Entities 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, applicant entities 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 entity.

12. Audit

Please be advised that successful applicants may be required to have an audit in accordance with 09 NCAC 03M .0205. Per 09 NCAC 03M .0205 (amended effective retroactive to July 1, 2024), there are two reporting levels established for recipients and subrecipients receiving grants. Reporting levels are based on the allocated funds from all grants disbursed through the State of North Carolina during the entity's fiscal year. The reporting levels are:

1) Level I – A recipient or subrecipient that receives, holds, uses, or expends grants in an amount less than the dollar amount requiring audit as listed in the Code of Federal Regulations 2 CFR 200.501(a) within its fiscal year.
2) Level II - A recipient or subrecipient that receives, holds, uses, or expends grants in an amount of equal to or greater than the dollar amount requiring audit as listed in 2 CFR 200.501(a) within its fiscal year.

The dollar amount requiring audit listed in 2 CFR 200.501(a) is herein incorporated by reference, including subsequent amendments and editions, and can be accessed free of charge at https://www.ecfr.gov/current/title-2/section-200.501.

Level II grantees shall have a single or program-specific audit prepared and completed in accordance with Generally Accepted Government Auditing Standards, also known as the Yellow Book G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status.

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. IRS Status

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

Nonprofit agencies applying to this RFA must include a copy of an IRS determination letter regarding the entity's 501(c)(3) tax-exempt status which normally includes the entity'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 entity's 501(c)(3) status.

15. Federal Certifications

Entities receiving Federal funds shall 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 for reference in this Appendix A of this RFA. Federal Certifications should NOT be signed or returned with application.

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

17. **Documents Required for Contract Development and Execution**
    The following documents specific to the applicant entity are required by NCDHHS annually for contract development. All documents are provided for reference in Appendix A of this RFA. After the award announcement, awarded entities will be contacted about providing the following documentation:
    - Documentation of the entity's Tax Identification Number (TIN) or Employer Identification Number (EIN) for all entities.
    - Documentation of the entity's Unique Entity Identifier (UEI) for all entities.
    - Documentation of the entity's nonprofit status (applies only to nonprofit entities).
    - Nonprofit Verification Form (applies only to nonprofit entities).
    - Conflict of Interest Policy (applies only to non-governmental entities).
    - Conflict of Interest Certification (applies only to non-governmental entities).
    - Notarized No Overdue Tax Debts Certification (applies only to non-governmental entities).
    - Contractor Certifications required by North Carolina Law for all entities.
    - Federal Certifications required by the federal funding agency for all entities.
    - Federal Funding Accountability and Transparency Act (FFATA) Data Form for all entities.

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

18. **Registration with NC Secretary of State**
    Private non-profit applicants must be registered with the North Carolina Secretary of State to do business in North Carolina. (Refer to: https://www.sosnc.gov/divisions/business_registration)

19. **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 grantee status or how the organization will be treated by DPH. If this is the entity's first award as an NCDHHS Grantee, email dph.contractdocs@dhhs.nc.gov for instructions on how to register.

20. **Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement**
    The Grantee 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. The form is attached for reference in Appendix A of this RFA.

21. 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.

22. 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.

23. Application Process Summary Dates

09/17/2026: Request for Applications released to eligible applicants.
09/25/2026: Bidder's Conference / Teleconference.
10/02/2026: Notice of Intent due.
10/09/2026: End of Q&A period. All questions due in writing by 5pm.
10/16/2026: Answers to Questions posted as an addendum to the RFA.
10/30/2026: Applications are due by 5pm.
11/18/2026: Successful applicants will be notified.
06/01/2027: Estimated Contract Start Date.

VI. EVALUATION CRITERIA

SCORING OF APPLICATIONS

Applications shall be scored based on the responses to the seven (7) application content areas, for a potential maximum score of 100 points.

1. **Cover Letter:**
   Total maximum points = 4

2. **Needs Assessment:**
   Total maximum points = 22

3. **Program Plan:**
   Total maximum points = 28

4. **Data Collection, Evaluation, and Reporting:**
   Total maximum points = 16

5. **Agency Ability:**
   Total maximum points = 20

6. **Budget:**
   Total maximum points = 7

7. **Attachments, Letters of Commitment:**
   Total maximum points = 3

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

VII. 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 Statement of Work**

4. **Project Budget**
   Include a budget in the format provided.

5. **Indirect Cost Rate Approval Letter** (if applicable)

6. **Subcontractor/Subgrantee Information** (if applicable)

7. **Letters of Commitment or Statements of Support** (if applicable)

8. **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)

9. **Verification of 501(c)(3) Status Form** (private non-profits)

1. **Cover Letter (4 Points)**
   The application must include a cover letter, on the entity's letterhead, signed and dated by an individual authorized to legally bind the Applicant. The letter must include:
   - Legal name of the Applicant entity
   - RFA number
   - Applicant entity's federal tax identification number
   - Applicant entity's Unique Entity Identifier (UEI)

   Please address the following items in the letter:
   - Entity mission
   - Brief history
   - Current (last 3 years) services/programs provided in North Carolina
   - How this proposed work fits within your entity mission
   - Why the organization is well-positioned to successfully implement the proposed activities

   Applicant Contacts
   Provide the following contact information for the Applicant organization.
   - Executive/Health Director
     - Name:
     - Phone Number:
     - Email
   - Program Contact

   Provide the contact information for the individual who is most knowledgeable about the proposed program and program plan described in this application. This individual may be contacted at any time during the application review process by WICWS staff or application reviewers regarding the proposed project.

     - Name:
     - Title:
     - Phone Number:
     - Email:

   There is no page limit for the cover letter.

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project, including the signature of the individual authorized to sign “official documents” for the entity. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA #A425 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.

<table>
<tr><td colspan="2">1. Legal Name of Entity:
2. Name of individual with Signature Authority:</td></tr>
<tr><td colspan="2">3. Mailing Address (include zip code+4):
4. Address to which checks will be mailed:</td></tr>
<tr><td colspan="2">5. Street Address:</td></tr>
<tr><td>6. Contract Administrator:
Name:
Title:</td><td>Telephone Number:
Email Address</td></tr>
<tr><td colspan="2">7. Entity Status:
☐ Public ☐ Private Non-Profit ☐ Local Health Department ☐ Other. Explain:</td></tr>
<tr><td>8. Entity Federal Tax ID Number:</td><td>9. Entity UEI:</td></tr>
<tr><td colspan="2">10. Entity’s URL (website):</td></tr>
<tr><td colspan="2">11. Entity’s Financial Reporting Year:</td></tr>
<tr><td colspan="2">12. Current Service Delivery Areas (county(ies) and communities):</td></tr>
<tr><td colspan="2">13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):</td></tr>
<tr><td colspan="2">14. Amount of Funding Requested:</td></tr>
<tr><td colspan="2">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. “I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.”</td></tr>
<tr><td>15. Signature of Authorized Representative:</td><td>16. Date</td></tr>
</table>

3. Applicant's Statement of Work

Section 1
Needs Assessment

Do not delete the question headers.
Please provide your response to each question under the heading.

Total Point Value:
22

Page Limit:
6 single-spaced
(excluding citation page)

1-1. Program Aim(s) and Evidence-Bases Strategy(ies) Selection (6 Points)

Provide a written description that includes which Program Aim(s) were selected and which evidence-based strategy(ies) (EBSs), and how the selections were made. At least one (1) Program Aim and at least one (1) EBS must be selected under each Program Aim. (Note: Community Health Centers can only apply for the Increase Contraceptive Access Program Aim.)

1-2. Need for the Selected EBS(s) (8 Points)

Provide a written description for the need for each selected EBS. Include current, relevant data to support the need for each selected EBS, including agency-specific data. Qualitative data should also be included, if available.

1-3. Population to be served (6 Points)

Describe the specific population to be served within the county for each selected EBS. This description should include factors that have an impact on outcomes, such as race/ethnicity, age, educational level, income level, and housing. Please note that it is **not** sufficient to state that potential program participants are at “high risk.”

Citations (2 points)

Appropriate data sources must be cited in the Needs Assessment. One way this can be done is by using endnotes, with the citation list included on a separate page at the end of the Needs Assessment section.

Section 2
Program Plan

Do not delete the question headers.
Please provide your response to each question under the heading.

Total Point Value: 28

Page Limit:
8 single-spaced

2-1. Program Implementation (10 Points)

Describe how your agency will implement each selected evidence-based strategy (EBS). Include a detailed description of how your agency will establish, enhance, or expand services to implement the select strategy(ies).

a. The proposed activities for each selected EBS;
b. Staff responsible for implementation, including their roles and responsibilities;
c. When, where, and how services will be delivered;
d. Priority population;
e. Anticipated number of individuals served. If you currently provide this service, how many individuals are you seeing currently and many additional individuals do you plan to serve with this funding.

2-2. Performance Outcomes and Continuous Quality Improvement (6 Points)

Describe how your agency will achieve the required performance measure for each selected EBS.

a. How performance will be monitored and documented;
b. The process and frequency for reviewing program performance;
c. How data will be used to improve services and achieve performance outcomes throughout the project period.

2-3. Barriers and Mitigation Strategies (6 points)

Describe anticipated barriers that may affect implementation of the proposed strategy and performance outcomes. Describe how your agency will identify, monitor, and address these barriers throughout the project period.

Examples may include, but are not limited to:

a. Staff turnover, advertising and outreach, participant recruitment and retention, transportation barriers, loss of contact with participants, appointment no-shows, referral completion challenges, language barriers, and limited access to services.

2-4. Community Engagement and Lived Experience (6 Points)

Describe how priority populations and/or individuals with lived experience have been or will be involved in the planning, implementation, and evaluation of each selected evidence-based strategy (EBS).

a. Opportunities for individuals and community input;
b. How feedback will be collected and incorporated into program improvement;
c. How engagement activities will help ensure services are responsive to community needs.

Section 3
Data Collection, Evaluation, and Reporting

Do not delete the question headers.
Please provide your response to each question under the heading.

Total Point Value:
16

Page Limit:
4 single-spaced

3-1. Program Data Collection and Management (4 Points)

Describe your agency's plan for collecting and managing program data for each selected evidence-based strategy (EBS).

a. Include the staff position(s) responsible for collecting and managing program data;
b. How program data will be collected and tracked;
c. How your agency will ensure data quality and accuracy;
d. How participant/patient information will be maintained confidentially.

3-2. Program Reporting and Performance Monitoring (6 Points)

Describe your agency's plan for submitting program reports and performance outcome measures.

a. Include the staff position(s) responsible for preparing, reviewing, and submitting quarterly and annual reports;
b. How your agency will ensure reports are complete, accurate, and submitted by required deadlines;
c. How program staff, supervisors, and/or agency leadership will review program data and performance outcomes throughout the project period;
d. How program data and performance outcomes will be used to inform continuous quality improvement and program decision-making.

3-3. Participant Satisfaction and Program Evaluation (6 Points)

For each selected evidence-based strategy (EBS), describe your agency's plan for administering participant satisfaction surveys.

a. Include the staff position(s) responsible for disseminating and/or administering participant satisfaction surveys;
b. How will participant feedback be collected and reviewed;
c. How will participant feedback be used to improve program services and participant outcomes;
d. Describe how participant/patient information will be kept confidential.
e. Include the staff position(s) responsible for preparing and submitting the annual participant satisfaction survey summary.

Section 4
Agency Ability

Do not delete the question headers.
Please provide your response to each question under the heading.

Total Point Value:
20

Page Limit:
6 single-spaced

4-1. Organizational Experience and Capacity (4 Points)

Describe your agency's experience implementing reproductive health services (Program Aim A) and/or maternal and infant services (Program Aim B). Include your agency's experience serving uninsured, underinsured, and historically underserved populations.

4-2. Fiscal and Grant Management (3 Points)

Describe your agency's plan for managing grant funds. Include the staff position(s) responsible for:

a. Budget management;
b. Purchasing and procurement;
c. Tracking program expenditures;
d. Preparing and submitting monthly expenditure reports;
e. Ensuring fiscal oversight and compliance with grant requirements.

4-3. Staffing, Recruitment, and Training (6 Points)

Describe your agency's staffing plan for implementing each selected evidence-based strategy (EBS).

Include:

a. The staff position(s) responsible for implementing each selected EBS;
b. If staff are not currently in place, describe the process and anticipated timeline for recruitment, hiring, onboarding, and training;
c. Describe how your agency will address challenges related to recruitment, hiring, retention, and staff turnover;
d. Describe your agency's plan for ensuring staff complete required training for each selected EBS, including anticipated training timelines and how training costs will be supported through the proposed budget, if applicable.

4-4. Staffing Plan (4 Points)

Complete the table below for each staff position that will support implementation of the selected evidence-based strategy(ies). Include employee's name if already hired, or if not hired list as vacant. Add additional rows as needed.

Position Title	Employee Name	Full-Time Equivalency (FTE)	Evidence-Based Strategy

4-5. Workforce Stability and Representation (3 Points)

Describe your agency's workforce over the past four (4) years.

a. Calculate staff turnover using the following formula:

$$\text{Turnover Rate} = \frac{\text{[\# of employees who have left agency]}}{\text{[total \# of current employees]}} \times 100$$

b. Explain how your agency will promote workforce stability during the grant period;
c. Describe how your agency's staff reflect the population(s) to be served (e.g., race, ethnicity, language, cultural competence, or other relevant characteristics).

4. Project Budget

Total Point Value:
7

Page Limit:
Not Applicable

Insert Open Windows Budget Form

Guidelines below

Applicants must provide a budget and narrative justification for the following anticipated Grantee Award Period: 06/01/2027 – 05/31/2028.

Budget and Justification Form
Applicants must complete the *Budget and Justification Form*, which requires a line-item budget and narrative justification for the period of funding outlined above.

Budgets must align clearly with proposed activities and resources.

The Budget form and instructions on how to use the form will be posted along with this RFA and can be downloaded by the Applicant for editing.

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. Ensure all subtotals equal the total amount entered on the row for that line item.

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 **$0.76** cents per mile.

For other travel-related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. NCDHHS will only reimburse for rates authorized in North Carolina Department of Health and Human Services Travel Policy. NCDHHS utilizes GSA State/City Standard Travel Per Diems as the maximum allowable statutory rate for meals and lodging (subsistence). The following is the current NCDHHS schedule which 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	$16.00	$16.00
Lunch	$19.00	$19.00
Dinner	$28.00	$28.00
Total Meals Per Diem Per Day	*$63.00*	*$63.00*
Lodging *(Maximum rate per person, excludes taxes and fees)*	$110.00 + taxes/fees	$110.00 + taxes fees
Total Travel Allowance Per Day	**$173.00**	**$173.00**
Mileage	$0.76 per mile/regardless of distance	

Additional Funding Restrictions
All project budgets must adhere to these requirements:

Increased Access to Contraceptives: Funding from this RFA can be utilized to purchase contraceptive methods, pay for LARC insertions and removals, cover staff time, and other supplies needed for contraceptive services. Community health centers are only eligible to purchase LARCs and LARC associated costs regarding types of birth control methods. Funds could also support a community health worker assisting with increasing awareness of services.

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. Indirect Cost may not exceed restrictions or limits placed on it by 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 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).

The funding source(s) of this RFA and its subsequent awards:

Has NO Indirect /Administrative Cost Restrictions

Indirect cost is allowed on the following portion of the subaward: **$50,000 to $150,000 per year (100% of the subaward)**.

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the applicant entity 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, then the applicant may claim the *de minimis* indirect cost rate of **15%** with no additional documentation required, per the federal Uniform Guidance.

The applicant may elect to claim a lesser portion of the allowed indirect cost rate. If claiming the *de minimis* or some portion thereof, it may not exceed the limit of the modified total direct costs in the proposed budget as defined by 2 CFR 200.1 "Modified Total Direct Cost (MTDC)". 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 must enter "No indirect cost requested" in the indirect cost line item of the budget narrative.

5. Indirect Cost Rate Approval Letter (if applicable)

6. SubContractor/SubGrantee Information

In accordance with 09 N.C. Administrative Code 03M.0703, Required Contract Provisions, the Applicant must provide the required information for every subcontractor and subgrantee included in the Project Budget. If the Applicant has no subcontractor and subgrantee, indicate that in the first line under "Name." If the Applicant plans to have subcontractors or subgrantees but they are unknown at this time, that must be indicated in the first line under "Name" for as many as are planned. When they are known, this information shall be submitted to the Division for review prior to the Applicant contracting with the entity. Attach additional pages as necessary.

NOTE: If awarded federal pass-through funds, subgrantees must certify to the Applicant whenever applying for funds, requesting payment, and submitting financial reports:

> "I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812."

SubContractor/SubGrantee Name:
Position Title (if applicable):
EIN or Tax ID:
Street Address or PO Box:
City, State and ZIP Code:
Contact Name:
Contact Email:
Contact Telephone:
Fiscal Year End Date (for organizations):
Is this organization functioning as a pass-through entity "SubGrantee" of the Applicant?
Is this organization functioning as a vendor "SubContractor" of the Applicant?

SubContractor/SubGrantee Name:
Position Title (if applicable):
EIN or Tax ID:
Street Address or PO Box:
City, State and ZIP Code:
Contact Name:
Contact Email:
Contact Telephone:
Fiscal Year End Date (for organizations):
Is this organization functioning as a pass-through entity "SubGrantee" of the Applicant?
Is this organization functioning as a vendor "SubContractor" of the Applicant?

7. Letters of Commitment (3 points)

Applicants shall include letters of commitment from partner organizations that are integral to the implementation and success of the proposed project. Letters should describe the partner organization’s role and commitment to supporting the proposed activities.

Examples of partner organizations may include, but are not limited to:

- Hospitals, Local Health Departments, and birthing facilities
- Obstetric, family medicine, pediatric, or behavioral health providers
- Federally Qualified Health Centers (FQHCs)
- Women, Infants, and Children (WIC) agencies
- Community-based organizations
- Organizations providing childbirth education, lactation support, or postpartum services
- Transportation providers
- Other organizations that will provide referrals, outreach, meeting space, satellite clinic space, care coordination, or other services that support implementation of the proposed project

Applicants are strongly encouraged to include letters of commitment from community partners that demonstrate collaboration and support for the proposed project. Letters should clearly describe how the partner will contribute to the delivery of reproductive health and/or maternal and infant health services, as applicable to the applicant's proposed program.

8. 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.

9. 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 Grantee certifies that it:

Has the legal authority to apply for federal assistance and the institutional, managerial and financial capability to ensure proper planning, management, and completion of any financial assistance project covered by this Certifications and Representations document (See 2 C.F.R. §200.113 Mandatory disclosures, 2 C.F.R. §200.214 Suspension and debarment, OMB Guidance A- 129, "Policies for Federal Credit Programs and Non-Tax Receivables ");

Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives (See 2 C.F.R. §200.302 Financial Management and 2 C.F.R. §200.303 Internal controls);

Will disclose in writing any potential conflict of interest to the federal awarding agency or pass through entity in accordance with applicable federal awarding agency policy (See 2 C.F.R. §200.112 Conflict of interest);

Will comply with all limitations imposed by annual appropriation acts;

Will comply with the U.S. Constitution, all federal laws, and relevant Executive guidance in promoting the freedom of speech and religious liberty in the administration of federally-funded programs (See 2 C.F.R. §200.300 Statutory and national policy requirements and 2 C.F.R. §200.303 Internal controls);

Will comply with all applicable requirements of all other federal laws, executive orders, regulations, and public policies governing financial assistance awards and any federal financial assistance project covered by this certification document, including but not limited to:

1. Trafficking Victims Protection Act (TVPA) of 2000, as amended, 22 U.S.C. §7104(g);
2. Drug-Free Workplace, 41 U.S.C. §8103
3. Protection from Reprisal of Disclosure of Certain Information, 41 U.S.C. §4712;
4. Pro-Children Act of 1994, Public Law 103-227, Part C-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.
5. Grantee 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.
6. National Environmental Policy Act of 1969, as amended, 42 U.S.C. §4321 et seq;
7. Universal Identifier and System for Award Management, 2 C.F.R. part 2;
8. Reporting Subaward and Executive Compensation Information, 2 C.F.R. part 170;
9. OMB Guidelines to Agencies on Governmentwide Debarment and Suspension
10. (Non-procurement), 2 C.F.R. part 180;
11. Civil Actions for False Claims Act, 31 U.S.C. §3730;
12. False Claims Act, 31 U.S.C. §3729, 18 U.S.C. §§287 and 1001;
13. Program Fraud and Civil Remedies Act, 31 U.S.C. §3801 et seq;
14. Lobbying Disclosure Act of 1995, 2 U.S.C. §1601 et seq;
15. Title 2 Part 200.415 Subrecipients under the Federal award must certify to the pass-through entity whenever applying for funds, requesting payment, and submitting financial reports: “I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.” Each such certification must be maintained pursuant to the requirements of § 200.334. This paragraph applies to all tiers of subrecipients.

16. The Grantee hereby certifies that the awarded project/activity described in the contract will be conducted in compliance with all applicable requirements of the Clean Water Act, as amended (33 U.S.C. § 1251 et seq.) and the Clean Air Act, as amended (42 U.S.C. § 7401 et seq.)
17. For Food and Nutrition Services Supplemental Nutrition Assistance Program (SNAP) Grantees: The Grantee certifies that SNAP participants will not be charged more than what the general public would pay for the same services. If a discount is provided to other grants or payees, the organization will provide the same discount to the SNAP participants.
18. SAMHSA Charitable Choice Regulations for Substance Abuse Prevention and Treatment Block Grants and/or Projects for Assistance in Transition from Homelessness Grants (42 U.S.C 300x-65, et seq, 42 U.S.C. 290kk, et seq., 42 U.S.C. 300x-21, et seq., 42 U.S.C. 290cc-21, et seq., and 42 U.S.C. 2000bb, et seq.
19. 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), as amended (codified at 42 U.S.C. 2000d et seq.), which prohibits discrimination on the basis of race, color or national origin and requirements for Limited English Proficiency (LEP); (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §1681 et seq.), 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 et seq.), 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; all requirements pursuant to the Regulations of the Department of Health and Human Services (45 C.F.R. Pts. 80,84, 86, 91 and 92); Section 1557 Patient Protection and Affordable Care Act, as amended (codified at 42. U.S.C. §18116); and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

For further information on your administrative requirements, certifications, and audits visit these links:
Department of Health and Human Services Administrative and National Policy Requirements
U.S. Department of Housing and Urban Development Required Assurances and Certifications

U.S. Department of Housing and Urban Development Administrative, National, and Department Policy Requirements and Terms for HUD's Financial Assistance Programs (2024)

45 CFR Part 75 Uniform Administrative Requirements, Cost Principles and Audit Requirements for DHHS Awards

Centers for Disease Control Award Terms and Conditions, Federal Regulations and Policies

U.S. Department of Education General Administrative Regulations (EDGAR) and Other Applicable Grant Regulations

Executive Orders

By signing this form, the undersigned Grantee certifies they will comply with all applicable requirements of all federal laws, executive orders, regulations, and public policies governing financial assistance awards and any federal financial assistance project covered by this certification document, including but not limited to those listed herein:

Reference only — Not for signature

_____

Signature **Title**

_____

Grantee Name **Date**

[This Certification Must be Signed by the Same Individual Who Signed the Proposal Execution Page]

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 Debts[1]

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 _____ [Entity'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	
	Title	Date
Reference only — Not for signature		
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."

MS&NCD Form 0008, Eff. July 1, 2005. Revised July 18, 2006, 7/07, 8/09, 9/11

State of NC Contractor Certifications

State Certifications: Grantee/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/gascripts/statutes/statutelookup.pl?statute=133-32
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): https://ethics.nc.gov/media/242/download?attachment
- 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 Grantee/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 Grantee/Contractor named below, and the Grantee/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 Grantee/Contractor named below is not an "ineligible Grantee/Contractor" as set forth in G.S. 143-59.1(a) because:

(a) Neither the Grantee/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 Grantee/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 Grantee/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 Grantee/Contractor's officers, directors, or owners (if the Grantee/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 Grantee/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 Grantee/Contractor named below;

(b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Grantee/Contractor; and

(c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1and -59.2 shall be guilty of a Class I felony.

Grantee/Contractor's Name: _____

Grantee/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 Grantee 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 NC Electronic Vendor Portal Registration and Login

Grantees 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

Appendix B: Year 1 Implementation Plan

If funded, agencies will complete the Year 1 Implementation Plan on the following page. The Year 1 Implementation Plan is due on July 24, 2027. Applicants proposing more than one Evidence-Based Strategy (EBS) must complete a separate plan for each selected strategy.

Year 1 Evidence-Based Strategy (EBS) Implementation Plan

Instructions: Complete one Implementation Plan for each selected Evidence-Based Strategy (EBS). The work plan should clearly describe the activities that will be completed during the first year of the project, the anticipated timeline, staff responsible for implementation, and the expected deliverables or outcomes.

Selected Evidence-Based Strategy (EBS): _____

Anticipated Number of Participants: _____

Activity	**Timeline**	**Staff Responsible**	**Expected Deliverable/Outcome**
Example: Recruit and hire Program Coordinator.	Example: June - July 2027 (Months 1 - 2)	Example: Program Director	Example: Staff hired and prepared to begin implementation of the selected evidence-based strategy.

**** Applicants may duplicate this page to complete additional implementation plans for each selected EBS.**

End of Document. Page left intentionally blank.