NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health

Request for Applications

RFA # A428

Family Planning Services

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

ISSUE DATE: September 22, 2026

DEADLINE DATE: November 6, 2026

INQUIRIES and DELIVERY INFORMATION:
Direct inquiries concerning this RFA to: Kristen.Carroll@dhhs.nc.gov
Kristen Carroll, 919-612-1448

Applications will be received until 5:00 p.m. on November 6, 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: Kristen.Carroll@dhhs.nc.gov

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

Email file size limited to 30MB.

Stevens Amendment Disclosure: **$**5,486,306 or 84.0809% of the total costs of the Family Planning Services program are funded with Federal funds, including awards anticipated under this RFA; $1,038,730 or 15.9191% of the total cost of this program is funded non-governmental sources. This disclosure is provided in accordance with the Stevens Amendment (Section 505, Division H of Consolidated Appropriations Act, 2021, Public Law 116-260).

RFA Table of Contents

I. INTRODUCTION

The North Carolina Family Planning Program provides clinical and educational services to improve pregnancy intendedness for individuals throughout North Carolina. Priority is given to low-income individuals. The Family Planning Program is administered by the Reproductive Health Branch (RHB) of the North Carolina Department of Health and Human Services (NCDHHS), Division of Public Health (DPH), Women, Infant, and Community Wellness Section (WICWS). Successful applicants will receive funding to implement family planning clinical services in communities throughout the state of North Carolina.

1. Eligibility

Public/governmental or private non-profit agencies interested in assisting individuals in planning or preventing pregnancy, that have the clinical capacity, are eligible to apply to this RFA. This includes local health departments, federally qualified health centers, community health centers, and other non-profit clinical entities.

Governmental or non-profit entities are eligible to apply to this RFA if they meet the following criteria:

- Entities must have a Unique Entity Identifier (UEI) issued by SAM.gov.
- Entities must have at least 5 years of experience delivering clinical programs.
- Entities must not receive Title X funding directly from the federal government.

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 federal program were met;
- Have responsibility for programmatic decision-making;
- Be responsible for adherence to applicable federal program requirements specified in the federal grant award; 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. For local health departments, a financial assistance contract is administered through an agreement addendum.

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

Awards will be made on an annual basis for a projected period of three (3) years, contingent upon contract compliance, project performance, and availability of funding. The first project period is anticipated to begin June 1, 2027 and end May 30, 2030, based on funding availability.

Funding Source

Contracts resulting from this RFA will be funded with:

- Federal source: Title X Family Planning Services (ALN# 93.217) and
- State source: Women's Health Service Funds (WHSF)

Number of Awards

Up to 100 entities will be awarded grant funding through this RFA to serve the entire state of North Carolina.

A total of $6,525,036 is projected to be awarded each year. Successful applicants will be awarded amounts based upon the documented need in their community, clinic capacity, population served, etc. as defined in the table found on page 7 and also in Appendix B, Funding Allocation per County.

More than one entity may be awarded funding to provide services within the same county. This is possible when the population to be served is limited to a defined area and the entities are not competing for clients but increasing access by making services more readily available. We do not want to duplicate efforts. An agency can also apply to serve multiple counties and apply for the funds available in each county utilizing one budget.

Additionally, agencies may partner together and apply for funding to serve a defined area(s). One agency may be providing clinical services, while the other provides community outreach, education, training opportunities, and/or review of educational materials. Please contact the Reproductive Health Branch if you are interested in applying for funds in collaboration with another agency.

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 throughout 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**: 06/01/2027* – 05/31/2028	GAP 2**: 06/01/2028 – 05/31/2029	GAP 3**: 06/01/2029 – 05/31/2030
Projected Funding Available	$6,525,036***	To be determined upon Notice of Award	To be determined upon Notice of Award
* Contract start date is estimated.			
** GAPs are contingent on funding availability.			
*** Funding is projected until a Notice of Award is received.			

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."

Funding Allocation Per County

County	WHSF Portion	Total Title X Portion	Total Available Funding
Percentages per Funding Stream	**15.9191%**	**84.0809%**	
Alamance	$17,852	$79,917	$97,769
Alexander	$3,457	$31,602	$35,059
Alleghany	$1,040	$23,491	$24,532
Anson	$2,093	$27,024	$29,116
Ashe	$2,586	$28,679	$31,265
Avery	$1,768	$25,934	$27,702
Beaufort	$4,408	$34,795	$39,203
Bertie	$1,646	$25,525	$27,171
Bladen	$3,502	$31,754	$35,255
Brunswick	$11,192	$57,565	$68,757
Buncombe	$24,854	$103,417	$128,271
Burke	$8,477	$48,451	$56,928
Cabarrus	$20,752	$89,651	$110,403
Caldwell	$7,933	$46,625	$54,558
Camden	$1,015	$23,407	$24,422
Carteret	$5,913	$39,846	$45,759
Caswell	$1,917	$26,435	$28,352
Catawba	$14,436	$68,450	$82,886
Chatham	$6,895	$43,141	$50,036
Cherokee	$2,618	$28,787	$31,405
Chowan	$1,309	$24,395	$25,704
Clay	$995	$23,341	$24,336
Cleveland	$11,422	$58,337	$69,759
Columbus	$5,786	$39,421	$45,207
Craven	$11,035	$57,038	$68,073
Cumberland	$37,506	$145,883	$183,390
Currituck	$2,709	$29,093	$31,802
Dare	$3,446	$31,565	$35,011
Davidson	$15,619	$72,424	$88,043
Davie	$3,781	$32,690	$36,471
Duplin	$5,860	$39,668	$45,528
Durham	$30,399	$122,030	$152,430
Edgecombe	$5,486	$38,412	$43,898

Forsyth	$36,474	$142,418	$178,892
Franklin	$7,647	$45,665	$53,312
Gaston	$22,568	$95,745	$118,313
Gates	$863	$22,896	$23,759
Graham	$722	$22,423	$23,145
Granville	$6,127	$40,565	$46,692
Greene	$1,889	$26,341	$28,230
Guilford	$55,379	$205,871	$261,250
Halifax	$5,527	$38,551	$44,078
Harnett	$16,416	$75,097	$91,513
Haywood	$5,874	$39,716	$45,591
Henderson	$9,476	$51,804	$61,279
Hertford	$2,490	$28,358	$30,848
Hoke	$7,209	$44,195	$51,404
Hyde	$325	$21,090	$21,415
Iredell	$16,324	$74,790	$91,114
Jackson	$6,432	$41,587	$48,018
Johnston	$21,760	$93,034	$114,794
Jones	$967	$23,245	$24,212
Lee	$7,369	$44,731	$52,100
Lenoir	$6,876	$43,076	$49,952
Lincoln	$7,275	$44,416	$51,691
Macon	$3,765	$32,638	$36,403
Madison	$2,155	$27,234	$29,389
Martin	$2,256	$27,572	$29,828
McDowell	$4,568	$35,331	$39,898
Mecklenburg	$105,850	$375,266	$481,116
Mitchell	$1,472	$24,941	$26,413
Montgomery	$2,597	$28,715	$31,311
Moore	$9,298	$51,206	$60,504
Nash	$10,626	$55,665	$66,292
New Hanover	$21,541	$92,300	$113,841
Northampton	$1,642	$25,512	$27,154
Onslow	$20,887	$90,104	$110,991
Orange	$17,034	$77,173	$94,207
Pamlico	$946	$23,175	$24,121
Pasquotank	$4,583	$35,382	$39,965
Pender	$5,800	$39,467	$45,268
Perquimans	$1,173	$23,936	$25,108

Person	$3,527	$31,836	$35,363
Pitt	$23,582	$99,148	$122,729
Polk	$1,627	$25,459	$27,086
Randolph	$15,850	$73,199	$89,050
Richmond	$5,114	$37,163	$42,277
Robeson	$16,240	$74,507	$90,747
Rockingham	$9,112	$50,583	$59,696
Rowan	$14,202	$67,666	$81,868
Rutherford	$7,083	$43,774	$50,857
Sampson	$7,009	$43,523	$50,532
Scotland	$3,987	$33,383	$37,371
Stanly	$6,123	$40,551	$46,674
Stokes	$4,100	$33,760	$37,860
Surry	$7,987	$46,807	$54,794
Swain	$1,442	$24,838	$26,280
Transylvania	$2,910	$29,768	$32,678
Tyrrell	$306	$21,027	$21,334
Union	$20,224	$87,880	$108,104
Vance	$5,175	$37,369	$42,543
Wake	$93,164	$332,689	$425,854
Warren	$1,923	$26,455	$28,378
Washington	$1,087	$23,650	$24,737
Watauga	$9,898	$53,222	$63,120
Wayne	$13,651	$65,816	$79,467
Wilkes	$7,204	$44,180	$51,384
Wilson	$9,228	$50,971	$60,199
Yadkin	$3,179	$30,671	$33,851
Yancey	$1,903	$26,386	$28,289
Total	**$1,038,730**	**$5,486,306**	**$6,525,036**

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

The primary goal of the Family Planning Program within the RHB in the DPH is to provide client-centered, high quality, voluntary care to individuals around reproductive health and well-being.

According to the March of Dimes, 16.6% of women ages 15-44 in North Carolina were living below the federal poverty level (2021-2023 average)[1], and 11.2% were uninsured (2023)[2].

Data from the *2022 Behavioral Risk Factor Surveillance System (BRFSS)* showed that 70% of female respondents in North Carolina were at risk of having an unintended pregnancy.[3] Women who have unintended pregnancies are at a greater risk for poor birth outcomes.

In 2023, there were approximately 1,689,860 North Carolina women ages 15-49 who identified a need for contraceptive services and supplies. Forty-five (45) percent of these women were

[1] https://peristats.marchofdimes.org/peristats/ViewSubtopic.aspx?reg=37&top=14&stop=159&lev=1&slev=4&obj=1&cmp=99
[2] https://www.marchofdimes.org/peristats/data?reg=37&top=11&stop=158&lev=1&slev=4&obj=1&sreg=37
[3] https://schs.dph.ncdhhs.gov/data/brfss/2022/nc/all/RskUPg.html

likely in need of public support for contraceptive services because of their low family income or need for confidential services.[4]

Title X:
The Title X Family Planning Program was enacted in 1970 as Title X of the Public Health Service Act. The program is designed to provide comprehensive, high-quality, affordable, confidential, and voluntary family planning services to all who want and need them, with priority given to persons from low-income families. Title X is administered by the Office of Population Affairs (OPA) and implemented through competitively awarded grants to a network of public and private nonprofit community-based health clinics. The North Carolina DHHS, DPH is an awardee of the federal Title X program and provides funding through the RFA process, to local clinics to provide family planning services within their communities.

Title X-funded service sites provide contraceptive education and counseling; breast and cervical cancer screening; testing for sexually transmitted infections (STIs) and human immunodeficiency virus (HIV), referral, and prevention education; preconception health services; support for achieving pregnancy; and pregnancy diagnosis and counseling. Title X funding comprises over 84% of the total funding available.

Women's Health Service Funds:
Women's Health Service Funds are state appropriated funding to provide contraceptive methods for individuals of childbearing age who are not covered by Medicaid, private insurance, or who are under-insured. Women's Health Service Funds comprise over 15% of the total funding available.

III. SCOPE OF SERVICES

Applicants must demonstrate an understanding of and capacity to implement reproductive health services as prescribed by Title X and the Reproductive Health Branch. The program is designed to provide client-centered, high-quality, affordable, confidential, and voluntary family planning services to all who want and need them, with priority given to persons from low-income families.

Title X services include the delivery of related preventive health services, including client education and counseling; physical examinations; laboratory testing; basic infertility services; breast and cervical cancer screening; sexually transmitted infections (STI) and human immunodeficiency virus (HIV) prevention education, testing, treatment, and referral; pregnancy diagnosis and counseling; exploration of pregnancy intention; counseling to become pregnant; preconception health counseling; education regarding a wide range of contraceptive methods; and emergency contraception. These services promote healthy relationships and improved health across the reproductive life course. These services may also improve an individual's health by providing access to preventive care.

Applicants must demonstrate their ability to serve 10-15 percent of the women in need of family planning within their service area. The number of clients is based upon the Guttmacher

[4] https://www.guttmacher.org/report/new-measure-self-defined-need-contraceptive-services-united-states-2023

Institute estimated numbers of Women in Need of Contraceptive Services. A table showing these numbers by county in North Carolina is found in Appendix A.

Successful applicants must also show capacity for providing family planning services according to the following resources:

- Title X Program Expectations[5]
- Providing Quality Family Planning Services[6]
- U.S. Medical Eligibility Criteria for Contraceptive Use, 2024[7]
- U.S. Selected Practice Recommendations for Contraceptive Use, 2024[8]

Title X Funding Requirements

The following requirements must be met by applicants:

Policy

1. All clients are offered client-centered, high-quality, voluntary reproductive health care. Client-centered care is care that is respectful of, and responsive to, individual client preferences, needs, and values. Client values guide all clinical decisions.
2. Family Planning services must be provided without subjecting individuals to any coercion to accept services, or to employ or not to employ any particular methods of contraception, including continuing use of any particular contraceptive device.
3. Agency must have written policies that clearly indicate that none of the funds will be used in programs where abortion is a method of family planning.
4. If an agency wishes to subcontract any of its responsibilities or services, a written agreement that is consistent with Title X Program Requirements and approved by the RHB must be maintained by the agency.
5. Agencies must assure that family planning clinical services will be performed under the direction of a physician with special training or experience in family planning.
6. Priority for family planning services is to persons from low-income families.

Financial Guidance

7. Each agency must maintain a financial management system that meets Federal standards, as applicable, as well as any other requirements imposed by the Federal funder, and which complies with Federal standards that will support effective control and accountability of funds.
8. The following fee policies/requirements must be met:
    a. Clients must not be denied family planning services or be subjected to any variation in quality of services because of inability to pay.
    b. Agencies should not have a general policy of no fee or flat fees for the provision of services to minors, or a schedule of fees for minors that is different from other populations receiving family planning services.
    c. Family income shall be assessed before determining whether copayments or additional fees are charged.
        i. Clients whose family income is at or below 100% of current Federal Poverty Level (FPL) will not be charged for services.

[5] https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/title-x-program-expectations
[6] https://www.qfpguide.org/
[7] https://www.cdc.gov/mmwr/volumes/73/rr/rr7304a1.htm
[8] https://www.cdc.gov/mmwr/volumes/73/rr/rr7303a1.htm#print

ii. Clients whose family income is 101%-250% of current FPL will be charged in accordance with a schedule of discounts provided by NC DHHS. These clients shall not pay more in co-payments or additional fees than they would otherwise pay when the schedule of discounts is applied.
iii. Clients whose family income is greater than 250% of FPL shall be charged in accordance with a schedule of fees designed to recover the reasonable cost of providing services.

d. Agencies must take reasonable measures to verify client income without burdening clients from low-income families.
   i. Agencies that have lawful access to other valid means of income verification because of the client's participation in another program may use those data rather than re-verify income or rely solely on client's self-report.
   ii. If a client's income cannot be verified after reasonable attempts to do so, charges are to be on the client's self-reported income.
   iii. If a client refuses to provide a verbal declaration of income, and income cannot be verified through access to enrollment in another program within the agency, then the client may be charged 100% of the cost of services after informing the client that failure to declare income will result in the client owing 100% of the fee.

e. If a third party (including a government agency) is authorized or legally obligated to pay for services, all reasonable efforts must be made to obtain the third-party payment without application of any discounts.

Clinical Services

9. Services must be provided without discrimination and must ensure client confidentiality. Information obtained by the staff about an individual receiving services may not be disclosed without the individual's documented consent, except as required by law or as may be necessary to provide services to the individual, with appropriate safeguards for confidentiality.
10. Agencies must provide for medical services related to family planning (including consultation by a clinical services provider, examination, prescription and continuing medical management, laboratory examination, contraceptive supplies), in person or via telehealth, and necessary referrals to other facilities when medically indicated and provide for the effective usage of contraceptive devices and practices.
11. Agencies must provide a broad range of acceptable and effective medically approved family planning methods (including fertility awareness-based methods) and services (including pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STI services, preconception health services, and adolescent-friendly health services). Any contraceptive method not provided on-site must be available to a client via prescription or referral.
12. Education and method counseling must be guided by the client's needs and preferences, following the shared decision-making model, so the client can make an informed choice.
13. Unless agency operates a clinic that offers primary care services to the entire community, including Family Planning clients, a Memorandum of Understanding

(MOU) with another agency that can provide primary care services for Family Planning clients is required.

14. Abortion/Pregnancy Termination requirements include:
    a. Title X prohibits agencies funded with Title X to perform, promote, or support abortion as a method of family planning.
    b. Agency staff may be subjected to fines and/or prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure.
    c. Registered nurses and/or providers (physicians and advanced practice) must offer pregnant clients the opportunity to be provided information and counseling regarding the following pregnancy options, unless the client indicates that the individual does not want information on one or more options: pregnancy termination; prenatal care and delivery; and infant care, foster care, or adoption.
    d. If a client requests information and counseling on pregnancy options, it must be neutral and factual information; nondirective counseling should be provided.
    e. If a pregnant client requests a referral for prenatal care and delivery, infant care, foster care or adoption, or pregnancy termination, a referral must be provided. The agency can provide information but cannot make an appointment, provide transportation, etc. to secure pregnancy termination services. Pregnant clients should also be offered STI testing.
15. Reproductive care for adolescents must include that all minors are:
    a. Advised that services are confidential and if follow-up is necessary, every attempt will be made to assure the privacy of the individual.
    b. Counseled on exceptions to confidentiality when the law requires staff to report suspected child abuse, neglect, child molestation, sexual abuse, rape, incest, and human trafficking, and when the law requires parental consent for treatment.
    c. Encouraged to involve family members in their care where family involvement would not impinge on clients' health.
    d. Offered trauma-informed counseling on how to resist sexual coercive attempts to engage in sexual activities.
16. Pharmaceutical services (on or off-site) must be provided to include:
    a. If the agency has either an agreement with an off-site pharmacist to come into the clinic on a regular basis to manage contraceptives for clients or sends clients to a local pharmacy to obtain contraceptives, it must have a contract or other formal agreement (e.g., memorandum of understanding) in place with those pharmacists.
    b. The agency must maintain a tracking system of current inventory to ensure that there are enough drugs and supplies to meet the needs of the population served. This system must include the tracking of lot numbers, expiration dates, National Drug Code (NDC) numbers, dates received and current amount available for each birth control method offered by the agency. This tracking system must also include a means of verifying what drugs/supplies were administered or dispended to individual clients.
    c. The agency is eligible for 340B pricing (significantly reduced cost) for medications for family planning clients once Title X funding is received.

Administrative

17. Agencies must provide an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served; and by persons in the community knowledgeable about the community's needs for family planning services.
18. Agencies must provide for opportunities for community education, participation, and engagement to achieve community understanding of the objectives of the program; inform the community of the availability of services; and promote continued participation in the project by individuals to whom family planning services may be beneficial to ensure access to affordable, client-centered, high-quality family planning services.
19. Agencies must have an annual quality improvement process which includes review of at least one aspect of improving clinical services, and a description of steps taken by the family planning clinic in response to those findings.
20. Agencies are required to have a review and approval process, by an Advisory Committee, of all print and electronic informational and educational materials developed or made available under the project prior to their distribution, to assure that the materials are suitable for the community to which they are to be made available. The Advisory Committee must include at least 5 individuals broadly representative of the clinical population. The content of the material must be reviewed to ensure it is factually correct, medically accurate, client-centered, and linguistically appropriate, and trauma informed.
21. Title X service sites should be geographically accessible for the population being served. Agencies should consider clients' access to transportation, clinic locations, hours of operation, and other factors that influence clients' abilities to access services.
22. Agencies must complete required trainings and orientation of new staff members. Upon hire, Title X-funded staff and staff who provide services to Title X clients, or who oversee the provision of services to Title X clients, are required to complete a DHHS orientation checklist within 60 days of hire. Additionally, staff are required to complete annual Title X required trainings and track through a process provided by DHHS.
23. Agencies must complete initial data entry related to their clinic site(s) in the OPA Clinic Locator database and shall review/update this data at least annually, or more frequently if clinic sites and/or clinical services undergo relevant changes.

Data and Evaluation

24. Agencies must distribute a Patient Experience survey created and analyzed by the state to every non-pregnant client seen in the Family Planning clinic throughout the year. Results will be aggregated by the state and shared with the agency quarterly to incorporate in their quality improvement work.
25. Agencies shall improve reproductive health access and services utilizing the following outcome objectives:
    a. Increase the number of family planning clients
    b. Increase the number of adolescent clients ages 15-19
    c. Ensure at least 90% of family planning clients served are at or below 200% of the federal poverty level
    d. Ensure at least 85% of female family planning clients ages 15-24 are screened for chlamydia
    e. Increase access to the most effective methods of contraception

26. Agencies must have an Electronic Health Record system which accurately collects and organizes data for program reporting as required by Title X. This reporting system must be able to accurately identify Title X encounters as well as collect and generate monthly encounter-level data to include all required Title X data points found in Appendix C. For local health departments, your agency must be able to upload monthly electronic health record data to the State LHD-HSA system (or other system that is designated by the state to work with local health departments at the time).
27. Agencies must submit additional annual data on Title X clients via a survey, including:
    a. Number of positive HIV tests by gender
    b. Unduplicated number of clients who obtained a Pap test
    c. Total number of Pap tests performed
    d. Total number of Pap tests with Atypical Squamous Cells or higher
    e. Total number of Pap tests with High-grade Squamous Intrathelial Lesion or higher
    f. Staffing Levels
    g. Additional data elements as needed, per Title X requirements.
28. Agencies must report all local program income, quarterly, to the state to account for all funding needed to provide family planning services.

Monitoring and Quality Assurance

29. Agencies will have an onsite monitoring visit once during the grant cycle (in year 1, 2, or 3). Monitoring visits include a review of audited charts, clinic walk-through, client visit observations (a preventive visit and a pregnancy test visit), a review of policies/procedures/protocols and standing orders, and an assessment of billing and coding. A pre-monitoring visit from state staff is optional to assist with preparation.

Applicants must also demonstrate their ability to meet OPA program priorities for Title X. The priorities include assisting individuals with reproductive goals counseling; promoting body and health literacy to empower individuals and families to make informed decisions and navigate their health with confidence; and implementing quality improvement plans to promote health outcomes.

1. Reproductive goals counseling supports individuals in making informed, intentional decisions about their health and wellbeing. Strategies to support this counseling include but are not limited to implementing evidence-based tools to support informed decision-making by helping individuals understand how reproductive health shapes wellbeing. This includes supporting individuals seeking to have children.

2. Body and health literacy is foundational to informed decision-making, reproductive health, and lifelong health. Strategies to support this priority include but are not limited to incorporating body and health literacy into reproductive health counseling. Integrating literacy into Title X services ensures that individuals understand how their bodies work, recognizing when bodies are not functioning properly, and steps to help restore their wellness.

3. Quality improvement and quality assurance involve collecting and using data to monitor the delivery of family planning services, inform modifications to the provision of services, and assess patient satisfaction. Strategies to enhance this work include but are not

limited to addressing how local program data, including patient experience survey data, will be incorporated into clinic improvement and ultimately improving health outcomes.

Women's Health Service Funding (WHSF) Requirements:
WHSF shall be used for individuals of childbearing age who are not covered by Medicaid, private insurance, or who are under-insured.

The following requirements must be met by applicants:

1. WHSF may be used for the purchase of any FDA-approved, reversible contraceptive method.
    a. These methods include copper intrauterine devices, hormonal intrauterine devices, contraceptive implants, contraceptive injections, contraceptive pills, contraceptive patches, vaginal contraceptive rings, diaphragms, sponges, cervical caps, male condoms, female condoms, spermicide, levonorgestrel Emergency Contraception, and ulipristal acetate Emergency Contraception.
    b. WHSF may also be used to cover the cost of intrauterine devices and implant insertion and removal, injection fees for injectable contraception and diaphragm fitting fees.
2. WHSF requires participating agencies to counsel clients without a high school diploma about the benefits of completing high school or the General Educational Development tests (GED).

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 09/22/2026: 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 09/22/2026.

3. Applicant Conference / Teleconference / Question & Answer Period

All prospective applicants are encouraged to attend an Applicant Conference on Wednesday, September 30, 2026, from 11:00 a.m. to 12:30 p.m. at https://www.zoomgov.com/j/1657951115.

Written questions concerning the specifications in this Request for Applications will be received until October 15, 2026. As an addendum to this RFA, a summary of all questions and answers will be posted by 5 p.m. on October 22, 2026 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 strongly encouraged to submit a Notice of Intent no later than 5:00 p.m. on October 7, 2026 using this link: https://forms.office.com/g/MtSS3BbCFF. 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.
   - County(ies) where services will be offered.

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 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: job descriptions, memorandum of understanding.

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 D 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 D 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 D 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

09/22/2026: Request for Applications released to eligible applicants.
09/30/2026: Bidder's Conference / Teleconference.
10/07/2026: Notice of Intent due.
10/15/2026: End of Q&A period. All questions due by 5:00 p.m.
10/22/2026: Answers to questions posted as an addendum to the RFA.
11/06/2026: Applications due by 5:00 p.m.
11/30/2026: Successful applicants will be notified.
06/01/2027: Estimated contract/agreement addendum start date.

VI. EVALUATION CRITERIA

SCORING OF APPLICATIONS

Applications shall be scored based on the responses to the five (5) application content areas, for a potential maximum score of 100 points.

1. **Cover Letter:**
   Total maximum points = 3

2. **Determination of Need and Local/County/Regional Services:**
   Total maximum points = 23

3. **Capacity Statement/Sustainability:**
   Total maximum points = 42

4. **Program Plan:**
   Total maximum points = 27

5. **Budget:**
   Total maximum points = 5

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. **Memorandum of Understanding/Letters of Commitment**

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)

10. **Attestation Form**

1. **Cover Letter (3 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
   - Current (last 3 years) services/programs provided in North Carolina
   - How this proposed work fits within your entity mission
   - Other funding sources used for family planning services

   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 # A428 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: Determination of Need and Local/County/Regional Services

Total Point Value:

23

Page Limit:

5

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

Section 1

1-1. Location of services

a. Define the specific area that will be served with this program. (1 points)
b. Describe how the physical location of your clinic will ensure continued access to family planning services for clients in the service area. (2 points)

1-2. Based on the "Women in Need of Contraceptive Services" data available in Appendix A, how will your program meet the goal of reaching 10-15% of the women in need in the county(ies) you plan to serve? (6 points)

1-3. Sexually transmitted infections (STIs)

STIs are on the rise across the United States, including North Carolina. Our Family Planning Program prioritizes chlamydia/gonorrhea testing for young individuals. How will your agency ensure that at least 85% of your family planning users aged 15-24 will be screened for chlamydia/gonorrhea? (3 points)

1-4. Barriers

a. What barriers to family planning services exist in your area (transportation, language, financial, available providers, confidentiality, etc.)? (2 points)

b. How will your program address the barriers identified above? (3 points)

1-5. Title X prioritizes services for low-income individuals. How will your agency ensure that at least 90% of your family planning clients are at or below 200% of the Federal poverty level? (2 points)

1-6. How will your agency:

a. ensure your program meets the reproductive health needs of your community? (2 points)
b. educate the larger community about your family planning services? (2 points)

Section 2: Capacity Statement/Sustainability

Total Point Value:

42

Page Limit:

7

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

Section 2

2-1. Describe evidence of the following:

a. Your agency's qualifications to deliver family planning services (staff experience and training). (3 points)

b. Your agency's:
- successes,
- challenges, and
- lessons learned

in providing reproductive health services over the last three years. (3 points)

2-2. How is your clinic engaging:

a. Adolescents for reproductive health services? (1 point)

b. Males for reproductive health services? (1 point)

2-3. Contraceptive Methods:

Provide a description of the family planning services and contraceptive methods your agency plans to offer. Include a justification for any contraceptive method and/or family planning service (e.g., breast cancer screening, cervical cancer screening, etc.) that will not be available at your clinic(s). (4 points)

2-4. Confidential Services:

How will you promote confidential family planning services are available? (2 points)

2-5. How will your agency advertise family planning clinical services (e.g., website, social media, etc.)? (3 points)

2-6. How will your program increase access to Family Planning services (e.g., extended clinic hours, mobile services, telehealth, etc.)? (3 points)

2-7. Describe the proposed staffing structure for providing family planning services to the priority population utilizing the chart below. (5 points)

Include name, degree, credentials, and years of service for the Family Planning Clinic Coordinator who will ensure services are delivered to clients (if not currently providing these services, please give details and structure in narrative form of the new position that would be created and/or staffed through this funding) and full-time equivalency. Also include details regarding supervisory oversight, Medical Director, billing/coding staff, and budget staff. The %FTE devoted to family planning staff funded under this RFA should be included for all positions. Any other relevant details may be included in narrative form below the chart. Additional rows can be added as needed.

Position	Employee Name(s)	Degree/ Credentials	# years in position	Number of staff supervised	Full Time Equivalency (FTE)
Family Planning Clinic Coordinator					
Clinical provider staff					
Medical Director					
Billing/Coding staff					
Budget position					

2-8. How are your agency staff reflective of the population your agency plans to serve (race/ethnicity/language)? (2 points)

2-9. Using the turnover rate formula below, provide the current level of staff turnover within your agency in the past year. (1 point)

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

a. Describe staff turnover and engagement within your agency. What measures does your agency have in place to mitigate turnover? (2 points)
b. Describe how your agency plans to continue to offer clinical services when/if a provider leaves your agency. (2 points)

2-10. Describe your agency's familiarity with:
a. SMART (specific, measurable, achievable, relevant, time-bound) goals (1 point)
b. Plan, Do, Study, Act (PDSA) framework (1 point)

2-11. Provide an example of a past Quality Improvement (QI) project your agency successfully implemented. (2 points)

2-12. Describe how your agency incorporates client feedback into its QI processes.
a. Explain how client feedback is:
   i. gathered,
   ii. evaluated, and
   iii. used to identify priorities for improvement or inform changes to services and care delivery. (3 points)

b. How is the impact of changes implemented based on client feedback measured? (1 point)
c. Please include a recent example. (2 points)

Section 3: Program Plan

Total Point Value:

27

Page Limit:

6

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

Section 3

Please describe your plan to provide family planning services.

3-1. Number of unduplicated family planning clients you will serve each of the three years of the funding period (male and female). (2 points)

Year	Number of Females	Number of Males	Total
1			
2			
3			

3-2. How your agency proposes to provide client-centered contraceptive care? (2 points)

3-3. Description of your agency's policy on verifying client income. (2 points)

3-4. Description of your plan for completing Media Review (Informational & Education) requirement:

a. Who will serve on the review committee and how will that be determined? (Include any plans to utilize existing agency teams, related programs, or community action teams and how individuals served will be included). (2 points)

b. How will the committee ensure that all information and education materials utilized are current, factual, medically accurate, and trauma-informed for the population? (2 points)

c. How will chosen educational materials address potential social drivers of health and assist clients in navigating their reproductive health choices? (2 points)

3-5. Description of your ability to accurately collect and report required encounter-level data to the Reproductive Health Branch, including (but not limited to) demographic data, lab data, and contraceptive method information. (3 points)

3-6. Please explain how your program will address the three Program Priorities. (3 points)

a. How will your program offer reproductive goals counseling to support informed decision-making?
b. How will your agency address body and health literacy through your program?
c. What steps will your agency implement to improve the current quality improvement work of your family planning program?

3-7. How will your agency assist clients interested in achieving pregnancy? (2 points)

3-8. Memoranda of Understanding (MOU)/Letters of Commitment (LOC) (5 points)

Using the chart provided, list where you will refer participants that have needs or require services beyond the scope of your project. Attach MOUs or LOC from all agencies who will accept referrals in Attachment A. If you will provide the service directly, please include that information and an MOU/LOC is not needed.
**A referral is defined as providing a client with the name, address, telephone number, and other relevant information (such as what services are offered, type of insurance accepted, etc.) for any service that your agency does not provide onsite. Referrals are intended to support continuity of care, and when feasible, referral agencies should be in close physical proximity to your agency*.

Referral Plan		
Description of Service		**MOU/LOC Attached?**
1. Primary Care	a. Name of Agency/ies to Provide Service.	☐ Yes ☐ No
2. Mental Health Care	a. Name of Agency/ies to Provide Service.	☐ Yes ☐ No
3. Sexual/ Dating/Intimate Partner Violence	a. Name of Agency/ies to Provide Service.	☐ Yes ☐ No
4. Substance Use Services	a. Name of Agency/ies to Provide Service.	☐ Yes ☐ No
5. Pregnancy Options Counseling referrals (prenatal, adoption, termination)	a. Name Agency/ies to Provide Service.	☐ Yes ☐ No

3-9. Evaluating referral sources
How are referral sources evaluated to ensure they are meeting clients' needs (include how often you are evaluating)? (2 points)

4. Project Budget

Total Point Value: 5

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	

Staff Development Costs
Applicants should include costs for registration to attend or to host trainings to support staff development in carrying out the services outlined in this RFA. Travel costs associated with attending or hosting trainings should be included under Contract Staff Travel and not exceed the travel reimbursement rates.

Supplies
Disposable or one-time-use medical supplies are considered supplies. Examples of medical supplies are as follows: intrauterine devices, contraceptive implants, contraceptive pills, condoms, exam gloves, etc.

Justification example: 10 Nexplanon's @ $550/item = $5,500.

Additional Funding Restrictions
The maximum that can be expended on an equipment item, without prior approval from the RHB, is $2,000. An equipment item that exceeds $2,000 shall be approved by the RHB before the purchase can be made. Additionally, if an equipment item shall be used by multiple clinics (e.g., family planning, general clinic, maternal health, etc.), you must prorate the cost of that equipment item, and the narrative must include a detailed calculation which demonstrates how the agency prorates the equipment.

Justification example: 1 shredder @ $1,500 each for nursing office staff to shred confidential client information. Cost divided between 3 different agency clinics: $1,500/3 = $500.

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 portion of the sub-award.

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 “N/A” in the first line under “Name.” If the Applicant plans to have subcontractors or subgrantees but they are unknown at this time, “To Be Determined” 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. Memoranda of Understanding/Letters of Commitment

Memoranda of Understanding (MOUs) or Letters of commitment should be included from any agency or community organization where your agency will refer clients that have needs or require services beyond the scope of your project as listed in Section 3.8.

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)

10. Attestation Form

By completing and signing this form you are attesting that the information provided reflects the policies and procedures your organization will meet if awarded funding under North Carolina DHHS, Division of Public Health RFA A428 Family Planning Services.
All information in this attestation is subject to validation. Additional supporting documentation may be required and requested if awarded funding.

Agency Name: _____

___All clients are offered client-centered, high-quality, voluntary reproductive health care. Client-centered care is care that is respectful of, and responsive to, individual client preferences, needs, and values. Client values guide all clinical decisions.

___Family Planning services must be provided without subjecting individuals to any coercion to accept services, or to employ or not to employ any particular methods of contraception, including continuing use of any particular contraceptive device.

___Written policies clearly indicate that none of the Title X funds will be used in programs where abortion is a method of family planning. Title X prohibits agencies receiving funding perform, promote, or support abortion as a method of family planning.

___Clients whose family income is at or below 100% of current Federal Poverty Level (FPL) will not be charged for services.

___Clients whose family income is 101%-250% of current FPL will be charged in accordance with a schedule of discounts. These clients shall not pay more in co-payments or additional fees than they would otherwise pay when the schedule of discounts is applied.

___Clients whose family income is greater than 250% of FPL shall be charged in accordance with a schedule of fees designed to recover the reasonable cost of providing services.

___Unless offering primary care services to the entire community, including Family Planning clients, a Memoranda of Understanding (MOU) with another agency that can provide primary care services for Family Planning clients is on file.

___Registered nurses and/or providers (physicians and advanced practice) offer pregnant clients the opportunity to be provided information and counseling regarding the following pregnancy options, unless the client indicates that the individual does not want information on one or more options: pregnancy termination; prenatal care and delivery; and infant care, foster care, or adoption.

___Adolescent clients are encouraged to involve family members in their care where family involvement would not impinge on clients' health. Adolescent clients will be counseled on how to resist attempts to coerce minors into engaging in sexual activities.

___Opportunities are available for community education, participation, and engagement to achieve community understanding of the objectives of the program; inform the community of the availability of Family Planning services; and promote continued participation in the project by individuals to whom family planning services may be beneficial.

___A quality improvement process which includes review of at least one aspect of improving clinical services and a description of steps taken by the Family Planning clinic in response to those findings is completed annually.

___An Advisory Committee will review and approve all print and electronic informational and educational materials developed or made available under the project prior to their distribution, to assure that the materials are suitable for the community to which they are to be made available.

___Initial data entry related to clinic site(s) will be submitted in the OPA Clinic Locator database and shall be reviewed/updated at least annually, or more frequently if clinic sites and/or clinical services undergo relevant changes.

___A Patient Experience survey, created and analyzed by the state, is distributed to every non-pregnant client seen in the Family Planning clinic throughout the year.

___An Electronic Health Record system accurately collects and organizes data for program reporting as required by Title X. This reporting system accurately identifies Title X encounters as well as collects and generates monthly encounter-level data to include all required Title X data points.

___All local program income is submitted quarterly to the state to account for all funding needed to provide family planning services.

___Onsite monitoring visits will occur once during the grant cycle (in year 1, 2, or 3). Monitoring visits include a review of audited charts, clinic walk-through, client visit observations (a preventive visit and a pregnancy test visit), a review of policies/procedures/protocols and standing orders, and an assessment of billing and coding. A pre-monitoring visit from state staff is optional to assist with preparation.

___All other Title X requirements will be followed while receiving funding. Agency will work with NCDHHS to meet requirements.

Name of person completing form: _____

Title of person completing form: _____

Signature: _____

Date: _____

Appendix A: Table of Women in Need of Contraceptive Services by County

Appendix A: Women in Need of Contraceptive Services by County (2023)

County	Total women aged 15-49 in need of publicly funded contraceptive services and supplies: 2023	County	Total women aged 15-49 in need of publicly funded contraceptive services and supplies: 2023	County	Total women aged 15-49 in need of publicly funded contraceptive services and supplies: 2023
NC Total	752,940	Forsyth	29,900	Orange	12,570
Alamance	13,230	Franklin	5,030	Pamlico	640
Alexander	2,310	Gaston	16,570	Pasquotank	3,080
Alleghany	720	Gates	560	Pender	3,590
Anson	1,390	Graham	480	Perquimans	780
Ashe	1,780	Granville	4,080	Person	2,270
Avery	1,230	Greene	1,290	Pitt	18,480
Beaufort	3,010	Guilford	46,040	Polk	1,110
Bertie	1,150	Halifax	3,920	Randolph	10,720
Bladen	2,480	Harnett	10,920	Richmond	3,570
Brunswick	7,220	Haywood	3,910	Robeson	11,540
Buncombe	17,860	Henderson	7,000	Rockingham	6,070
Burke	5,670	Hertford	1,780	Rowan	10,610
Cabarrus	14,240	Hoke	4,960	Rutherford	4,870
Caldwell	5,310	Hyde	220	Sampson	4,900
Camden	640	Iredell	11,420	Scotland	2,800
Carteret	3,930	Jackson	4,550	Stanly	3,940
Caswell	1,270	Johnston	15,460	Stokes	2,700
Catawba	10,570	Jones	670	Surry	5,550
Chatham	4,460	Lee	4,960	Swain	960
Cherokee	1,810	Lenoir	4,880	Transylvania	1,950
Chowan	880	Lincoln	5,130	Tyrrell	210
Clay	690	Macon	2,610	Union	13,500
Cleveland	7,790	Madison	1,410	Vance	3,600
Columbus	4,070	Martin	1,560	Wake	67,250
Craven	7,520	McDowell	3,100	Warren	1,360
Cumberland	28,620	Mecklenburg	81,270	Washington	760
Currituck	1,700	Mitchell	1,010	Watauga	7,120
Dare	2,290	Montgomery	1,740	Wayne	9,340
Davidson	11,590	Moore	5,950	Wilkes	5,010
Davie	2,410	Nash	7,210	Wilson	6,320
Duplin	4,110	New Hanover	17,230	Yadkin	2,030
Durham	23,120	Northampton	1,160	Yancey	1,310
Edgecombe	3,740	Onslow	15,640		

Appendix B: Annual Funding Amount by County

Appendix B: Funding Allocation Per County

County	WHSF Portion	Total Title X Portion	Total Available Funding
Percentages per Funding Stream	**15.9191%**	**84.0809%**	
Alamance	$17,852	$79,917	$97,769
Alexander	$3,457	$31,602	$35,059
Alleghany	$1,040	$23,491	$24,532
Anson	$2,093	$27,024	$29,116
Ashe	$2,586	$28,679	$31,265
Avery	$1,768	$25,934	$27,702
Beaufort	$4,408	$34,795	$39,203
Bertie	$1,646	$25,525	$27,171
Bladen	$3,502	$31,754	$35,255
Brunswick	$11,192	$57,565	$68,757
Buncombe	$24,854	$103,417	$128,271
Burke	$8,477	$48,451	$56,928
Cabarrus	$20,752	$89,651	$110,403
Caldwell	$7,933	$46,625	$54,558
Camden	$1,015	$23,407	$24,422
Carteret	$5,913	$39,846	$45,759
Caswell	$1,917	$26,435	$28,352
Catawba	$14,436	$68,450	$82,886
Chatham	$6,895	$43,141	$50,036
Cherokee	$2,618	$28,787	$31,405
Chowan	$1,309	$24,395	$25,704
Clay	$995	$23,341	$24,336
Cleveland	$11,422	$58,337	$69,759
Columbus	$5,786	$39,421	$45,207
Craven	$11,035	$57,038	$68,073
Cumberland	$37,506	$145,883	$183,390
Currituck	$2,709	$29,093	$31,802
Dare	$3,446	$31,565	$35,011
Davidson	$15,619	$72,424	$88,043
Davie	$3,781	$32,690	$36,471
Duplin	$5,860	$39,668	$45,528
Durham	$30,399	$122,030	$152,430
Edgecombe	$5,486	$38,412	$43,898

Forsyth	$36,474	$142,418	$178,892
Franklin	$7,647	$45,665	$53,312
Gaston	$22,568	$95,745	$118,313
Gates	$863	$22,896	$23,759
Graham	$722	$22,423	$23,145
Granville	$6,127	$40,565	$46,692
Greene	$1,889	$26,341	$28,230
Guilford	$55,379	$205,871	$261,250
Halifax	$5,527	$38,551	$44,078
Harnett	$16,416	$75,097	$91,513
Haywood	$5,874	$39,716	$45,591
Henderson	$9,476	$51,804	$61,279
Hertford	$2,490	$28,358	$30,848
Hoke	$7,209	$44,195	$51,404
Hyde	$325	$21,090	$21,415
Iredell	$16,324	$74,790	$91,114
Jackson	$6,432	$41,587	$48,018
Johnston	$21,760	$93,034	$114,794
Jones	$967	$23,245	$24,212
Lee	$7,369	$44,731	$52,100
Lenoir	$6,876	$43,076	$49,952
Lincoln	$7,275	$44,416	$51,691
Macon	$3,765	$32,638	$36,403
Madison	$2,155	$27,234	$29,389
Martin	$2,256	$27,572	$29,828
McDowell	$4,568	$35,331	$39,898
Mecklenburg	$105,850	$375,266	$481,116
Mitchell	$1,472	$24,941	$26,413
Montgomery	$2,597	$28,715	$31,311
Moore	$9,298	$51,206	$60,504
Nash	$10,626	$55,665	$66,292
New Hanover	$21,541	$92,300	$113,841
Northampton	$1,642	$25,512	$27,154
Onslow	$20,887	$90,104	$110,991
Orange	$17,034	$77,173	$94,207
Pamlico	$946	$23,175	$24,121
Pasquotank	$4,583	$35,382	$39,965
Pender	$5,800	$39,467	$45,268
Perquimans	$1,173	$23,936	$25,108

Person	$3,527	$31,836	$35,363
Pitt	$23,582	$99,148	$122,729
Polk	$1,627	$25,459	$27,086
Randolph	$15,850	$73,199	$89,050
Richmond	$5,114	$37,163	$42,277
Robeson	$16,240	$74,507	$90,747
Rockingham	$9,112	$50,583	$59,696
Rowan	$14,202	$67,666	$81,868
Rutherford	$7,083	$43,774	$50,857
Sampson	$7,009	$43,523	$50,532
Scotland	$3,987	$33,383	$37,371
Stanly	$6,123	$40,551	$46,674
Stokes	$4,100	$33,760	$37,860
Surry	$7,987	$46,807	$54,794
Swain	$1,442	$24,838	$26,280
Transylvania	$2,910	$29,768	$32,678
Tyrrell	$306	$21,027	$21,334
Union	$20,224	$87,880	$108,104
Vance	$5,175	$37,369	$42,543
Wake	$93,164	$332,689	$425,854
Warren	$1,923	$26,455	$28,378
Washington	$1,087	$23,650	$24,737
Watauga	$9,898	$53,222	$63,120
Wayne	$13,651	$65,816	$79,467
Wilkes	$7,204	$44,180	$51,384
Wilson	$9,228	$50,971	$60,199
Yadkin	$3,179	$30,671	$33,851
Yancey	$1,903	$26,386	$28,289
Total	**$1,038,730**	**$5,486,306**	**$6,525,036**

Appendix C: Required Data Elements

Appendix C: Required Data Elements

The Family Planning Annual Report (FPAR) 2.0 requires encounter-level data for Title X family planning agencies. FPAR 2.0 allows for improved data collection, reporting, and analysis that will ultimately allow for more opportunities to improve service delivery. Below is a table with all the required data elements for FPAR 2.0. This information will be required to report to the Division of Public Health from ALL agencies funded under the Family Planning Services Request for Applications (RFA) process.

FPAR 2.0 Data Elements Encounter Level Data		
Facility Identifier	Systolic blood pressure	Counseling to achieve pregnancy was provided
Attending physician NPI Provider	Diastolic blood pressure	Pap test performed at this visit
Provider Role	Body Height	Pap smear test result
Patient Identifier	Body Weight	HPV test performed at this visit
Visit Date	Tobacco Smoking Status	HPV test result
Birth Date	Do you want to talk about contraception or pregnancy prevention during your visit today	Chlamydia test performed at this visit
Sex	Pregnancy Intention	Chlamydia test result
Limited English Proficiency	Contraceptive method at intake reported – at intake	Gonorrhea test performed at this visit
Ethnicity	Reason for no contraceptive method use Reported – at intake	Gonorrhea test result
Race	Contraceptive method at exit reported – at exit	HIV test performed at this visit
Annual Household Income	Reason for no contraceptive method use reported – at exit	HIV test result
Household size [#]	How contraceptive method was provided	Syphilis test performed at this visit
Payer for visit	Contraceptive counseling was provided	Syphilis test result

Appendix D 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 Name: _____

Grantee's Authorized Agent: Signature _____ Date _____

Printed Name _____ Title _____

Witness: Signature _____ Date _____

Printed Name Title

The witness should be present when the Grantee'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

End of Document. Page left intentionally blank.