



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Public Health

## Request for Applications

RFA # A424

*PREPare for Success*

**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 24, 2025

**DEADLINE DATE:** October 30, 2025

**INQUIRIES and DELIVERY INFORMATION:**

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**Applications will be received until 5:00pm on October 30, 2025.**

Electronic copies of the application are available at <https://teenpregnancy.dph.ncdhhs.gov/funding.htm>

Send all applications electronically as indicated below:

**Email Address:** [tppi-rfa@dhhs.nc.gov](mailto:tppi-rfa@dhhs.nc.gov)

**IMPORTANT NOTE:** Indicate agency/organization name and RFA number in the subject line of the email, along with the RFA deadline date.

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## **I. INTRODUCTION**

The Personal Responsibility Education Program (PREP) is designed to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs), including Human Immunodeficiency Virus (HIV), and adulthood preparation subjects. With reproductive health education programs, youth development, and parent involvement, adolescents will have the information and skills needed to make healthy decisions about reproductive health. PREP is administered by Teen Pregnancy Prevention Initiatives (TPPI) of the North Carolina Department of Health and Human Services, Division of Public Health, Women, Infant, and Community Wellness Section, Reproductive Health Branch.

### **ELIGIBILITY**

Public or private non-profit agencies (e.g., schools, colleges/universities, local health departments, non-profit community-based organizations) may receive funding to replicate at least one (1) evidence-based program model through this Request for Applications (RFA). For-profit agencies need not apply. If the applicant agency currently receives Primary Prevention funding for teen pregnancy prevention through the North Carolina Department of Health and Human Services, the agency may not apply to implement an additional primary pregnancy prevention program **in the same county** they currently serve but may propose a new program in a different county.

Applications will only be accepted from counties ranking in the top 50 for birth rates among females aged 15 to 19 based on a five-year average between **2019-2023**. **The counties are as follows:**

**Alleghany, Anson, Ashe, Beaufort, Bertie, Bladen, Burke, Caldwell, Caswell, Cherokee, Chowan, Clay, Cleveland, Columbus, Craven, Cumberland, Duplin, Edgecombe, Graham, Greene, Halifax, Hoke, Jones, Lee, Lenoir, Macon, Martin, McDowell, Mitchell, Nash, Northampton, Onslow, Perquimans, Person, Richmond, Robeson, Rockingham, Rutherford, Sampson, Scotland, Surry, Swain, Vance, Warren, Washington, Wayne, Wilkes, Wilson, Yadkin, Yancey.**

Potential applicants should consider their community's readiness to support teen pregnancy prevention efforts, and their agency's organizational capacity to administer the state grant funds if awarded. Recipients of state funds are expected to have established in writing certain general agency policies including personnel and financial accounting policies. **Applicants that have not previously received or successfully administered state funds should consult a PREP staff member to determine if their agency has the internal policies and procedures in place to administer a state grant at this time.** Funds to grantees will be dispersed on a cost reimbursement basis only, and agencies should carefully consider if they have the capacity to implement the program under this system.

### **FUNDING**

The total available funding is \$765,000 per funding period (June 1 – May 31 of each year). The funding agency looks to issue one or more grant awards, based on the quality of applications received. Each grant award may be up to \$110,000. Applicants will be selected for funding for a **one-year period** with the option to extend for two (2) additional years only if additional funding becomes available. The initial contract will begin June 1, 2026.

The project funding periods, and average awards will be distributed as follows:

June 1, 2026 – May 31, 2027: award up to \$110,000

June 1, 2027 – May 31, 2028: award \$0 at this time

June 1, 2028 – May 31, 2029: award \$0 at this time

This project will be funded 100% by Federal funds through award from HRSA Personal Responsibility Education Program funds.

As a requirement to receive these 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.”

## II. BACKGROUND

PREP is federally funded by the United States Department of Health and Human Services, Family and Youth Services Bureau. Since 2010, the North Carolina Department of Health and Human Services has received funding to implement PREP within select local sites throughout the state.<sup>1</sup> In North Carolina the PREP initiative is called PREPare for Success.

The purpose of PREP is to educate young people on both abstinence and contraception to prevent pregnancy, STIs, and HIV. Programs that serve youth ages 10-19 are within the scope of PREP, with priority given to programs that serve youth in or aging out of foster care, homeless youth, youth with HIV/AIDS, victims of human trafficking, pregnant and/or parenting youth who are under age 21, and youth who live in geographic areas with high teen birth rates.

PREP projects replicate effective, evidence-based or evidence-informed program models that have shown to delay sexual activity, increase condom or contraceptive use for sexually active youth, and/or reduce pregnancy among youth. In addition, PREP projects also offer education on human trafficking, and services to prepare young people for adulthood by implementing activities that address three (3) or more of the following adulthood preparation subjects:

- Adolescent Development,
- Education and Career Success,
- Financial Literacy,
- Healthy Life Skills,
- Healthy Relationships, and
- Parent-Child Communication.

The federal legislative authority for this program is Section 2953 of the Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, which adds a new Section 513 to Title V of the Social Security Act, to be codified at 42 U.S.C. § 713, authorizing the Personal Responsibility Education Program (PREP). By accepting award(s) for this program, the recipient agrees to comply with the requirements included in both the [General](#) and [Supplemental Terms and Conditions](#) for this program. Effective August 7, 2025, recipients are prohibited from including gender ideology in any program or service that is funded with this award.

<sup>1</sup>*Family and Youth Services Bureau. (2020). Personal Responsibility Education Program (PREP) Fact Sheet. Retrieved from:*

[https://acf.gov/sites/default/files/documents/fysb/fysb\\_app\\_stateprep\\_factsheet\\_oc\\_2020\\_508.pdf](https://acf.gov/sites/default/files/documents/fysb/fysb_app_stateprep_factsheet_oc_2020_508.pdf)

### **III. SCOPE OF SERVICES**

The main goal of PREPare for Success is to reduce the rate of teen pregnancy in North Carolina by providing essential reproductive health education, including abstinence and risk reduction. PREP requires implementation of an evidence-based or evidence-informed program model, specifically FLASH; Rights, Respect, Responsibility (3Rs); and/or the Teen Outreach Program® (TOP). The program utilizes best practices to support adulthood preparation, awareness/prevention of human trafficking, and parent/guardian involvement. Applicants are required to establish a Community Advisory Council (CAC) that equally represents community agencies and youth served by the program and a Youth Leadership Council (YLC) consisting of youth program participants.

Agencies must agree to implement selected program model(s) to age/grade-appropriate groups in their service area, serving youth between the ages of 10 and 19. Agencies selected through this RFA will be required to implement the program model(s) with fidelity; any adaptations or modifications must be approved in advance by the Funding Agency. In addition, applicants are mandated to provide reproductive health education, and medically accurate information about all FDA-approved contraceptive methods, including abstinence, to all participants. Applicants must provide services to participants every year of the grant cycle.

#### **SECTION 1: COMMUNITY DESCRIPTION**

To reduce the rates of teen pregnancy in their communities, applicants must: 1) understand the factors that influence adolescents' decisions about sex; 2) determine which factors can be impacted by teen pregnancy prevention programming; and 3) assess which of the factors are most relevant for the population they intend to serve.

All applicants must convincingly demonstrate their understanding of the proposed implementation context and describe and document the need for services in a specific setting or with a defined group of adolescents within the county(s). Appropriate quantitative and/or qualitative data should be provided to support the statement of need as related to the goals of PREP.

#### **Population to Be Served**

Applicants must consider the needs of all youth in the proposed community, and how their programs will meet those needs. Applicants must describe the specific adolescent population to be served. Funded projects will serve youth ages 10 to 19 who reside in the counties referenced on page four (4) of this RFA. This should include a description of the community of which youth are a part, how many proposed youths will be served, in what setting youth will be served, what community resources are available to youth, what unmet needs exist, and why the chosen youth were selected. Please note that it is not sufficient to either: a) simply name your town or county as your community; or b) state that the potential participants are at "high risk."

#### **Data Sources**

Sources for data and statistics provided in the community description should be cited.

Publicly available data can be accessed from these sources:

- North Carolina State Center for Health Statistics (SCHS): <https://schs.dph.ncdhhs.gov/>
  - 2025 SCHS County Health Data Book <https://schs.dph.ncdhhs.gov/data/databook/>

- North Carolina Maternal and Infant Health Data Dashboard:  
<https://www.dph.ncdhhs.gov/programs/title-v-maternal-and-child-health-block-grant/nc-maternal-and-infant-health-data-dashboard>

## SECTION 2: PROGRAM PLAN

### Program Requirements

Applicants must describe their proposed approach to completing program requirements, including activities for start-up, implementation, and monitoring, to achieve Year One (1) deliverables listed below. Refer to *VIII.3 Applicant's Response* for specifics.

#### Year One (1) deliverables:

- Community Needs and Resource Assessment
- Implementation plan that includes training in and facilitation of chosen sexual health curriculum model and Adulthood Preparation Subjects
- Establish and maintain a Community Advisory Council (CAC)
- Establish and maintain a Youth Leadership Council (YLC)
- Program monitoring plan, including program fidelity monitoring, progress reporting, and required performance measures such as PREP Entry and Exit Surveys

### Choosing a Program Model & Supplemental Activities

Applicants must propose implementation of a teen pregnancy prevention program model from the approved list of fundable pregnancy prevention program models. The three (3) evidence-based/informed program models approved for replication under this RFA are the *3Rs*, *FLASH curriculum*, and *TOP*. Additional information about the approved program models can be viewed at:

- 3Rs - <https://www.3rs.org/download-3rs/>
- FLASH curriculum - <https://kingcounty.gov/depts/health/locations/family-planning/education/FLASH.aspx>
- TOP - <https://wymancenter.org/top/>

Within the first six (6) months of Year One (1), funded sites must select a teen pregnancy prevention program model from the list of fundable pregnancy prevention curricula, train staff, and initiate implementation of the chosen program model with fidelity.

Applicants should demonstrate an understanding of how a reproductive health program will effectively address the needs of the population to be served. By applying for funds, Applicants acknowledge that they are mandated to provide reproductive health education including complete and medically accurate information about all FDA-approved contraceptive methods, including abstinence, to all participants. The term “complete and medically accurate” means verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals where applicable or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.

### Adulthood Preparation Subjects

In addition to education on abstinence and contraceptive use, PREP provides services to prepare young people for adulthood by implementing activities that address adulthood preparation subjects. Adulthood preparation subjects expand content and activities of approved evidence-based program models and



provide opportunities to emphasize additional skill-building with a positive youth development approach.

The federal program mandates to states that grantees and subgrantees of PREP must incorporate at least three (3) of the six (6) PREP adulthood preparation subjects into programming:

- Adolescent Development
- Education and Career Success
- Financial Literacy
- Healthy Life Skills
- Healthy Relationships
- Parent-Child Communication

The three (3) evidence-based/informed program models approved for replication under this RFA have been proven to address some adulthood preparation subjects as designed by their developer. See the chart below.

	Adolescent Development	Education and Career Success	Financial Literacy	Healthy Life Skills	Healthy Relationships	Parent-Child Communication
<b>FLASH</b>	<b>X</b>			<b>X</b>	<b>X</b>	<b>X</b>
<b>3Rs</b>	<b>X</b>			<b>X</b>	<b>X</b>	<b>X</b>
<b>TOP</b>	<b>X</b>	<b>X</b>		<b>X</b>	<b>X</b>	

In addition to implementing their chosen program model, applicants are required to propose strategies to address at least one (1) additional adulthood preparation subject that is not covered by their chosen program model(s). It is expected that all youth participating in an evidence-based/informed program will also complete activities that support adulthood preparation.

Applicants are encouraged to partner with their CAC and other community partners to coordinate activities to support adulthood preparation.

For more information about Adulthood Preparation Subjects visit *The Exchange –Adulthood Preparation Subjects Resource Guide* available at <https://teenpregnancy.acf.hhs.gov/resources/adulthood-preparation-subjects-resource-guide-0>.

### **Youth Leadership Council**

Applicants are required to create, establish, and maintain a YLC that consists of adolescents aged 10 to 19 from their PREP program. The purpose of the YLC is to promote leadership and service among youth to organize programs and projects to enhance their communities and the well-being of other youth in their communities. The YLC shall consist of at least five (5) and up to 15 youth ages of 10 and 19. YLC members must reflect the community being served. Successful proposals will include plans to convene nine (9) monthly YLC meetings between September 30, 2026, and May 31, 2027.

Members from the YLC will develop one (1) annual project (topic to be chosen by the YLC) to be completed by May 31st of the fiscal year. Projects may include developing a media campaign, creating a youth friendly services toolkit, or providing peer education, etc. An example of a previous YLC-led

project can be found here: <https://www.facebook.com/100057181880717/posts/tcs-health-fair-may-9th/1199701175279267/>. This example is meant to serve illustrative purposes only; applicants may propose a different type of project, to be determined after the award.

Members of the YLC will attend a PREP-sponsored three (3) day YLC retreat during the summer in Raleigh, NC each year. YLC members and up to two (2) site program coordinators will attend this overnight retreat to increase their knowledge on leadership, building relationships with peers, identifying solutions to community issues, and gain facilitation skills to enhance personal projects. Applicants should include funding for this retreat in the proposed budget. YLC members shall receive a stipend or gift card for their time served on the YLC. The proposed budget should include funding for these payments.

### **Parent Involvement**

Parent/guardian involvement and improving adolescent/parent communication is a protective factor in preventing risky behaviors among youth, including pregnancy, and transmission of STIs, including HIV. Parent/guardian involvement is also vital to the success of any PREP-funded project in ensuring parents/guardians fully understand and support the activities their youth are involved in. This will ensure parents/guardians hold youth accountable and provide support for youth to attend a variety of program activities.

As a requirement of the program, successful proposals will include plans to implement at least one (1) strategy to involve parents/guardians in program activities, for each implementation setting.

### **Human Trafficking**

PREP projects must also provide education and information on the prevention of human trafficking. An illustrative lesson plan, developed by [Advocates for Youth](#) through the Rights, Respect, Responsibility (3Rs) [North Carolina curriculum](#), is available for reference in applications.

### **Agency Capacity**

Applicants should consider whether their agency has the capacity to administer the grant funds if awarded. Applicants should also consider whether they have the capacity to serve youth with all components of the program (sexuality education curriculum, human trafficking lesson, adulthood preparation subject(s), CAC, youth involvement and parent engagement activities). Successful proposals will demonstrate capacity through discussion of past performance in administering state-issued or other grant funds and/or implementing large-scale youth-serving projects.

### **Use of Volunteers and Interns**

Volunteers and interns are valuable to the success of programming in many local government, community-based, non-profit agencies. Should the use of volunteers or interns be considered to support program implementation, applicants must describe their process for recruiting/hiring, training, and managing them. Applicants must understand that if interns or volunteers assist with programming, they must also complete training in the reproductive health program model(s) to assist program staff or direct service to program participants. Applicants proposing the use of volunteers under this RFA should be included in the staffing chart, and include a copy of the job description in Attachment B.

### **Staff Training**

Program staff will be required to complete evidence-based or evidence-informed program training for *FLASH*, *3Rs*, or the *Teen Outreach Program*® as well as training in the following areas during the first

six (6) months of the first year of the grant cycle: orientation to and history of teen pregnancy prevention programs, youth leadership, facilitation skills, reproductive health, youth development, and parent engagement. Program staff and supervisors should budget and plan to attend training two (2) days per month from July - November of 2026 in the Raleigh, NC area. New staff that join the agency's PREP program after the first six (6) months must obtain training in these areas before facilitating the PREP program. All funded agencies will be required to participate in at least 20 hours of professional development, and an additional four (4) hours focused on social determinants of health, annually per full-time position (1 FTE), per year on the grant. Applicants should reference plans to attend trainings in their program narrative and allocate funding (i.e., lodging, meals, mileage) in their budget narratives to attend these, and other proposed trainings, conferences, and other professional development opportunities.

It is very important that the program supervisor and staff are appropriately trained to facilitate and implement the program. Evidence-based curriculum training usually occurs over two (2) to three (3) days. At least two (2) program staff must be trained to facilitate this program model, and one (1) program supervisor must be trained to observe program staff and provide on-site guidance and technical support. Applicants should indicate any experience that the program staff have with this program model and any training that they have received or plan to receive if awarded funding.

### SECTION 3: COMMUNITY ENGAGEMENT

#### Community Advisory Council

Applicants are required to establish a CAC that consists of members representing at least five (5) community agencies other than the funded agency, at least one (1) parent, legal guardian, or caregiver of a teen, and **at least two (2) adolescents** from the YLC.

	<b>Organizations (at least 5)</b>	<b>Individuals</b>
<b>Required</b>	<ul style="list-style-type: none"> <li>Organizations involved in implementation, such as hosting or recruitment</li> </ul>	<ul style="list-style-type: none"> <li>At least two (2) participants must be adolescents from YLC</li> <li>Parent, legal guardian, or caregiver of a teen</li> </ul>
<b>Suggested</b>	<ul style="list-style-type: none"> <li>Local health department</li> <li>Public School System</li> <li>Institutions of Higher Education</li> <li>Department of Social Services</li> <li>Cooperative Extension</li> <li>Mental health services</li> <li>Local corporations and businesses</li> <li>Tribal Councils</li> <li>Juvenile Justice Centers</li> <li>Law Enforcement</li> <li>Media</li> <li>Social and cultural organizations</li> <li>Other local agencies that serve youth</li> </ul>	<ul style="list-style-type: none"> <li>Former individual program participants (if applicable)</li> <li>additional community member(s) (chosen at the agency's discretion)</li> </ul>

The CAC shall be responsible for advising and assisting program staff to provide high quality services to participants, identifying programming to support sexuality education and adulthood preparation, reviewing all educational and promotional materials developed by the program to ensure appropriateness for the community, supporting and guiding adolescents on the topic selection of the YLC with the special project, and actively promoting and supporting the program in the community. The adolescent CAC members shall create and direct the CAC's overall goals with the support of the adult CAC members. This shall include developing a community health initiative (service project) that meets youth-defined needs.

Community mobilization is essential for launching a community-wide approach to addressing the issue of teen pregnancy. Engaging a strategic cadre of partners enables the community to combine resources and networks to disseminate information and facilitate communication throughout the area. Each PREP program will establish a CAC comprised of members of the community and YLC members. Funded sites will provide training on coordinating adolescent engagement, positive youth development, youth-adult partnerships, recruitment, and retention to the CAC during the first six (6) months of Year One (1).

The CAC shall convene quarterly, and meeting minutes shall be taken to account for the work of the CAC. Meeting minutes should include the names of individuals and organizations represented. Minutes should document the role of the CAC in advising, assisting the program, and developing a health initiative. Educational and promotional materials review should be documented in the meeting minutes and include name and purpose of the materials and the CAC recommendations regarding the use of such materials. Adolescent CAC members and community members not associated with an agency shall receive a stipend or gift card for their time served on the CAC. The proposed budget should include funding for these payments.

### **Community Commitment to Collaboration**

Applicants are expected to collaborate with other agencies to assist with implementing PREP. Applications must include a Memorandum of Understanding (MOU) from each implementation site. Applicants partnering with an outside agency to gain access to program participants (such as a local health department implementing programming with their local school system) must also include in their MOU a description of the partner agencies' protocol and procedures in planning to work with their youth. Each MOU should be unique and specify what the individual or agency will contribute to the program. The MOUs should be on the agency letterhead and signed by the appropriate person (someone authorized to make the commitment or support). All MOUs should be placed in Attachment A.

#### **IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS**

**1. Award or Rejection**

All qualified applications will be evaluated and award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by November 24, 2025.

**2. Cost of Application Preparation**

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

**3. Elaborate Applications**

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

**4. Oral Explanations**

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

**5. Reference to Other Data**

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

**6. Titles**

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

**7. Form of Application**

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

**8. Exceptions**

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency or organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract).

**9. Advertising**

In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.

**10. Right to Submitted Material**

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

## **11. Competitive Offer**

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

## **12. Agency and Organization's Representative**

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

## **13. Subcontracting**

Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All requirements, terms, and conditions of a contract shall be passed through to all organizations performing programmatic work on behalf of the agency as the agency's subawardee. Documentation of each proposed subcontractor or subgrantee shall be submitted as part of the application.

Agencies and organizations shall also ensure that subcontractors are not on the state's Suspension of Funding List available at: <https://www.osbm.nc.gov/stewardship-services/grants-management/suspension-funding-list>

## **14. Proprietary Information**

Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

## **15. Participation Encouraged**

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled, including utilization as subcontractor(s) to perform functions under this Request for Applications.

## **16. Contract**

The Division will issue a contract to the recipient of the RFA funding ("Grantee"). Expenditures can begin immediately upon receipt of a completely signed contract.

# **V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW**

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

## **1. Announcement of the Request for Applications (RFA)**

The announcement of the RFA and instructions for receiving the RFA will be posted on:

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

**2. Distribution of the RFA**

RFAs will be posted on the TPPI website (<https://teenpregnancy.dph.ncdhhs.gov/funding.htm>) and may be sent via email to interested agencies and organizations.

**3. Bidder's Conference / Teleconference / Question & Answer Period**

All prospective applicants are encouraged to attend a Bidder's Conference on **October 2, 2025** from 10:00am to 12:00pm on Zoom: [Bidders Conference Zoom Link](#).

Written questions concerning the specifications in this Request for Applications will be received until 5:00pm on **October 9, 2025**. As an addendum to this RFA, a summary of all questions and answers will be placed on <https://teenpregnancy.dph.ncdhhs.gov/funding.htm> by **October 17, 2025**.

**4. Optional Notice of Intent**

Potential applicants are also encouraged to submit an optional Notice of Intent no later than 5pm on **October 9, 2025** to <https://www.surveymonkey.com/r/NoticeofIntentRFA2025>. Please include the following information in the optional Notice of Intent:

- The legal name of the agency.
- The name, title, phone number, mailing address, and email address of the person who will coordinate the application submission.
- County(ies) where services will be offered

**5. Applications**

Applicants shall email a PDF version of the full application to the email address listed on the cover sheet of this RFA.

**6. Format**

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

**7. Space Allowance**

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

**8. Application Deadline**

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

**9. Review of Applications**

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the subject matter. Staff from applicant agencies may not participate as reviewers. The committee will review each application for completeness, content, experience with similar projects, ability of the agency's or organization'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 agency and organization

does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

#### **10. Request for Additional Information**

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

#### **11. 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 (2) 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/>.

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.

#### **12. 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.

#### **13. Additional Documentation to Include with Application**

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

Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the agency's 501(c)(3) tax-exempt status. (This letter normally



includes the agency's tax identification number, so it would also satisfy that documentation requirement.)

In addition, those private non-profit agencies are to provide a completed and signed page verifying continued existence of the agency's 501(c)(3) status. (An example of this page is provided in section *VIII.8 Verification of 501(c)(3) Status*.)

#### **14. Federal Certifications**

Agencies or organizations 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 in this RFA for your reference (see Appendix A). Federal Certifications should NOT be signed or returned with application.

#### **15. 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](http://www.SAM.gov). If your agency does not have a UEI, please use the online registration at [www.SAM.gov](http://www.SAM.gov) to receive one free of charge.

#### **16. Additional Documentation Prior to Contract Execution**

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

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

If your agency does not have a UEI, please use the online registration at [www.SAM.gov](http://www.SAM.gov) to receive one free of charge.

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

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

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

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

#### **17. Registration with NC Secretary of State**

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

**18. 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 agency's first award as an NCDHHS grantee, email [dph.contractdocs@dhhs.nc.gov](mailto:dph.contractdocs@dhhs.nc.gov) for instructions on how to register.

**19. 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. A reference version appears in Appendix A.

**20. Sudan Divestment Act**

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

**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**

09/24/2025: Request for Applications released to eligible applicants.

10/02/2025: Bidder's Conference / Teleconference, 10am-12pm EST. ([Bidder's Conference Zoom Link](#))

10/09/2025: Optional Notice of Intent due. ([Notice of Intent Survey Link](#))

10/09/2025: End of Q&A period. All questions due in writing by 5pm.

10/17/2025: Answers to Questions released to all applicants, as an addendum to the RFA.

10/30/2025: Applications due by 5pm.

11/24/2025: Successful applicants will be notified.

06/01/2026: Contract begins.

## VI. PROJECT BUDGET

### Budget and Justification

Applicants must submit a budget, which requires a line-item budget for each year of funding and a narrative justification.

### 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.

### 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 **\$0.70** cents per mile.

For other travel-related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. However, please be advised that reimbursement rates periodically change. The Division of Public Health will only reimburse for rates authorized in North Carolina Department of Health and Human Services Travel Policy. Effective July 1, 2021, the Department of Health and Human Services (DHHS) shall utilize GSA State/City Standard Travel Per Diems as the maximum allowable statutory rate for meals and lodging (subsistence). The following schedule (effective October 1, 2024) shall be used for reporting allowable subsistence expenses incurred while traveling on official state business:

**Current Rates for Travel and Lodging**

<b>Meals</b>	<b>In State</b>	<b>Out of State</b>
Breakfast	\$16.00	\$16.00
Lunch	\$19.00	\$19.00
Dinner	\$28.00	\$28.00
<i>Total Meals Per Diem Per Day</i>	<i>\$63.00</i>	<i>\$63.00</i>
<b>Lodging</b> ( <i>Maximum rate per person, excludes taxes and fees</i> )	\$110 + taxes/fees	\$110 + taxes/fees
<b>Total Travel Allowance Per Day</b>	<b>\$173.00</b>	<b>\$173.00</b>
Mileage	\$0.70 per mile/regardless of distance	

### Other Restrictions (if applicable)

#### Audits

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/>.

Level II Grantees are required to submit a “Yellow Book” audit. Only Level II Grantees may include audit expenses in the budget. Audit expenses shall be prorated based on the ratio of the grant to the total grant funds received by the entity. The chart below details the Level II audit threshold amounts from all grants disbursed through the State of North Carolina during the entity’s fiscal year:

If the Grantee’s Fiscal Year End (FYE) Date is:	The following audit thresholds apply for that fiscal year end:		
	Federal	State Local Government	State Non-Government (nonprofits)
Any 2024 FYEs through May 31, 2025	\$750,000	\$500,000	\$500,000
June 30, 2025 through August 31, 2025	\$750,000	\$500,000	\$750,000
September 30, 2025 and after	\$1,000,000	\$750,000 or \$1,000,000*	\$1,000,000
*Local government remains \$500,000 but is expected to change for fiscal years beginning on or after October 1. Amount to be determined.			

## Indirect Costs

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

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

This RFA is funded by:

## **Federal Personal Responsibility Education Program (with no Indirect Cost/Administrative Restrictions)**

Indirect costs are allowed on the portion of the sub-award funded by PREP.

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

If the applicant does not have an FNICR, 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.

Estimated portion of subaward funded by PREP is as follows for each year:

Year	PREP Funding Estimate
1	\$765,000 total
2	\$to be determined upon notice of award total
3	\$to be determined upon notice of award total

*This space intentionally left blank.*

## **VII. 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 105 points.

#### **Content Areas**

**1. Cover Letter:**

Total maximum points = 4

**2. Community Description:**

Total maximum points = 33

**3. Program Plan:**

Total maximum points = 33

**4. Agency Readiness:**

Total maximum points = 30

**5. Budget:**

Total maximum points = 5

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

## **VIII. APPLICATION**

### **Application Checklist**

The following items must be included in the application. Please submit items in a single PDF in the following order:

1. **Cover Letter**
2. **Application Face Sheet**
3. **Applicant's Response/Form**
4. **Project Budget**  
Include a budget in the format provided. Refer to Section VI of this RFA for indirect cost (dis)allowances.
5. **Indirect Cost Rate Approval Letter**
6. **Attachment A: Memorandum of Understanding**
7. **Attachment B: Agency Information**
8. *IRS Documentation:*  
**IRS Letter Documenting Your Organization's Tax Identification Number** (public agencies)  
or  
**IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax-exempt Status** (private non-profits)  
and
9. **Verification of 501(c)(3) Status Form** (private non-profits)

## 1. Cover Letter

### **Page Limit:**

Not Applicable, use template provided

### **Total Point Value:**

4

The application must include a cover letter, on agency letterhead, signed and dated by an individual authorized to legally bind the Applicant. The cover letter must include the contact information on the template. The cover letter must also indicate a clear understanding of and strong commitment to replicating the proposed teen pregnancy prevention program model.

Include in the cover letter:

- the legal name of the Applicant agency
- the RFA number
- the Applicant agency's federal tax identification number
- the Applicant agency's Unique Entity Identifier (UEI) (or acknowledgment that the process to obtain a UEI is underway)
- the closing date for applications



(This Must be Printed on Agency Letterhead)

Date

Dear Nancy Warren,

*[Describe your agency's mission, background and current services. How does your agency's mission align with the program's objectives? Describe your commitment to reproductive health education, adolescent health, academic achievement, positive youth development, parental involvement, and community engagement.*

*Provide description of your commitment to the proposed pregnancy prevention program model, the proposed training requirements, and implementing one of the included evidence-based program models (FLASH, 3Rs, TOP).*

*If applicable, describe any other funding sources your agency is pursuing to implement a teen pregnancy prevention program. Please include your agency's capacity to implement more than one teen pregnancy prevention program.]*

Executive Director:

Phone #:

Email:

*[Provide the person who knows and understands the program and program plan written in the RFA. This person may be contacted any time during the RFA process by PREP staff or a reviewer related to the RFA.]*

Name:

Phone #:

Email:

Are you a current or former (within the last 5 years) NC TPPI grantee?

☐ Yes

☐ No

If "yes" please complete the following, for each program if applicable.

Program Name	Last Completed Funding Year	Proposed # of Participants Served	Actual # of Participants Reached threshold or largest caseload at one time for APP
Adolescent Parenting Program			
Adolescent Pregnancy Prevention Program			
PREPare for Success			

## 2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with ***PREPare for Success***, including the signature of the individual authorized to sign official documents for the agency. This form is the application's cover page. Signature affirms that the facts contained in the applicant's response to RFA # A424 are truthful, and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

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

### 3. Applicant's Response

#### Section 1 Community Description

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

**Total Point Value:**  
33

**Page Limit:**  
6 single-spaced

In order for data to be evaluated, it must be included in this section and not added to the appendices.  
Sources should be noted throughout the community description.

- 1-1. Define the specific community or communities your agency will serve with this program. (5 points)**
  - a. Describe the primary health and social challenges of this community.**
  - b. Describe the demographics of the intended participants.**
  - c. Describe the range of needs that may exist among this community.**
- 1-2. Describe the existing community resources and, in particular, existing community partnerships that address youth needs. Describe the gaps in these existing resources and any unmet needs in this community. (6 points)**
- 1-3. Ensuring access to resources across community members with different needs is essential to improving youth health outcomes. Describe how your agency strives to provide youth-centered resources. (6 points)**
- 1-4. Provide a detailed description of the youth who will be served by this grant. Describe the setting in which services will be provided. Who will be served? (6 points)**
  - a. The estimated number of youths.**
  - b. The setting in which they will be served (i.e., school, after school community center, etc.).**
  - c. Why these youth were prioritized to participate in this program.**
  - d. Describe if your organization currently serves this population or if you plan on expanding your scope of work to meet this need.**
- 1-5. Describe how youth will benefit from participating in the program and how you might measure program impact. (5 points)**
- 1-6. Describe how this program aligns with communities' needs and/or priorities. (5 points)**

**Section 2**  
**Program Plan**

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

**Total Point Value:**  
33

**Page Limit:**  
7 single-spaced

- 2-1. Using the below illustrative work plan as a guide, noting where required deliverables are due, please include a completed work plan that outlines the agency’s proposed timeline for Year One (1).**

Year 1 Program Plan	Timeline (June 1, 2026 – May 31, 2027)											
	J	J	A	S	O	N	D	J	F	M	A	M
Recruit, hire, and onboard program staff.												
Conduct community assessment of resources and gaps in services.												
Recruit community partners, including implementation partners and CAC members, and obtain relevant Memoranda of Understanding (MOUs). Educate and inform partners about program components.												
Choose sexual health curriculum model.												
Train staff in sexual health curriculum model, facilitation skills, human trafficking, and adult preparation subjects.												
Develop and submit fidelity monitoring plan and program progress plan.												
Recruit PREP participants, establish meeting times, obtain parental/guardian consent.												
Perform program implementation, evaluation, and follow up with stakeholders, including CAC members.												
Complete and submit PREP Semi Annual Performance Progress Report to TPPI staff.												
Recruit adolescents for the YLC.												
Conduct YLC meetings.												
YLC members select and implement Special Project.												
Administer PREP Performance Measures Entry and Exit Surveys.												

- 2-2. Describe how you will involve community members in vetting the curriculum model and adult preparation subject educational resources. What criteria will you use to determine appropriateness and best fit? (5 points)**

- 2-3. Describe the setting in which you plan to engage youth participants. List some strategies for engaging youth in this setting. (5 points)**
- 2-4. The agency is primarily responsible for tasks such as participant recruitment, program implementation, consent form collection, and survey administration. How might you collaborate with a community partner to help accomplish the following: (6 points)**
- a. Program Implementation (meeting fidelity and attendance requirements)**
  - b. Evaluation (PREP Entry and Exit Surveys and Participant Satisfaction Surveys)**
  - c. Consent Form Collection**
  - d. Participant Demographic Data Collection**
- 2-5. Describe how you will provide participants' parents/guardians with education around adolescent sexual health and how to communicate with their youth. (5 points)**
- 2-6. Outline your plan for organizing and sustaining a YLC that will convene nine (9) times between September 1, 2026 and May 31, 2027. Please list strategies you might use to help the YLC develop one (1) annual project (topic to be chosen by the YLC) to be completed by May 31, 2027. (6 points)**
- 2-7. Describe your plan to recruit community partners (adolescent members, parents, businesses, youth-serving organizations, etc.) that will serve on your Community Advisory Council. (6 points)**

**Section 3**  
**Agency Readiness**

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

**Total Point Value:**  
30

**Page Limit:**  
5 single-spaced



- 3-1. Describe specifically how your agency is best equipped to draw upon a range of perspectives from the community that the proposed work will serve. (6 points)**
- 3-2. How will you develop and maintain relationships with the community partners from which you plan to recruit youth? (5 points)**
- 3-3. Describe how your agency has elevated the voices of the community, including youth, in identifying and addressing community needs. (5 points)**
- 3-4. List examples of how you will engage adolescent community members in identifying a community health initiative. (5 points)**
- 3-5. Using the chart below; list all the staff positions, including the amount of time to be spent on the program. Briefly describe each role's responsibility in the project. Specifically, please include who will be responsible for maintaining the following: the Community Advisory Council, the Youth Leadership Council, communication with key stakeholders, the recruitment of participants, and the administration of surveys. (9 points)**

<b>Staff Positions</b>	<b>FTE</b>	<b>Role Responsibility Description</b>

## 4. Project Budget

### Section 4

### Budget

**Total Point Value:**

5

**Page Limit:**

Not Applicable

Insert Budget & Justification Form

Applicants must complete the *Budget and Justification Form* for Year 1 (6/1/2026 through 5/31/2027). Applicants must ensure that worksheet cells are expanded to expose the full narrative justification. This budget and justification can be downloaded from <https://teenpregnancy.dph.ncdhhs.gov/funding.htm> beginning September 17, 2025.

## **5. Indirect Cost Rate Approval Letter**

*This item is not required for Applicants who are declining the use of an indirect cost rate or a de-minis rate in their proposed budget.*

## 6. SubContractor/SubGrantee Information

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

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

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

SubContractor/SubGrantee Name:

Position Title (if applicable):

EIN or Tax ID:

Street Address or PO Box:

City, State and ZIP Code:

Contact Name:

Contact Email:

Contact Telephone:

Fiscal Year End Date (for organizations):

Is this organization functioning as a pass-through entity "SubGrantee" of the Applicant?

Is this organization functioning as a vendor "SubContractor" of the Applicant?

SubContractor/SubGrantee Name:

Position Title (if applicable):

EIN or Tax ID:

Street Address or PO Box:

City, State and ZIP Code:

Contact Name:

Contact Email:

Contact Telephone:

Fiscal Year End Date (for organizations):

Is this organization functioning as a pass-through entity "SubGrantee" of the Applicant?

Is this organization functioning as a vendor "SubContractor" of the Applicant?

## **7. Attachment A**

### **Attachment A Memoranda of Understanding**

This attachment must include Memoranda of Understanding from each implementation site. A memorandum of understanding (MOU) is an agreement between two or more parties/institutions. MOUs are not legally binding but serve to document each collaborator's expectations or intentions. The MOU should include a description of the partner agency's protocols and procedures in working with their youth. Each MOU should specify what the agency will contribute to the program.

## 8. Attachment B

### **Attachment B Agency Information**

This attachment must include each of the following:

- Organizational chart of the applying agency.
- List of current Board of Directors of the applying agency.
- Job descriptions (as applicable).

## 9. 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.

## 10. Verification of 501(c)(3) Status Form

### **IRS Tax Exemption Verification Form (Annual)**

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I, \_\_\_\_\_, hereby state that I am \_\_\_\_\_ of \_\_\_\_\_  
(Printed Name) (Title)  
\_\_\_\_\_ ("Organization"), and by that authority duly given  
(Legal Name of Organization)

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

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

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

\_\_\_\_\_  
(Signature)



# **Appendix A Forms for Reference**

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

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## **FEDERAL CERTIFICATIONS**

*The word "Contractor" in the following Federal Certifications includes Grantees.*

### **The undersigned states that:**

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

---

**Signature**

---

**Title**

---

**Contractor Legal Name**

---

**Date**

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

## **I. Certification Regarding Nondiscrimination**

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

## **II. Certification Regarding Drug-Free Workplace Requirements**

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

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

### III. Certification Regarding Environmental Tobacco Smoke

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

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

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

##### **Instructions**

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

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

## **Certification**

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

## **V. Certification Regarding Lobbying**

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

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

## **VI. Disclosure of Lobbying Activities**

### **Instructions**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.

16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.



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

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

<b>1. Type of Federal Action:</b>  <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b>  <input type="checkbox"/> a. Bid/offer/application <input type="checkbox"/> b. Initial Award <input type="checkbox"/> c. Post-Award	<b>3. Report Type:</b>  <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change  <b>For Material Change Only:</b>  Year _____ Quarter _____  Date of Last Report: _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, (if known)  Congressional District (if known) _____		<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>  Congressional District (if known) _____
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number (if applicable) _____	
<b>8. Federal Action Number (if known)</b>	<b>9. Award Amount (if known) :</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>  <i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a.) (last name, first name, MI):</i>  <i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i>	
<b>11. Amount of Payment (check all that apply):</b>  \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	<b>13. Type of Payment (check all that apply):</b>  <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____	
<b>12. Form of Payment (check all that apply):</b>  <input type="checkbox"/> a. cash <input type="checkbox"/> b. In-kind; specify: Nature _____ Value _____		
<b>14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 (attach Continuation Sheet(s) SF-LLL-A, if necessary):</b>  <div style="height: 50px;"></div>		
<b>15. Continuation Sheet(s) SF-LLL-A attached:</b> <div style="float: right;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No         </div>		

<p>16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No: _____ Date: _____</p>	
<p>Federal Use Only</p>		<p>Authorized for Local Reproduction Standard Form - LLL</p>

<p>Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D. C. 20503</p>
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## **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<sup>1</sup>

---

To: State Agency Head and Chief Fiscal Officer

#### **Certification:**

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

#### **Sworn Statement:**

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

\_\_\_\_\_ [Title of Second Authorizing Official],  
respectively, of \_\_\_\_\_

[Agency/Organization's full legal name] of \_\_\_\_\_ [City] in the State of  
\_\_\_\_\_ [State]; and that the foregoing certification is true, accurate and  
complete to the best of our knowledge and was made and subscribed by us. We also  
acknowledge and understand that any misuse of State funds will be reported to the appropriate  
authorities for further action.

Reference only — Not for  
signature

Board Chair

Reference only — Not for  
signature

Title

Date

Signature

Title of Second Authorizing Official

Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Reference only — Not for signature

\_\_\_\_\_  
Notary Signature and Seal

Notary's commission expires \_\_\_\_\_, 20\_\_.

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

## **CONTRACTOR CERTIFICATIONS**

### **State Certifications**

#### **Contractor Certifications Required by North Carolina Law**

**Instructions:** The person who signs this document should read the text of the statutes and Executive Order listed below and consult with counsel and other knowledgeable persons before signing. The word "Contractor" includes Grantees. 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](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): <http://www.ethicscommission.nc.gov/library/pdfs/Laws/EO24.pdf>
- G.S. 105-164.8(b): [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_105/GS\\_105-164.8.pdf](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](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](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](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](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](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf)

### **Certifications**

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

Contractor's Name: \_\_\_\_\_

Contractor's  
Authorized Agent: Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Witness: Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

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



## **FFATA Form**

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

#### **A. Exemptions from Reporting**

- 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
- 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**

- 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 \_\_\_\_\_

- Executive Compensation Data** for the entity's five most highly compensated officers (unless exempted above):

Title	Name	Total Compensation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

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

Grantees 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**

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**Signature of Organization Official**

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**Date**

**End of Document. Page left intentionally blank.**