NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health

Request for Applications

RFA # A426

Adolescent Pregnancy Prevention Program (AP3)

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: August 21, 2026

DEADLINE DATE: October 9, 2026

INQUIRIES and DELIVERY INFORMATION:
Direct inquiries concerning this RFA to: tppi-rfa@dhhs.nc.gov

Applications will be received until 5:00 p.m. on October 9, 2026.

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

Email all applications electronically to: tppi-rfa@dhhs.nc.gov

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

Email file size limited to 30MB.

Stevens Amendment Disclosure: **$**430,772 or 25% of the total costs of the Adolescent Pregnancy Prevention Program (AP3) are funded with Federal funds, including awards anticipated under this RFA; $1,276,228 or 75% of the total cost of this program is funded by non-governmental sources. This disclosure is provided in accordance with the Stevens Amendment (Section 505, Division H of Consolidated Appropriations Act, 2021, Public Law 116-260).

RFA Table of Contents

I. INTRODUCTION

The Adolescent Pregnancy Prevention Program (AP3) is a primary prevention program (i.e., prevention of first pregnancies) that provides one-year annually renewable grant awards for up to four (4) years for projects aimed at preventing adolescent pregnancies. AP3 is administered by the Teen Pregnancy Prevention Initiatives (TPPI) of the North Carolina Department of Health and Human Services (NCDHHS), Division of Public Health, Women, Infant, and Community Wellness Section, Reproductive Health Branch.

Successful applicants will receive funding to replicate at least one (1) evidence-informed program model to reduce pregnancies among adolescents in communities throughout the state of North Carolina (NC). Programs are mandated to provide sexuality education including complete and medically accurate information about all FDA-approved contraceptive methods, including abstinence, to all participants. Evidence-informed sexuality education will explore healthy relationships, decision-making, assertiveness, peer pressure and other topics related to health and human sexuality to empower adolescents with information they need to make healthy decisions about their emotional and physical well-being.

1. Eligibility

Public or private non-profit entities (e.g., schools, local health departments, non-profit community-based organizations) are eligible to apply to this RFA if they meet the following criteria:

- Entities must have a Unique Entity Identifier (UEI) issued by SAM.gov.
- Entities must have at least five (5) years of experience delivering youth programs in NC, not limited to previous NCDHHS funding.
- Applications are desired from all 100 counties, however those ranking in the top quartile (i.e., the top 25) for fertility rates among females aged 15 to 19 based on a five-year average between 2020-2024 (referred to as “priority counties”) will receive priority.
    - The priority counties are as follows: Alleghany, Anson, Ashe, Bertie, Bladen, Columbus, Duplin, Edgecombe, Graham, Greene, Halifax, Lenoir, Northampton, Onslow, Richmond, Robeson, Sampson, Scotland, Swain, Tyrrell, Vance, Warren, Washington, Wayne, Wilkes. Applicants in these counties shall receive a demonstrated need score as described on page 24.

Entities that currently receive primary prevention funding for teen pregnancy prevention from NCDHHS 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**.

For-profit agencies need not apply.

2. Subawards

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

- Have its performance measured in relation to whether the objectives of a federal program were met;
- Have responsibility for programmatic decision-making;
- Be responsible for adherence to applicable federal program requirements specified in the federal grant award; and
- Implement a program for a public purpose.

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

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

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

3. Funding

Funding Source

Contracts resulting from this RFA will be funded with:

- State funding and/or
- Federal funding: Temporary Assistance for Needy Families (TANF) (ALN # 93.558)

Number of Awards

Up to ten (10) entities will be awarded grant funding through this RFA.

Funding Periods

There will be four (4) Grantee Award Periods (GAP) lasting until May 31, 2031. Initial contracts will be awarded with an anticipated start date of June 1, 2027 and renewed on an annual basis through the total project period. The following table outlines the anticipated Grantee Award Periods, and projected funding available, which applicants may consider as they build their budgets.

Funding Periods				
Grantee Award Period (GAP)	GAP 1: 06/01/2027* (anticipated) – 05/31/2028	GAP 2**: 06/01/2028 – 05/31/2029	GAP 3**: 06/01/2029 – 05/31/2030	GAP 4**: 06/01/2030 – 05/31/2031
Projected Funding Available	$1,350,000	To be determined upon funding allocation by the NC General Assembly	To be determined upon funding allocation by the NC General Assembly	To be determined upon funding allocation by the NC General Assembly
* Contract start date is estimated.				
** Future GAPs are contingent on funding availability and performance.				

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

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

Local Match Requirements

Contractors are required to supplement the grant award by providing local matching funds that range from $10,000 to $25,000 annually depending upon the amount of the award. More information is provided in this RFA under VII. Application, #4. Project Budget.

4. Definitions

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

DPH: North Carolina Division of Public Health

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

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

NCDHHS: North Carolina Department of Health and Human Services.

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

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

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

II. BACKGROUND

In NC, adolescents and young adults ages 10 to 19 make up an estimated 12.5% of the population.[1] Adolescent safety and well-being depend on multiple factors, including physical and mental health, access to education, and social and emotional skills. NCDHHS has prioritized access to quality reproductive health care and education as an evidence-based strategy to achieve the *Healthy NC 2030* goal of reducing teen birth rates to 10 births per 1,000 females aged 15-19.[2]

Teen fertility rates in NC have declined from **17.3 births** per 1,000 females aged 15-19 in 2020 to **14.3** in 2024. Though teen pregnancy continues to decline overall, NC's rate remains slightly above the national rate of 13 births per 1,000 females aged 15-19 and is a particular concern in rural and underserved areas and among Hispanic and Native American adolescents.[3]

2023 *Youth Risk Behavior Survey* (YRBS) data[4] indicate that among students who report being currently sexually active, many are not consistently using effective methods to prevent pregnancy or protect against Sexually Transmitted Infections (STIs), including Human Immunodeficiency Virus (HIV):

- Percentage of currently sexually active students who reported that they used a **condom** during their last sexual intercourse: **50.5%.**
- Percentage of currently sexually active students who reported they used **birth control pills** before last sexual intercourse with an opposite-sex partner: **23.6%.**
- Percentage of currently sexually active students who reported they **did not use any method** to prevent pregnancy during the last sexual intercourse with an opposite-sex partner: **12.7%**

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[1] NC State Demographer's Office: https://demography.osbm.nc.gov/explore/

[2] 2025 NC State Health Assessment: A Mid-Cycle Review of HNC 2030, accessible at https://schs.dph.ncdhhs.gov/units/ldas/docs/2025-NC-StateHealthAssessment.pdf

[3] NCDHHS Division of Public Health, Title V Office analysis of NC Resident Live Birth Certificate Data & July 1st annual Census Bureau Special Tabulation Population Estimates, 10 October 2025: https://www.dph.ncdhhs.gov/programs/title-v-maternal-and-child-health-block-grant/nc-maternal-and-infant-health-data-dashboard/teen-birth-rate-ages-15-19

[4] 2023 NC Youth Risk Behavior Survey Data. Available from NC Healthy Schools.

The General Assembly of NC requires NCDHHS to establish and administer programs to prevent adolescent pregnancy through TPPI. The goal of AP3 is to provide evidence-informed sexual health education, support academic achievement, encourage parent/teen communication, promote responsible citizenship, and build self confidence among participants.

The objectives of AP3 are as follows:

1. Increase knowledge that supports the prevention of pregnancy and/or STIs, including HIV;
2. Improve attitudes and beliefs that support the delay of sexual activity for the prevention of pregnancy and/or STIs, including HIV; and
3. Improve attitudes and beliefs that support the use of condoms for the prevention of pregnancy and/or STIs, including HIV.

The success of AP3 depends not only on the commitment of the Grantee, but also on the support of the community and the cooperation of other agencies such as local health departments, social services agencies, and public schools.

III. SCOPE OF SERVICES

1. Program Activities

Services performed under this funding will contribute to AP3's goal to reduce the rate of teen pregnancy in NC by providing essential reproductive health education, including abstinence and risk reduction. Grantees are required to implement one of two approved, evidence-based or evidence-informed program models, specifically *FLASH*[5] or *Rights, Respect, Responsibility (3Rs)*[6]. At least two (2) program staff must be trained to facilitate the chosen program model once funding is awarded. Grantees must assign one (1) full-time equivalency (FTE) to implement program activities as well as one (1) program supervisor. In addition to completing the required curriculum training, all program staff must complete professional development training. The number of required hours is prorated based on each staff member's FTE; full-time (1 FTE) staff must complete 24 hours of professional development, including four (4) hours of training on social drivers of health.

The program utilizes best practices to support academic achievement, encourage parent/teen communication, promote responsible citizenship, and build self-confidence among participants. Program activities must explore healthy relationships, decision-making, assertiveness, peer pressure, and other topics related to health and human sexuality to empower adolescents with information they need to make healthy decisions about their emotional and physical well-being. Grantees are required to establish a Community Advisory Council (CAC) comprised of community agencies and youth

[5] Available from King County Health Department: https://kingcounty.gov/depts/health/locations/family-planning/education/FLASH.aspx

[6] North Carolina Lesson Plans, available from Advocates for Youth: https://3rs.org/download-3rs/

served by the program as well as a Youth Leadership Council (YLC) consisting of youth program participants.

Grantees must agree to implement selected program model(s) to age/grade-appropriate groups in their service area, serving youth up to the age of 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 Division. 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.

2. Choosing a Program Model

Within the first six (6) months of Year One (1), grantees must work with their CAC to select an approved teen pregnancy prevention program model, train staff, and initiate implementation of the chosen program model with fidelity.

The two (2) approved adolescent pregnancy prevention program models are *FLASH* and *3Rs (NC Lesson Plans)*. Additional information about the approved program models can be viewed at:

- FLASH curriculum - https://kingcounty.gov/depts/health/locations/family-planning/education/FLASH.aspx
- 3Rs (NC Lesson Plans) - https://www.3rs.org/download-3rs/

Because grantees will select the specific program model once the CAC has been formed, applicants are not required to specify a program model in their applications. Applications may refer to either or both program models illustratively and doing so will not commit the Applicant to a specific model if successfully awarded funds.

3. Program Evaluation

Grantees will be provided with training opportunities on evaluation best practices to meet the following program evaluation requirements:

Process evaluation

Process evaluation measures and documents how a program is implemented, such as number of participants served, number of sessions held, etc. Both a web-based database and participant satisfaction surveys are used for the purposes of process evaluation.

Outcome evaluation

Outcome evaluation seeks to identify changes in knowledge, attitudes, and behaviors related to delaying sexual initiation, improving contraceptive use, and/or reducing adolescent pregnancy. TPPI coordinates the outcome evaluation plan for AP3. Outcome evaluations are conducted in all four (4) years of the funding cycle through administration of the Teen Pregnancy Prevention Survey (TPPS) and review of additional primary and secondary data. Grantees that wish to do a more extensive program evaluation must utilize other funding.

The TPPS utilizes annual pre- and post-tests to measure progress against the program objectives as outlined in Section II. Background above. Pre-tests are administered before services to the participants begin, and the post-tests are administered after services to the participants end. As questions about respondents' behaviors reference the three (3) months prior to the survey date, there should be at least a 90-day interval between administering the pre-test and post-test to participants. TPPI will provide the TPPS questionnaire via an online survey collection tool; grantees must utilize electronic versions of the TPPS. Administering an electronic version of the TPPS reduces data entry and processing errors and decreases the turnaround time of the agency's submission of TPPS responses to TPPI.

4. Community Engagement

Community Advisory Council (CAC)

Programs will be required to establish a Community Advisory Council (CAC) that consists of:

- At least one (1) parent, legal guardian, or caregiver of a teen;
- At least one (1) adolescent, preferably a current or former program participant;
- At least one (1) current or former adolescent parent;
- Members representing at least five (5) community agencies other than the funded agency

Community agencies may include the Local Health Department, the public school system, local Department of Social Services, Cooperative Extension, local mental health services, corporations and businesses, or other local agencies that serve youth.

The CAC shall be responsible for advising and assisting program staff to provide high quality services to participants, reviewing all educational and promotional materials developed by the program to ensure appropriateness for the community, and actively promoting and supporting the program in the community.

The CAC shall convene at least quarterly, and meeting minutes shall be taken to account for the work of the CAC that include names of individuals and organizations represented. The CAC should assist the agency and program with sustainability, recruitment, access, and familiarity with resources/services in the community, and ensuring that program services are teen friendly.

Youth Leadership Council

In Year 1, grantees will be required to initiate a Youth Leadership Council (YLC). The YLC should be mutually beneficial to the agency and the youth involved. The agency gains valuable input from youth to help make services appealing and to ensure that policies and programs meet the needs of young people. YLC participants will have opportunities to develop their leadership skills, enhance communication abilities, deepen knowledge of reproductive health, provide peer education, and strengthen teamwork. In addition to these benefits, agencies may offer YLC members gift card stipends, incentive items, and enrichment activities to encourage participation.

The YLC should be comprised of at least five (5) and up to 15 adolescents who are interested in learning about reproductive health, providing feedback to the agency, and sharing their knowledge and experience with peers and the community through an annual project. The annual service project will be chosen by the YLC; past projects have included developing a social media campaign or holding a community donation drive.

The group will be facilitated by an adult advisor who can cultivate and encourage youth leadership. When recruiting YLC participants, attention should be given to ensure YLC members reflect the youth community it will serve. Prior to the initiation of the YLC, training and materials will be provided to the agency on how to plan, design, implement, and maintain a successful YLC.

5. Expected Program Outputs by Year

Grantees will be required to meet all staff requirements and carry out all activities listed in the scope of services below.

Year 1 (June 1, 2027 – May 31, 2028)

At the end of the first six months (June 1, 2027 – November 30, 2027), funded agencies will have successfully:

1. Employed at least one (1) full-time equivalency (FTE) with appropriate qualifications, training, and experience to assume responsibility for the implementation of the program. The FTE requirement may be fulfilled through one (1) or more staff (i.e., one (1) full-time employee or two (2) 0.50 FTEs).
2. Recruited a mix of at least five (5) community agencies and individuals to become members of the Community Advisory Council (CAC).
3. Completed and submitted required program planning deliverables, including an implementation plan and a fidelity monitoring plan.
4. Worked with the CAC to choose the preferred adolescent pregnancy prevention curriculum from the approved list of curricula and the setting in which the program will be delivered.

5. Completed training in the chosen evidenced-based adolescent pregnancy prevention curriculum and attended program specific technical assistance trainings sponsored by TPPI.
6. Submitted Memoranda of Agreement (MOA(s)) for each community agency and individual that will partner to provide supports such as goods, services, or meeting space to the program, make referrals to the program, or accept referrals from the program, and participate on the CAC. This includes MOAs with school systems for classroom-based implementation.
7. Submitted monthly itemization and financial reports with accuracy and on time.

At the end of the second six (6) months (December 1, 2027 – May 31, 2028), funded agencies will have successfully:

1. Held at least one (1) CAC meeting each quarter for the remainder of the year.
2. Attended TPPI-sponsored training on the implementation of youth engagement projects and the development of a YLC.
3. Created specific strategies to recruit and retain youth for the YLC.
4. Oriented and trained youth for the YLC and held a minimum of six (6) meetings.
5. Begun implementing the adolescent pregnancy prevention curriculum in the chosen setting to adolescents who have received parental consent.
6. Obtained written parental permission for adolescents to participate in the program, including parents of YLC members.
7. Obtained written parental permission for program participants to complete the TPPS.
8. Conducted evaluation activities including:
    a. Administering the TPPS to each participant prior to beginning the program (pre-test) and again after participants have completed the program (post-test). Survey data is to be submitted to TPPI twice a year.
    b. Administer participant satisfaction surveys and submit a summary of the results to the TPPI Program Evaluator.
    c. Maintain EZTPPI database monthly (attendance, CAC meetings, trainings).
9. Observed at least one (1) curriculum session with observation forms completed by the Program Supervisor.
10. Completed up to 20 hours of professional development such as TPPI sponsored events, webinar, conferences.
    a. Completed an additional four (4) hours of professional development on social drivers of health.
    b. NOTE: TPPI holds an annual networking meeting for grantees. Program staff and supervisors should budget and plan to attend a two (2)-day meeting each year. Raleigh, NC may be used as an estimate for budgeting purposes.
11. Submitted monthly itemization and financial reports with accuracy and on time.

<u>Year 2 (June 1, 2028 – May 31, 2029)</u>

Illustrative activities to be carried out include:

1. Carry out YLC program design, including recruiting, orienting, and training new YLC members.
2. Hold at least one (1) CAC meeting each quarter of the fiscal year.
3. Maintained and/or updated specific strategies to recruit and retain youth for the YLC and held a total of nine (9) meetings.
4. Obtain written parental permission for adolescents to participate in the program, including parents of YLC members.
5. Obtain written parental permission for program participants to complete the TPPS.
6. Implement the adolescent pregnancy prevention curriculum in the chosen venue to adolescents who have received parental consent.
7. Conduct evaluation activities including:
    a. Administering the TPPS to each participant prior to beginning the program (pre-test) and again after participants have completed the program (post-test). Survey data is to be submitted to TPPI twice a year.
    b. Administer participant satisfaction surveys and submit a summary of the results to the TPPI Program Evaluator.
    c. Maintain EZTPPI database monthly (attendance, CAC meetings, trainings).
8. Complete up to 20 hours of professional development such as TPPI sponsored events, webinars, conferences.
    a. Complete an additional four (4) hours of professional development on social drivers of health.
    b. NOTE: TPPI holds an annual networking meeting for grantees. Program staff and supervisors should budget and plan to attend a two (2)-day meeting each year. Raleigh, NC may be used as an estimate for budgeting purposes.
9. Ensure that at least two (2) curriculum sessions are observed and assessed by the Program Supervisor.
10. Submit monthly itemization and financial reports with accuracy and on time.

Year 3 (June 1, 2029 – May 31, 2030)

Illustrative activities to be carried out include:

1. Carry out YLC program design, including recruiting, orienting, and training new YLC members.
2. Hold at least one (1) CAC meeting each quarter of the fiscal year.
3. Maintained and/or updated specific strategies to recruit and retain youth for the YLC and held a total of nine (9) meetings.
4. Obtain written parental permission for adolescents to participate in the program, including parents of YLC members.
5. Obtain written parental permission for program participants to complete the TPPS.
6. Implement the adolescent pregnancy prevention curriculum in the chosen venue to adolescents who have received parental consent.
7. Conduct evaluation activities including:

    a. Administering the TPPS to each participant prior to beginning the program (pre-test) and again after participants have completed the program (post-test). Survey data is to be submitted to TPPI twice a year.
    b. Administer participant satisfaction surveys and submit a summary of the results to the TPPI Program Evaluator.
    c. Maintain EZTPPI database monthly (attendance, CAC meetings, trainings).
8. Complete up to 20 hours of professional development such as TPPI sponsored events, webinars, conferences.
    a. Complete an additional four (4) hours of professional development on social drivers of health.
    b. NOTE: TPPI holds an annual networking meeting for grantees. Program staff and supervisors should budget and plan to attend a two (2)-day meeting each year. Raleigh, NC may be used as an estimate for budgeting purposes.
9. Ensure that at least two (2) curriculum sessions are observed and assessed by the Program Supervisor.
10. Submit monthly itemization and financial reports with accuracy and on time.

Year 4 (June 1, 2030 – May 31, 2031)

Illustrative activities to be carried out include:

1. Carry out YLC program design, including recruiting, orienting, and training new YLC members.
2. Hold at least one (1) CAC meeting each quarter of the fiscal year.
3. Maintained and/or updated specific strategies to recruit and retain youth for the YLC and held a total of nine (9) meetings.
4. Obtain written parental permission for adolescents to participate in the program, including parents of YLC members.
5. Obtain written parental permission for program participants to complete the TPPS.
6. Implement the adolescent pregnancy prevention curriculum in the chosen venue to adolescents who have received parental consent.
7. Conduct evaluation activities including:
    a. Administering the TPPS to each participant prior to beginning the program (pre-test) and again after participants have completed the program (post-test).
    b. Administer participant satisfaction surveys and submit a summary of the results to the TPPI Program Evaluator.
    c. Maintain EZTPPI database monthly (attendance, CAC meetings, trainings).
8. Complete up to 20 hours of professional development such as TPPI sponsored events, webinars, conferences.
    a. Complete an additional four (4) hours of professional development on social drivers of health.
9. Ensure that at least two (2) curriculum sessions are observed and assessed by the Program Supervisor.

10. Submit monthly itemization and financial reports with accuracy and on time.

6. Funding Restrictions

Provision of clinical services, including the purchase and distribution of contraceptive commodities, is out of the scope of AP3 and prohibited under this funding.

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. **Award or Rejection**
   All qualified applications will be evaluated, and award made to that entity whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest.

2. **Cost of Application Preparation**
   Any cost incurred by an entity in preparing or submitting an application is the entity's sole responsibility; the funding agency will not reimburse any entity for any pre-award costs incurred.

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

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

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

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

7. **Form of Application**
   Each application must be submitted on the form provided by the funding agency and will be incorporated into the funding agency's Subaward (contract).

8. **Exceptions**
   All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any entity may be grounds for rejection of that entity's application. Funded entities specifically agree to the conditions set forth in the Subaward (contract).

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

10. Right to Submitted Material

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

11. Applying Entity's Representative

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

12. Subcontracting

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

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

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

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

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

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

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

13. Proprietary Information

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

14. Contract

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

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

15. Reimbursement

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

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

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

V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

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

1. Announcement of the Request for Applications (RFA)

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on August 21, 2026: http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities and may be sent to prospective applicants via email and/or the Program's website.

2. Distribution of the RFA

RFAs will be posted on the following website beginning August 21, 2026: www.teenpregnancy.ncdhhs.gov/funding.htm

3. **Applicant Conference / Teleconference / Question & Answer Period**
   All prospective applicants are encouraged to attend a virtual Applicant Conference on September 1, 2026, at 10:00am-12:00pm on Zoom (Meeting ID: 165 907 7460; Passcode: 437121).

   Written questions concerning the specifications in this Request for Applications will be received until 5:00pm on September 9, 2026. As an addendum to this RFA, a summary of all questions and answers will be posted on September 16, 2026 at 5:00 p.m. on the following website: www.teenpregnancy.ncdhhs.gov/funding.htm. Any questions must be emailed to the email address listed on this RFA cover page.

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

4. **Optional Notice of Intent**
   Any entity that plans to submit an application is encouraged to submit an optional Notice of Intent no later than 5:00 p.m. on September 9, 2026 via the following survey link: https://www.surveymonkey.com/r/AP3-RFA-NOI. Please include the following information in the Notice of Intent:
   - The legal name of the entity.
   - The name, title, phone number, mailing address, and email address of the person who will coordinate the application submission.
   - Counties where services will be offered.

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

6. **Format**
   The application should be single-spaced with 1" margins. The font should be easy to read (e.g. Arial, Times New Roman, Calibri, or similar font) and no smaller than 11-point.

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

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

9. Receipt of Applications

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

10. Review of Applications

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

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

11. Request for Additional Information

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

12. Audit

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

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

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

Level II grantees shall have a single or program-specific audit prepared and completed in accordance with Generally Accepted Government Auditing Standards,

also known as the Yellow Book G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status.

13. Assurances

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

14. IRS Status

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

Nonprofit agencies applying to this RFA must include a copy of an IRS determination letter regarding the entity's 501(c)(3) tax-exempt status which normally includes the entity's tax identification number, so it would also satisfy that documentation requirement.

In addition, those private non-profit agencies are to provide a completed and signed page verifying continued existence of the entity's 501(c)(3) status.

15. Federal Certifications

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

16. Unique Entity Identifier (UEI)

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

17. Documents Required for Contract Development and Execution

The following documents specific to the applicant entity are required by NCDHHS annually for contract development. All documents are provided for reference in Appendix A of this RFA. After the award announcement, awarded entities will be contacted about providing the following documentation:

- Documentation of the entity's Tax Identification Number (TIN) or Employer Identification Number (EIN) for all entities.
- Documentation of the entity's Unique Entity Identifier (UEI) for all entities.
- Documentation of the entity's nonprofit status (applies only to nonprofit entities).
- Nonprofit Verification Form (applies only to nonprofit entities).
- Conflict of Interest Policy (applies only to non-governmental entities).
- Conflict of Interest Certification (applies only to non-governmental entities).
- Notarized No Overdue Tax Debts Certification (applies only to non-governmental entities).
- Contractor Certifications required by NC Law for all entities.
- Federal Certifications required by the federal funding agency for all entities.

- Federal Funding Accountability and Transparency Act (FFATA) Data Form for all entities.

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

18. Registration with NC Secretary of State

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

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

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

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

The Grantee shall complete and submit to the Division, the Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement Form within 10 State Business Days upon request by the Division when awarded $25,000 or more in federal funds. The form is attached for reference in Appendix A of this RFA.

21. Iran Divestment Act

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

23. Application Process Summary Dates

08/21/2026: Request for Applications released to eligible applicants.
09/01/2026: Applicant's Conference.
09/09/2026: Optional Notice of Intent due.
09/09/2026: End of Q&A period. All questions due in writing by 5pm.
09/16/2026: Answers to Questions posted as an addendum to the RFA.
10/09/2026: Applications due by 5pm.
11/20/2026: Successful applicants will be notified.
06/01/2027: Estimated Contract Start Date.

VI. EVALUATION CRITERIA

Scoring of Applications

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

Content Areas

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

2. **Community Description:**
   Total maximum points = 26

3. **Program Plan:**
   Total maximum points = 36

4. **Agency Readiness:**
   Total maximum points = 28

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

Demonstrated Need Score

Applications from counties ranking in the top quartile (i.e., the top 25) for fertility rates among females aged 15 to 19 based on a five-year average between 2020-2024 (referred to as "priority counties") shall receive a demonstrated need score, with additional points ranging from 2 to 10 points, as indicated in the table below.[7] Points are awarded for both rank and absence of a TPPI-funded primary prevention project in the county. The demonstrated need score shall be added to the application score established by an objective review committee.

Rank	County	5-yr Rate	Rank Points	Existing APPP	Points if No APPP	Total Points
1	Swain	36.4	5.0	No	5.0	10.0
2	Columbus	36.3	5.0	Yes	0.0	5.0
3	Duplin	36.1	5.0	No	5.0	10.0
4	Robeson	35.6	5.0	Yes	0.0	5.0
5	Richmond	34.5	5.0	No	5.0	10.0

[7] Counties whose teen fertility rates are based on fewer than 20 occurrences per year are excluded from the list of targeted counties, as The State Center for Health Statistics considers these rates unstable.

6	Graham	34.1	4.0	Yes	0.0	4.0
7	Bertie	33.9	4.0	No	4.0	8.0
8	Scotland	33.9	4.0	Yes	0.0	4.0
9	Anson	33.6	4.0	No	4.0	8.0
10	Vance	33.3	4.0	Yes	0.0	4.0
11	Halifax	31.5	3.0	No	4.0	7.0
12	Sampson	31.1	3.0	Yes	0.0	3.0
13	Edgecombe	30.6	3.0	No	3.0	6.0
14	Bladen	29.6	3.0	No	3.0	6.0
15	Onslow	28.9	3.0	No	3.0	6.0
16	Lenoir	28.4	2.0	No	2.0	4.0
17	Northampton	28.0	2.0	No	2.0	4.0
18	Washington	27.5	2.0	No	2.0	4.0
19	Wayne	27.2	2.0	Yes	0.0	2.0
20	Tyrrell	27.2	2.0	No	2.0	4.0
21	Warren	27.0	1.0	No	1.0	2.0
22	Greene	25.8	1.0	No	1.0	2.0
23	Ashe	25.7	1.0	No	1.0	2.0
24	Wilkes	25.4	1.0	No	1.0	2.0
25	Alleghany	25.2	1.0	No	1.0	2.0

VII. APPLICATION

Application Checklist

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

1. **Cover Letter**
2. **Application Face Sheet**
3. **Applicant's Statement of Work**
4. **Project Budget**
   Include a budget in the format provided.
5. **Indirect Cost Rate Approval Letter** (if applicable)
6. **Subcontractor/Subgrantee Information** (if applicable)
7. **Letters of Commitment or Statements of Support** (if applicable)
8. **IRS Letter Documenting Your Organization's Tax Identification Number** (public agencies)

   or

   IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax exempt Status (private non-profits)
9. **Verification of 501(c)(3) Status Form** (private non-profits)

Data Sources

Sources for data and statistics provided in the application must be cited.

Publicly available data can be accessed from these sources:

1. NC State Center for Health Statistics (SCHS): https://schs.dph.ncdhhs.gov/
   a. SCHS County Health Data Book: https://schs.dph.ncdhhs.gov/data/databook/
2. NC 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

1. **Cover Letter (4 points)**

The application must include a cover letter, on the entity's letterhead, signed and dated by an individual authorized to legally bind the Applicant. The letter must include:

- Legal name of the Applicant entity
- RFA number
- Applicant entity's federal tax identification number
- Applicant entity's Unique Entity Identifier (UEI)

Please address the following items in the letter:

- Entity mission
- Brief history
- Current (last three (3) years) services/programs provided in NC
- A clear understanding of and strong commitment to replicating the proposed pregnancy prevention program model.

There is no page limit for the cover letter.

(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 or 3Rs).

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

Signed,

Executive Director:
Phone #: Email:

[Provide any additional person(s) who knows and understands the program and program plan written in the RFA.]

Name:
Phone #: Email:

Are you a current or former (within the last 5 years) recipient of NC TPPI funds?
☐ 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, including the signature of the individual authorized to sign "official documents" for the entity. This form is the application's cover page. Signature affirms that the facts contained in the applicant's response to RFA # A426 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 Entity: 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: Email Address
7. Entity Status: ☐ Public ☐ Private Non-Profit ☐ Local Health Department ☐ Other. Explain:	
8. Entity Federal Tax ID Number:	9. Entity UEI:
10. Entity's URL (website):	
11. Entity'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:	
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."	
15. Signature of Authorized Representative:	16. Date

3. **Applicant's Statement of Work**

Section 1

Community Description (26 points)

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

Page Limit: 6 single-spaced (excluding any citations), not including the tables provided

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 application.

1-1. Define and describe the specific community or communities that will be served (a community may be the county, town/city, school, etc.). Example: If you are serving an entire county, provide a description of that county. (3 points)

1-2. Describe resources and gaps that currently exist in the defined community(ies), including (8 points)

a. Other teen pregnancy prevention programs;

b. Youth development programs;

c. Availability of youth-friendly services; and

d. Resources for parents.

1-3. Please describe any additional existing services or coalitions in the community that address adolescent pregnancy prevention. How will the program model partner with or build on these existing resources (1-2.) and services in the community that will be served? (5 points)

1-4. Provide a detailed description of the youth that will be served by this grant, the whole population served by your organization, and the organization's staff and board. (5 points)

	Youth served by grant		People served as a whole by organization		People on staff at organization	People on board of directors at organization
	Number	**Percent**	**Number**	**Percent**	**Number**	**Number**
RACE/ ETHNICITY						
African American/ Black						
Asian American						
Hispanic/ Latino						
Native American						
Pacific Islander						
White (Non-Hispanic)						
Other						
TOTAL						
GENDER						
Female						

Male						
Other						
TOTAL						

1-5. Describe strategies that are responsive to the concerns and realities of participants' parents/guardians in your community. How will you apply these strategies to provide parents/guardians with education around adolescent reproductive health and how to communicate with their youth? (5 points)

Section 2

Program Plan (36 points)

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

Page Limit: 5 single-spaced, not including the tables provided

2-1. Describe your proposed program to fulfill the Scope of Services as outlined in Section III of this RFA. How will the planned program meet the needs of the youth and the community you will serve? (5 points)

2-2. Describe the setting in which you plan to engage youth participants (e.g., classroom, community-based). List some strategies for engaging youth in this setting. (5 points)

2-3. Describe how the program will complete evaluation requirements, including monthly submission of program data into a web-based database and administration of pre- and post-tests to measure progress against program objectives. (5 points)

2-4. Discuss at least three (3) examples of how you plan to engage community members in identifying the evidence-informed program model curriculum and developing the program plan in Year 1? (6 points)

2-5. How were youth involved in planning your primary prevention program application? How do you plan to continue to engage youth in program planning throughout Year 1? (6 points)

2-6. Fill in the following work plan for Year 1 of the funding period, adding additional rows as needed. Complete timeline and role responsible (e.g., Program Coordinator) for proposed tasks to indicate how and when you will meet these requirements. (4 points)

Activities	Timeline (June 1, 2027 – May 31, 2028)												Role Responsible
	Q1-Q2 (June-November)						Q3-Q4 (December-May)						
	J	J	A	S	O	N	D	J	F	M	A	M	
Hire appropriate staff person(s)													
Complete all mandatory trainings (curriculum, CAC, etc.)													

Establish community partnerships via MOAs and youth-friendly referral network; submit MOAs to TPPI													
Establish communication strategies with local school system and school administration (if applicable for implementation)													
Create specific strategies to recruit and retain youth													
Create specific strategies to communicate and disseminate information about the program to the community													
Recruit members for Community Advisory Council (CAC)													
Select evidence-based curriculum (FLASH or 3Rs) to implement in selected setting (school and/or community)													
Create a strategy to involve family, parents/guardians													
Begin implementation of Adolescent Pregnancy Prevention curriculum													
Complete at least one observation of curriculum session by Program Supervisor													
Compose and submit the program evaluation plan													
Conduct evaluation activities													
Submit itemization and financial reports monthly													

2-7. Using the table below, list the agencies you plan to partner with for <u>program implementation</u> and detail the role that the partner agency will play in implementation. (5 points)

Name of Partner Agency	Briefly describe how Partner Agency will assist in program implementation

Section 3

Agency Readiness (28 points)

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

Page Limit: 4 single-spaced, not including the tables provided

3-1. Using the turnover rate formula below, provide the current level of staff turnover within your agency in the past year. (6 points)

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

a. Describe staff turnover and engagement within your agency. What measures does your agency have in place to mitigate turnover?

b. How will you work to minimize the amount of staff turnover over the course of the grant?

3-2. Describe your capacity to administer cost-reimbursement grant funding. Please list all funding sources, grantors, fundraising, and/or in-kind donations that will sustain Local Match requirements. (3 points)

3-3. How does your agency engage with youth in your community? What lessons have you learned that you will apply to the proposed program? (6 points)

3-4. Provide past examples of how you have utilized technology and/or social media to connect to the community and served youth. What are examples of opportunities to leverage technology including social media for the proposed adolescent pregnancy prevention program? (4 points)

3-5. Using the table below, list out the agencies you plan to partner with for <u>program referrals</u>. List the agency(s) name in the corresponding row and denote if you currently collaborate with one or more agency listed in the referral category. Memorandum of Agreement (MOA) and letters of support will be required during Year 1. (5 points)

Referral Category	Agency(s) Name (List all agencies that cover service area)	Do you currently collaborate?
Contraception		☐ **Yes** ☐ **No**
Sexual Violence/Intimate Partner Violence		☐ **Yes** ☐ **No**
Mental Health		☐ **Yes** ☐ **No**
Substance Use		☐ **Yes**

		☐ **No**
Other:		☐ **Yes** ☐ **No**

3-6. Using the chart below; list all of the staff positions that are necessary to implement and support the program, including the amount of time to be spent on the project. (4 points)

Position	Employee Name	Full Time Equivalency (FTE)
Program Coordinator		
Program Supervisor		

4. **Project Budget**

Total Point Value: 6

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

Applicants may submit a budget up to $135,000 for Year 1. Funding for additional years is subject to availability.

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

Budgets must align clearly with proposed activities and resources.

The Budget form and instructions on how to use the form will be posted along with this RFA and can be downloaded by the Applicant for editing. Applicants must ensure that worksheet cells are expanded to expose the full content of each cell.

Narrative Justification for Expenses
A narrative justification must be included for every expense listed in the budget. Each justification should show how each amount in the line-item budget was calculated, including unit costs of each item and quantity of each unit, and it should be clear how the expense relates to the project. Ensure all subtotals equal the total amount entered on the row for that line item.

Travel Reimbursement Rates
Mileage reimbursement rates must be based on rates determined by the NC Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the "Change in IRS Mileage Rate" memorandum to be found on OSBM's website when there is a change in this rate. The current state mileage reimbursement rate is **$0.76** cents per mile.

For other travel-related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. NCDHHS will only reimburse for rates authorized in NC Department of Health and Human Services Travel Policy. NCDHHS utilizes GSA State/City Standard Travel Per Diems as the maximum allowable statutory rate for meals and lodging (subsistence). The following is the current NCDHHS schedule which shall be used for reporting allowable subsistence expenses incurred while traveling on official state business:

Current Rates for Travel and Lodging

Meals	**In State**	**Out of State**
Breakfast	$16.00	$16.00
Lunch	$19.00	$19.00
Dinner	$28.00	$28.00
Total Meals Per Diem Per Day	*$63.00*	*$63.00*
Lodging *(Maximum rate per person, excludes taxes and fees)*	$110.00 + taxes/fees	$110.00 + taxes fees

Total Travel Allowance Per Day	**$173.00**	**$173.00**
Mileage	$0.76 per mile/regardless of distance	

Additional Funding Restrictions
Budgets may not include costs for the purchase and distribution of contraceptive commodities; the provision of clinical services, including contractive services, is out of scope of AP3 and prohibited under this funding.

Equipment Costs
Expenses for any equipment to be purchased may not exceed $2,000 per item.

Incentives
Incentives may be provided to participants in order to ensure the level of commitment that is needed to achieve the expected outcomes of the program. While there is no maximum amount of funding that may be used to provide incentives for participants, the level of incentives must be appropriate for the level of commitment that is needed for the participants to achieve the expected outcomes of the program.

State funds may not be used to provide cash payments as incentives. Local matching funds must be used to provide cash incentives. State funds may be used for non-cash incentives such as gift cards, movie passes, and healthy meals. If gift cards will be provided, applicants must outline a plan to log them by serial number, maintain them in a locked storage cabinet, and obtain the signature of individuals upon receipt of the cards.

Program Evaluation Costs
Evaluation design and analysis will be coordinated by TPPI. If an applicant plans to implement a more extensive evaluation plan, then these costs must be covered by other funding and may be provided as local matching funds.

Indirect Cost
Indirect cost is the cost incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. Indirect Cost may not exceed restrictions or limits placed on it by the funding source.

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

The funding source(s) of this RFA and its subsequent awards:
Has RESTRICTIONS on Indirect/Administrative Cost

Indirect costs are limited to **15 percent** of allowed total direct costs (see Modified Total Direct Costs as described below).

Regulations restricting the allocation of indirect cost vary based on the funding source. TPPI sub-awards are funded through two main sources: Federal Temporary Assistance for Needy Families (TANF) and State dollars. At the time of application and award, neither the applicant nor the State shall have any knowledge of which funding source will be allocated should the award be made. Applicants are advised to approach indirect cost judiciously.

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the indirect cost rate requested may not exceed the award's **limit as defined above** regardless of the applicant's recognized 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 indirect cost **up to the limit as defined above** or the *de minimis* indirect cost rate of **15%**, whichever is less 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.

Modified total direct costs (MTDC) include all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first allowable portion of $50,000 of each sub-award (regardless of the period of performance of the sub-awards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, office or administrative rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of the allowable amount. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

Local Match Requirements

Contractors are required to supplement the grant award by providing local matching funds that range from $10,000 to $25,000 annually depending upon the amount of the award.

For the purpose of this RFA, Applicant budgets must include detailed plans for local match that adhere to the following terms:

- Local matching funds may be accounted for in either cash or in-kind contributions. In-kind contributions are those given in goods or services rather than money (e.g., meeting space at the agency, hours worked by volunteers, refreshments donated by the community for program sessions). The use of these matching funds should also be clearly justified (e.g., in-kind office space: 50% of 144 square feet @ $8.75/square foot).
- Other state or federal funds cannot be used as local matching funds. For example, if the Applicant receives funding from another DHHS grant, those funds may not be counted toward the local match requirement for AP3.
- Funds used to satisfy local match requirements on another, non-TPPI grant may not be used to satisfy local match requirements for AP3.

- Local matching funds must be used for purposes that directly benefit the goals of AP3 and be clearly attributable to AP3.

Applicants may use the following guidance to determine the amount of local matching funds to be included in the budget:

- $10,000 in local matching funds for a total program budget amount of $75,000;
- $18,000 in local matching funds for a total program budget amount of $100,000;
- $25,000 in local matching funds for a total program budget amount of $135,000.

Because the funding source of each contract determines the local match rules, the Division will approve plans for meeting the local match requirement at the time of contracting.

Any questions related to this RFA's local match requirements should be directed to the email address on the cover page.

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

   If applicable, applicants are instructed to include a copy of the FNICR as # 5 in the application.

6. **SubContractor/SubGrantee Information**

In accordance with 09 N.C. Administrative Code 03M.0703, Required Contract Provisions, the Applicant must provide the required information for every subcontractor and subgrantee included in the Project Budget.

If the Applicant has no subcontractor and subgrantee, indicate **"N/A"** in the first line under "Name" and submit this page.

If the Applicant plans to have subcontractors or subgrantees but the details requested on this page are unknown at this time, indicate **"To Be Determined"** in the first line under "Name" for as many as are planned. Attach additional pages as necessary. The Applicant is responsible for clarifying the proposed role of the subcontractor or subgrantee in the Statement of Work, even if they are not known at the time of submission. When the Applicant has identified each subcontractor or subgrantee, this information shall be submitted to the Division for review prior to the Applicant contracting with the entity.

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

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

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

SubContractor/SubGrantee Name:
Position Title (if applicable):
EIN or Tax ID:
Street Address or PO Box:
City, State and ZIP Code:
Contact Name:
Contact Email:
Contact Telephone:
Fiscal Year End Date (for organizations):

Is this organization functioning as a pass-through entity “SubGrantee” of the Applicant?
Is this organization functioning as a vendor “SubContractor” of the Applicant?

7. **Letters of Commitment**

Letters of Commitment/Memoranda of Agreement (MOA) are not required at the application stage but will be required within the first six (6) months of Year 1 from any agency or community organization that is integral to the success or implementation of the proposed activities. Examples of such agencies include those that will provide clinical services, outreach services, financial support, meeting space, transportation, access to participants or comparison group members, or services to participants beyond the scope of the applicant entity. Letters of support from the Local Health Department(s) will be required by the end of Year 1; if the Applicant is a Local Health Department, letters of support from community organizations that can support the project will be required instead.

Applicants may submit letters of commitment or MOAs if they choose to do so, but these will not be scored.

8. **IRS Letter**

Public Agencies:
Provide a copy of a letter from the IRS which documents your organization's tax identification number. The organization's name and address on the letter must match your current organization's name and address.

Private Non-profits:
Provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization's name and address on the letter must match your current organization's name and address.

This IRS determination letter can also satisfy the documentation requirement of your organization's tax identification number.

9. **Verification of 501(c)(3) Status Form**

IRS Tax Exemption Verification Form (Annual)

I, _____, hereby state that I am _____ of
(Printed Name) (Title)
_____ ("Organization"), and by that authority duly given
(Legal Name of Organization)
and as the act and deed of the Organization, state that the Organization's status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

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

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

_____
(Signature)

Appendix A Forms for Reference

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

Federal Certifications

The Grantee certifies that it:

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

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

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

Will comply with all limitations imposed by annual appropriation acts;

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

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

1. Trafficking Victims Protection Act (TVPA) of 2000, as amended, 22 U.S.C. §7104(g);
2. Drug-Free Workplace, 41 U.S.C. §8103
3. Protection from Reprisal of Disclosure of Certain Information, 41 U.S.C. §4712;
4. Pro-Children Act of 1994, Public Law 103-227, Part C-Environmental Tobacco Smoke, Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.
5. Grantee further agrees that it will require the language of this certification be included in any subawards that contain provisions for children's services and that all subgrantees shall certify accordingly.
6. National Environmental Policy Act of 1969, as amended, 42 U.S.C. §4321 et seq;
7. Universal Identifier and System for Award Management, 2 C.F.R. part 2;
8. Reporting Subaward and Executive Compensation Information, 2 C.F.R. part 170;
9. OMB Guidelines to Agencies on Governmentwide Debarment and Suspension
10. (Non-procurement), 2 C.F.R. part 180;
11. Civil Actions for False Claims Act, 31 U.S.C. §3730;
12. False Claims Act, 31 U.S.C. §3729, 18 U.S.C. §§287 and 1001;
13. Program Fraud and Civil Remedies Act, 31 U.S.C. §3801 et seq;
14. Lobbying Disclosure Act of 1995, 2 U.S.C. §1601 et seq;
15. Title 2 Part 200.415 Subrecipients under the Federal award must certify to the pass-through entity whenever applying for funds, requesting payment, and submitting financial reports: “I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.” Each such certification must be maintained pursuant to the requirements of § 200.334. This paragraph applies to all tiers of subrecipients.

16. The Grantee hereby certifies that the awarded project/activity described in the contract will be conducted in compliance with all applicable requirements of the Clean Water Act, as amended (33 U.S.C. § 1251 et seq.) and the Clean Air Act, as amended (42 U.S.C. § 7401 et seq.)
17. For Food and Nutrition Services Supplemental Nutrition Assistance Program (SNAP) Grantees: The Grantee certifies that SNAP participants will not be charged more than what the general public would pay for the same services. If a discount is provided to other grants or payees, the organization will provide the same discount to the SNAP participants.
18. SAMHSA Charitable Choice Regulations for Substance Abuse Prevention and Treatment Block Grants and/or Projects for Assistance in Transition from Homelessness Grants (42 U.S.C 300x-65, et seq, 42 U.S.C. 290kk, et seq., 42 U.S.C. 300x-21, et seq., 42 U.S.C. 290cc-21, et seq., and 42 U.S.C. 2000bb, et seq.
19. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352), as amended (codified at 42 U.S.C. 2000d et seq.), which prohibits discrimination on the basis of race, color or national origin and requirements for Limited English Proficiency (LEP); (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §1681 et seq.), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §6101 et seq.), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; all requirements pursuant to the Regulations of the Department of Health and Human Services (45 C.F.R. Pts. 80,84, 86, 91 and 92); Section 1557 Patient Protection and Affordable Care Act, as amended (codified at 42. U.S.C. §18116); and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

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

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

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

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

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

Executive Orders

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

Reference only — Not for signature

_____

Signature **Title**

_____

Grantee Name **Date**

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

Conflict of Interest Policy

CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY

State of _____

County _____

I, _____ hereby state that I am the _____

(Printed Name) (Title)

of _____ ("Organization"), and by that authority

(Legal Name of Organization)

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

(Day of Month (Month) (Year)

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

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

(Day of Month) (Month) (Year)

_____

(Signature)

Instruction for Organization:

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

_____

Name of Organization

Reference only — Not for signature

_____

Signature of Organization Official

Conflict of Interest Policy Example

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

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

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

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

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

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

E. **Board Action** -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

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

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

determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

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

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

Approved by:

_____
Name of Organization

_____
Signature of Organization Official

_____
Date

No Overdue Tax Debts Certification

State Grant Certification – No Overdue Tax Debts[1]

To: State Agency Head and Chief Fiscal Officer

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

Sworn Statement:

_____ [Name of Board Chair] and

_____ [Name of Second Authorizing Official] being duly sworn, say that we are the Board Chair and _____ [Title of Second Authorizing Official], respectively, of _____ [Entity's full legal name] of _____ [City] in the State of _____ [State]; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

Reference only — Not for signature	Board Chair	
	Title	Date
Reference only — Not for signature		
Signature	Title of Second Authorizing Official	Date

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

Reference only — Not for signature

_____
Notary Signature and Seal

Notary's commission expires _____, 20 ___.

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

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

State of NC Contractor Certifications

State Certifications: Grantee/Contractor Certifications Required by North Carolina Law

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

- Article 2 of Chapter 64: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- G.S. 133-32: http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=133-32
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): https://ethics.nc.gov/media/242/download?attachment
- G.S. 105-164.8(b): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- G.S. 143-48.5: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html
- G.S. 143-59.1: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- G.S. 143-59.2: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- G.S. 143-133.3: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html
- G.S. 143B-139.6C: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf

Certifications

(1) **Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009)**, the undersigned hereby certifies that the Grantee/Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.

(2) **Pursuant to G.S. 143-48.5 and G.S. 143-133.3**, the undersigned hereby certifies that the Grantee/Contractor named below, and the Grantee/Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov

(3) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Grantee/Contractor named below is not an "ineligible Grantee/Contractor" as set forth in G.S. 143-59.1(a) because:

(a) Neither the Grantee/Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**

(b) [check **one** of the following boxes]

☐ Neither the Grantee/Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**

☐ The Grantee/Contractor or one of its affiliates **has** incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.

(4) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Grantee/Contractor's officers, directors, or owners (if the Grantee/Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.

(5) **Pursuant to G.S. 143B-139.6C**, the undersigned hereby certifies that the Grantee/Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.

(6) The undersigned hereby certifies further that:

(a) He or she is a duly authorized representative of the Grantee/Contractor named below;

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

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

Grantee/Contractor's Name: _____

Grantee/Contractor's Authorized Agent: Signature _____ Date _____

Printed Name _____ Title _____

Witness: Signature _____ Date _____

Printed Name _____ Title _____

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

FFATA Form

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

A. Exemptions from Reporting

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

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

The entire FFATA reporting requirement:

☐ as the entity's gross income is less than $300,000 in the previous tax year.

☐ as the entity is an individual.

☐ as the reporting would disclose classified information.

Only executive compensation data reporting:

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

Reference only — Not for signature

Signature _____ Name _____ Title _____

Entity _____ Date _____

B. Reporting

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

Entity's Legal Name _____ Contract Number _____

☐ Active UEI registration record is attached
An active registration with UEI is required

Entity's UEI _____

Entity's Parent's UEI (if applicable) _____

Entity's Location

street address _____
city/st/zip+4 _____
county _____

Primary Place of Performance for specified contract
Check here if address is the **same** as Entity's Location ☐

street address _____
city/st/zip+4 _____
county _____

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

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

Confirmation of NC Electronic Vendor Portal Registration and Login

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

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

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

Confirmed by:

_____

eVP Customer Number

_____

Name of Organization

_____

Signature of Organization Official

_____

Date

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