



Request for Applications

RFA # A397

North Carolina WIC Lactation Area Training Centers for Health (WIC LATCH)

FUNDING AGENCY: North Carolina Department of Health and Human Services
Special Nutrition Program for Women, Infants, and Children (WIC)

ISSUE DATE: January 10, 2022

DEADLINE DATE: March 11, 2022 at 5:00 PM Eastern Time

INQUIRIES and DELIVERY INFORMATION:

Direct all inquiries concerning this RFA to:

NSB.Contracts@dhhs.nc.gov

Applications will be received until 5 PM on Friday, March 11, 2022.

Electronic copies of the application are available by request.

Send all applications directly to the funding agency's email address as indicated below:

Application must be submitted by email only to NSB.Contracts@dhhs.nc.gov as one consolidated PDF file including Application Face Sheet, Project Narrative, Project Budget and Narrative, and Letter(s) of Commitment. Please include your agency or organization name and the RFA number in your email subject line when submitting questions or your application as an attachment.

IMPORTANT NOTE: Indicate agency's or organization's name and RFA number on the header or footer of each page alongside the page number in the application narrative.

Multiple application documents, separate attachments, or paper applications will not be accepted. Incomplete submissions and/or applications not completed in accordance with the instructions will not be reviewed.

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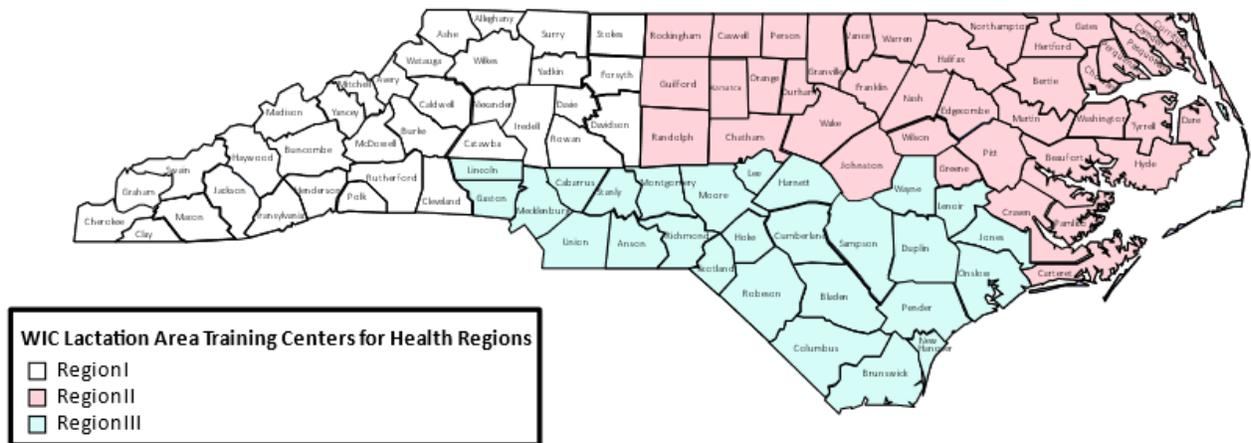
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I. INTRODUCTION

The North Carolina Special Supplemental Nutrition Program for Women, Infants and Children (WIC) served over 250,000 participants statewide as of August 2021. A goal of the North Carolina WIC Program is to increase the proportion of North Carolina participants who initiate breastfeeding, exclusively breastfeed, and continue to breastfeed in order to meet the Healthy People 2030 goals.

The purpose of this Request for Application (RFA) is to recruit a maximum of three public or nonprofit entities and provide funding to maintain WIC Lactation Area Training Centers for Health (WIC LATCH) in each of the three proposed regions (see map below). At least one full-time position will be funded through this award in each region. Preference will be given to an entity that can coordinate statewide services in all regions for continuity and consistency of services, strong collaboration, and coverage across the state. Eligible applicants must address how statewide services will be coordinated as part of their proposal. Contracts will be awarded annually for a maximum of three years contingent upon contract compliance, project performance, and availability of funding.



The goal of this project is to enhance statewide infrastructure between local WIC agencies and lactation support and health care providers who serve the WIC eligible population to improve the continuity of care through the implementation of coordinated services by developing formal referral systems. The WIC LATCH will help assure public health agency staff funded by the WIC Program and other health professionals serving the eligible population have routine and ready access to accurate, standardized, evidence-informed lactation management training, support services and continuing education.

ELIGIBILITY

The applicant must be a North Carolina-based public or private non-profit institution. Private non-profit institutions must document their 501(c)(3) status and must be registered to do business in the State of North Carolina before contract execution. Public agencies must provide a legal document or letter verifying both legal name and federal tax identification number.

The WIC LATCH must employ or contract with a full-time Regional Lactation Trainer (RLT) with the following minimum qualifications:

- International Board-Certified Lactation Consultant (IBCLC).
 - Preference for an IBCLC with one or more health credential such as Registered Dietitian, Registered Nurse, Nurse Practitioner, Physician Assistant, Speech Language Pathologist, and/or Medical Doctor.
- An understanding of the North Carolina WIC Program and the Breastfeeding Peer Counselor Program and experience working with the population served by these programs.
- Five (5) or more years of experience providing direct clinical lactation management services to lactating individuals and their infants; and an ongoing mechanism to maintain sufficient skills in the provision of clinical lactation services.
- Experience with development, implementation and delivery of effective, accurate, standardized, evidenced-based clinical lactation management training and continuing education.
- Demonstrated ability to coordinate and collaborate with other health professionals and community agencies to promote and support breastfeeding services.

This person will serve as a RLT and aid in strengthening and enhancing breastfeeding promotion and support efforts. The RLTs will collaborate with the local WIC agencies, WIC Regional Nutrition Consultants, and other relevant stakeholders, as well as coordinate the provision of accurate, effective, standardized, evidence-informed training and continuing education based on needs identified in the respective region.

A core function of the project is to provide orientation training for WIC breastfeeding peer counselors and WIC-designated breastfeeding experts and continuing education for WIC breastfeeding peer counselors and their managers, WIC-designated breastfeeding experts and other medical professionals serving the WIC eligible population. Training will provide public health agency staff the opportunity to become more knowledgeable, competent, and confident with breastfeeding promotion and support, resulting in increased breastfeeding initiation, exclusivity, and duration among WIC participants. The project will serve to strengthen and enhance breastfeeding promotion and support efforts of the North Carolina WIC Program. Funded entities will be required to submit and receive written approval from the funding agency before making any changes to the key personnel funded by this RFA.

FUNDING

The source of this grant is 100% from the Federal Special Supplemental Nutrition Program for WIC. Applicants can apply for a maximum of \$150,000 per year per region for a three-year cycle. This funding will begin on October 1, 2022 and end on September 30, 2025. The total RFA amount is \$450,000 per year of funding.

Preference will be given to an entity that can coordinate statewide services in all regions for continuity and consistency of services, strong collaboration, and coverage across the state through a single contract with the funding agency. Eligible applicants must address how statewide services will be coordinated as part of their proposal.

Preference will be given to projects that can operate cost effectively, providing the most direct services with the funding provided.

II. BACKGROUND

A goal of the North Carolina WIC Program is to increase the proportion of parents who provide human milk to their infants and young children to meet the Healthy People 2030 goals. Healthy People 2030 is a comprehensive, nationwide health promotion and disease prevention agenda launched by the United States Department of Health and Human Services. Healthy People sets data-driven national objectives to improve population health and well-being each decade. The Healthy People 2030 is the fifth iteration of the Healthy People initiative and builds on the knowledge gained and lessons learned to address the latest public health priorities. Healthy People 2030 goals for breastfeeding are to:

- Increase the proportion of infants who breastfed to:
 - 54.1% at 12 months
 - 42.4% exclusively through 6 months

The goal of the WIC Program is to improve the nutritional status of program participants. Human milk feeding is the highest attainable standard of health for infants and young children and a matter of food security and safety, especially during emergencies. The American Academy of Pediatrics (AAP) policy statement, *Breastfeeding and the Use of Human Milk*, states, “Given the documented short-and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be considered a public health issue and not only a lifestyle choice.”³ Parents have the right to timely, standardized, accurate, and unbiased information about lactation during the prenatal, postpartum, and interconception periods. WIC Program staff must provide education and anticipatory guidance to pregnant and postpartum participants about lactation, encourage parents, and provide appropriate support for the dyad, especially at time periods critical for breastfeeding success, to achieve their personal goals.

The American Academy of Pediatrics recommends exclusive breastfeeding through six (6) months and continued breastfeeding with complementary foods until at least 12 months and for as long as mutually desired thereafter. North Carolina data from the Centers for Disease Control and Prevention’s (CDC) Breastfeeding Report Card, 2020 reports that while 80.3% of lactating parents initiate breastfeeding only 50.3% of infants are exclusively breastfed through six (6) months and by 12 months only 29.2% of infants are receiving any human milk.²

The *Surgeon General’s Call to Action to Support Breastfeeding*, released in 2011, identifies ways that families, communities, employers, and health care professionals can improve breastfeeding rates and increase support for breastfeeding. The *Call to Action* encourages communities to work together to strengthen programs that provide mother-to-mother support and peer counseling and stresses the importance of providing education and training in breastfeeding for all health professionals who care for women and children.¹

¹ US Department of Health and Human Services. *Executive Summary: The Surgeon General’s Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; January 20, 2011.

The WIC Program recognizes the importance of parents receiving consistent evidence-based information and support from health care professionals to begin and continue breastfeeding. However, many health professionals need further breastfeeding education and training and are faced with time constraints that do not allow them to provide the necessary support to these parents. Additionally, a parent's ability to begin and to continue breastfeeding can be influenced by a variety of people, policies, and environmental factors and, some individuals may have personal beliefs and experiences that create unintentional barriers.

Local WIC agencies are committed to supporting breastfeeding; however, the implementation and ongoing maintenance of an effective support program requires major effort. Challenges faced by many local WIC agencies to improve their breastfeeding support services may include inadequate:

- A. Technical expertise and staff resources to effectively build and maintain a program which will provide breastfeeding parents and their children with the support they need to initiate and then continue breastfeeding past the first few weeks.
- B. Expertise of an International Board-Certified Lactation Consultant (IBCLC) on staff to help public health agency staff increase breastfeeding management knowledge and skills. Often lactating persons do not receive the assistance they need to continue breastfeeding because staff may not be available in the local WIC agency.
- C. Time to build community support for breastfeeding. The WIC Program cannot improve breastfeeding rates without community support, but community development is time intensive and other responsibilities take precedence for staff time.
- D. Resources to implement a successful breastfeeding peer counselor program, shown to be one of the most effective methods to support breastfeeding², because they do not have staff to provide the necessary training and technical assistance.
- E. Clinical support for high-risk lactation management situations due to lack of medical professionals trained in lactation in some areas of the state.

The North Carolina WIC Program funds the Breastfeeding Peer Counselor Program in 81 out of 82 local WIC agencies. The WIC LATCH will assist the North Carolina WIC Program in training, providing continuing education, and technical assistance to support and sustain the Breastfeeding Peer Counselor Program in each local WIC agency.

² *The CDC Guide to Breastfeeding Interventions*: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005.

³ SECTION ON BREASTFEEDING, Arthur I. Eidelman, Richard J. Schanler, Margreete Johnston, Susan Landers, Larry Noble, Kinga Szucs, Laura Viehmann; Breastfeeding and the Use of Human Milk. *Pediatrics* March 2012; 129 (3): e827–e841. 10.1542/peds.2011-3552 <https://publications.aap.org/pediatrics/article/129/3/e827/31785/Breastfeeding-and-the-Use-of-Human-Milk>

Responsibility for the WIC LATCH resides in the North Carolina WIC Program. Oversight of the WIC LATCH's contract compliance, performance, and guidance is managed by the North Carolina WIC Program's Breastfeeding Promotion and Support Team.

III. SCOPE OF SERVICES

The maximum funding amount is \$150,000 per year for each region or \$450,000 for a single contract that coordinates the statewide initiative. Funding will be provided through this award to support at least one full-time position in each region. Contracts are awarded annually for a maximum of three years contingent upon contract compliance, project performance and availability of funding. The initial project period for contracts awarded through this competition is projected to begin on October 1, 2022. The total number of awards will depend on the number of qualified applications received, the appropriateness of the applicants' proposed goals, objectives, strategies and activities, and the likelihood of the success of the proposed project.

To carry out the intended scope of the project, each WIC LATCH should be based in an agency or organization with expertise in assessing relevant training needs and then developing standardized training curriculum and plans that will be implemented within the respective region. The individual designated as the RLT must have the following minimum qualifications:

- a) International Board-Certified Lactation Consultant (IBCLC).
 - Preference for an IBCLC with one or more health credential such as Registered Dietitian, Registered Nurse, Nurse Practitioner, Physician Assistant, Speech Language Pathologist, and/or Medical Doctor.
- b) An understanding of the North Carolina WIC Program and the Breastfeeding Peer Counselor Program and experience working with the population served by these programs.
- c) Five (5) or more years of experience providing direct clinical lactation management services to lactating individuals and their infants; and an ongoing mechanism to maintain sufficient skills in the provision of clinical lactation services.
- d) Experience with development, implementation and delivery of effective, accurate, standardized, evidenced-based clinical lactation management training and continuing education.
- e) Demonstrated ability to coordinate and collaborate with other health professionals and community agencies to promote and support breastfeeding services

To strengthen breastfeeding promotion and support efforts and positively impact statewide initiation, exclusivity and duration of breastfeeding, the RLT is expected to provide orientation training to breastfeeding peer counselors and WIC-designated breastfeeding experts and continuing education for breastfeeding peer counselors, and their managers, WIC-designated breastfeeding experts, public health agency staff and other medical professionals serving the WIC eligible population. The RLT must collaborate and coordinate services and activities with the local WIC agencies in the respective region.

Services Proposed:

1. Training:

- A. Provide three (3) in-person orientation trainings to breastfeeding peer counselors using state approved, standardized curriculum each contract year, as assigned by the State agency.

- B. Provide two (2) in-person orientation trainings to WIC-designated breastfeeding experts using state approved standardized curriculum each contract year, as assigned by the State agency.
 - C. Provide four (4) continuing education trainings to breastfeeding peer counselors and the breastfeeding peer counselor program managers on the topics of clinical lactation management and in alignment with the scope of practice of the breastfeeding peer counselor role each contract year scheduled in November, February, May, and August.
 - a. No more than 75% of continuing education trainings for breastfeeding peer counselors and breastfeeding peer counselor program managers may be virtual, unless approved by the State Agency due to extenuating circumstances.
 - b. Each continuing education training session should provide an opportunity for breastfeeding peer counselors and their managers to share information and network with other local WIC agencies.
 - D. Provide four (4) continuing education sessions to WIC-designated breastfeeding experts on the topic of clinical lactation management each contract year scheduled in October, January, April, and July.
 - a. No more than 75% of continuing education trainings for WIC-designated breastfeeding experts may be virtual, unless approved by the State Agency due to extenuating circumstances.
 - b. Each continuing education training session should provide an opportunity for WIC-designated breastfeeding experts to share information and networking with other local WIC agencies.
 - E. Provide 10 in-person or live virtual in-service or continuing education sessions on a clinical lactation management topic to public health agency staff and other medical professionals who serve WIC-eligible participants.
 - a. In-service or continuing education sessions must be presented to an unduplicated 75 participants.
 - b. A minimum of one in-service annually must be on the topic of infant and young child feeding in emergencies.
 - F. Provide the demonstration portion via live virtual platform for the Breastfeeding Supplies Competency Training sessions, as needed for a maximum of 40 local public health agency staff.
2. Infant and Young Child Feeding in Emergencies (IYCF-E)
- A. Identify and engage emergency preparedness coordinators in local health departments, school systems, hospitals, and non-profits
 - B. Develop curricula for training that should include:
 - a. Human milk feeding as emergency response
 - b. Standards and Indicators for all shelters specific to infant feeding
 - c. Food safety
 - Lactation support
 - Infant formula preparation
 - d. Milk expression
 - Direct feeding

- Manual expression
- Electronic expression
- Relactation
- Milk Sharing
- e. Expectations of feeding in disaster
 - Stress
 - Behaviors
 - Parental
 - Infant
- f. Misinformation
 - Identifying valid resources
 - Conflicting expert opinions
 - Updated recommendations
- C. Serve as a subject matter expert on infant and young child feeding in emergency as requested by emergency preparedness coordinators
- D. Offer IYCF-E training to local agencies once a year.

3. Collaboration:

- A. Maintain communication with local and State agency staff to assure continuous quality improvement in breastfeeding promotion and support. Refer all questions regarding WIC Program policy to the applicable WIC Regional Nutrition Consultant.
- B. Individual live virtual or in-person orientation for new WIC Directors about the purpose and availability of the WIC LATCH
 - a. Conduct orientation meetings within 3 months of notification of a newly hired WIC Director.
- C. Provide quarterly (4) sessions in-person or virtual with local WIC agency staff including the WIC Director, Breastfeeding Peer Counselor Program Manager, Breastfeeding Coordinator, and WIC-Designated Breastfeeding Expert to assess effectiveness of the clinic workflow for referral internal/external for breastfeeding support, opportunities for collaboration, cross-agency information sharing of best practices to empower local WIC agencies to implement new practices and conduct quality assurance assessments.
 - a. Sessions may be conducted individually or designated by groups. Groups must be established by a common denominator between the local WIC agencies (shared birthing hospital, rural county designation, etc.)
- D. Answer clinical lactation management questions from public health agency and medical providers as needed.
 - a. RLT must promote their availability to be a subject matter expert in infant and young child feeding in emergencies to emergency preparedness coordinators in local health departments, school systems, community organizations, etc.
- E. Serve as a member of the State WIC Program's hosted committee meetings; participate in meetings as scheduled.

4. Community:

- A. Develop and implement a community engagement plan to continuously strengthen working relationships among local health systems for lactation support in the respective region. The community engagement plan must be incorporated and reported on as part of the annual work plan, progress report, and final report. At a minimum, the community engagement plan should include:
 - a. A description of how the WIC LATCH has the capacity and resources to assess the lactation landscape in their respective region and enhance partnerships among local health systems for lactation support.
 - b. How the WIC LATCH will encourage the establishment/enhancement of community partnerships among local health systems for breastfeeding.
 - c. How the WIC LATCH will promote the availability of services to the local health systems for lactation support.
 - d. How the WIC LATCH will act as the subject matter expert in planning meetings and workshops through various community partnerships.

Applicants eligible to be funded must:

- A. Employ or contract with a full-time Regional Lactation Trainer (RLT) with the following minimum qualifications:
 - a. International Board-Certified Lactation Consultant (IBCLC)
 - Preference for an IBCLC with one or more health credential such as Registered Dietitian, Registered Nurse, Nurse Practitioner, Physician Assistant, Speech Language Pathologist, and/or Medical Doctor.
 - b. An understanding of the North Carolina WIC Program and the Breastfeeding Peer Counselor Program and experience working with the population served by these programs.
 - c. Five (5) or more years of experience providing direct clinical lactation management services to lactating individuals and their infants; and an ongoing mechanism to maintain sufficient skills in the provision of clinical lactation services.
 - d. Experience with development, implementation and delivery of effective, accurate, standardized, evidenced-based clinical lactation management training and continuing education.
 - e. Demonstrated ability to coordinate and collaborate with other health professionals and community agencies to promote and support breastfeeding services.
- B. Be a North Carolina-based public or private non-profit institution. Private non-profit institutions must document their 501(c)(3) status and must be registered to do business in the State of North Carolina before contract execution. Public agencies must provide a legal document or letter verifying both legal name and federal tax identification number.

NOTE: Entities that accept WIC and/or breastfeeding peer counselor program funds from the State WIC Program are ineligible to apply for this funding opportunity.

- C. If proposing regional services, the applicant must be physically located within the respective region and must have capacity to serve the entire region. In that case, Applicants must confirm what region they are applying for and that they can serve the proposed region. If applying as single entity proposing statewide services, applicants can propose different regions and not

require all staff to be physically located full time within each region as long as they can ensure adequate coverage and thoroughly describe their service delivery model in their offer.

- D. Provide clear evidence of the institutional capacity to carry out the proposed training.
- E. Submit a comprehensive work plan for the provision of accurate, standardized, evidence-based lactation management training and continuing education for breastfeeding peer counselors, breastfeeding peer counselor managers, public health agency staff and other medical professionals serving the WIC eligible population in the respective region.
- F. Include a detailed budget and budget narrative for each of the three years of grant funding using the budget format provided.
- G. Provide documentation of collaborative relationships within the respective region which should include letters of commitment from collaborating agencies.
- H. Provide documentation the agency or organization and key staff are either part of or closely aligned with an agency or organization that provides direct maternal and child health related services within the respective region.

NOTE: Preference will be given to an entity that can coordinate statewide services in all regions for continuity and consistency of services, strong collaboration, and coverage across the state. Eligible applicants must address how statewide services will be coordinated as part of their proposal.

In addition, preference will be given to projects that can operate cost effectively, providing the most services with the funding provided.

Funded projects must:

- A. Submit Annually to the State Breastfeeding Peer Counselor Program Coordinator or assigned designee:
 - a. Work Plan by October 15th
 - b. Progress Report by April 30th
 - c. Final Report by September 30th

Note: The funding agency reserves the right to request progress reports and updates more frequently based on performance of the contractor. The contractor must also submit training dates to the State's WIC Program for dissemination to local WIC agencies.

- B. Submit monthly contract expenditure reports (CERs) by 10th of the following month to State's Contract Administrator or designee.
- C. Obtain approval from the State's Contract Administrator before making any changes in key personnel approved and funded by this RFA.
- D. Submit evidence annually of certification status of the IBCLC by the International Board of

Lactation Consultant Examiners.

- E. Participate in periodic site reviews.
- F. Communicate routinely with State agency staff including the State Breastfeeding Coordinator, the State Breastfeeding Peer Counselor and WIC Regional Nutrition Consultants, including at least one annual face-to-face or virtual meeting with the State personnel.
- G. Participate in program data collection and evaluation activities.

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection

All qualified applications will be evaluated and award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by April 8, 2022.

2. Cost of Application Preparation

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

3. Elaborate Applications

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

4. Oral Explanations

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

5. Reference to Other Data

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

6. Titles

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

7. Form of Application

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

8. Exceptions

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

9. Advertising

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

10. Right to Submitted Material

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

11. Competitive Offer

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

12. Agency and Organization's Representative

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

13. Subcontracting

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

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

14. Proprietary Information

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

15. Participation Encouraged

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

16. Contract

The Department or its designated Division will issue a contract to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed contract.

V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

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

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

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on January 10, 2022:

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

2. **Distribution of the RFA**

RFAs will be posted on the Program's website

<https://www.nutritionnc.com/breastfeeding/index.htm> and may be sent via email to interested agencies and organizations beginning January 10, 2022.

3. **Question & Answer Period**

Written questions concerning the specifications in this Request for Applications will be received until January 31, 2022. As an addendum to this RFA, a summary of all questions and answers will be emailed, by February 10, 2022, to agencies and organizations sent a copy of this Request for Applications, and will be placed on

<https://www.nutritionnc.com/breastfeeding/index.htm> website.

4. **Applications**

Applicants shall submit their application as one single, consolidated PDF file with all required attachments and scanned signatures to **NSB.Contracts@dhhs.nc.gov**. Paper, mailed and faxed applications will not be accepted.

5. **Format**

The application must be typed on 8.5" x 11" pages with 1" margins. Line spacing should be single-spaced. The font should be Arial and sized 11-point. All pages should be numbered. Use appropriate headings for each section

6. **Space Allowance**

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

7. **Application Deadline**

All applications must be received by 5:00 pm on Friday, March 11, 2022. Only emailed applications will be accepted (scanned signatures are acceptable). Faxed or mailed applications will not be accepted.

8. **Receipt of Applications**

Applications from each responding agency or organization will receive an email confirmation if application is received on time.

9. Review of Applications

Applications are reviewed by a multi-disciplinary committee of public and/or private health and human services providers who are familiar with the subject matter. Staff from applicant agencies may not participate as reviewers.

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

10. Request for Additional Information

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

11. Audit

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status.

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

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

Level 1: Less than \$25,000

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

Level 3: \$500,000 or more

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

12. Assurances

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

13. Additional Documentation to Include with Application

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

Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the agency's 501(c)(3) tax-exempt status. (This letter normally includes the agency's tax identification number, so it would also satisfy that documentation requirement.)

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

14. Federal Certifications

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

15. System for Award Management Database (SAM)

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

16. Additional Documentation Prior to Contract Execution

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

- a. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign contracts. (A reference version appears in Appendix A.)
- b. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign expenditure reports. (A reference version appears in Appendix A.)
- c. Documentation of the agency's DUNS number. Documentation consists of a copy of communication (such as a letter or email correspondence) from Dun & Bradstreet (D&B) which indicates the agency or organization's legal name, address, and DUNS number. In lieu of a document from D&B, a copy of the agency or organization's SAM record is acceptable.

If your agency does not have a DUNS number, please use the D&B online registration (<http://fedgov.dnb.com/webform>) to receive one free of charge. (DUNS is the acronym for the Data Universal Numbering System developed and regulated by D&B.)

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

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

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

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

17. Registration with Secretary of State

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

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

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

19. Iran Divestment Act

As provided in G.S. 147-86.59, any person identified as engaging in investment activities in Iran, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to G.S. 147-86.58, is ineligible to contract with the State of North Carolina or any political subdivision of the State.

20. Boycott Israel Divestment Policy

As provided in Session Law 2017-193, any company that boycotts Israel, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to Session Law 2017-193 is ineligible to contract with the State of North Carolina or any political subdivision of the State.

21. Application Process Summary Dates

01/10/2022: Request for Applications released to eligible applicants.

01/31/2022: Deadline for submission of questions. All questions due in writing by 5pm ET.

02/10/2022: Answers to questions released to all applicants, as an addendum to the RFA.

03/11/2022: Applications due by 5:00 pm ET.

04/08/2022: Successful applicants will be notified.

10/01/2022: Proposed Contract begins.

VI. PROJECT BUDGET

Budget and Justification

Applicants must submit a budget, which requires a line-item budget for each year of funding and a narrative justification. Preference will be given to projects that can operate cost effectively, providing the most direct services with the funding provided.

Narrative Justification for Expenses

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

Travel Reimbursement Rates

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the “Change in IRS Mileage Rate” memorandum to be found on OSBM’s website when there is a change in this rate. The current state mileage reimbursement rate is 56 cents per mile.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. However, please be advised that reimbursement rates periodically change. The Division of Public Health will only reimburse for rates authorized in OSBM’s North Carolina Budget Manual or adopted by means of an OSBM Budget Memo. These documents are located here: <https://www.osbm.nc.gov/library>

Current Rates for Travel and Lodging

Meals	In State	Out of State
Breakfast	\$13.00	\$13.00
Lunch	\$14.00	\$14.00
Dinner	\$23.00	\$23.00
<i>Total Meals Per Diem Per Day</i>	<i>\$50.00</i>	<i>\$50.00</i>
Lodging (<i>Maximum rate per person, excludes taxes and fees</i>)	\$96.00	\$96.00
Total Travel Allowance Per Day	\$146.00	\$146.00
Mileage	\$0.56 per mile	

Other Restrictions (if applicable)

Audits

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

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

Level 1: Less than \$25,000

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

Level 3: \$500,000 or more

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

Indirect Cost

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

This RFA is funded by the federal Special Supplemental Nutrition Program for Women, Infants & Children. Indirect cost is allowed on the portion of the sub-award funded by the Special Supplemental Nutrition Program for Women, Infants & Children.

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

If the applicant does not have an FNICR, a 10% indirect cost rate (known as the de minimis rate) may be used on the total, modified direct cost as defined in 2 CFR 200.68, Modified Total Direct Cost (MTDC), with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. Applicants must indicate in the budget narrative that they wish to use the de minimis rate, or some part thereof. Applicants who do not wish to claim any indirect cost should enter “No indirect cost requested” in the indirect cost line item of the budget narrative.

Estimated portion of subaward funded by Women, Infants & Children is as follows for each year:

<u>Year</u>	<u>Women, Infants & Children Funding Estimate</u>
1	\$450,000
2	\$450,000
3	\$450,000

VII. EVALUATION CRITERIA

SCORING OF APPLICATIONS

Applications shall be scored based on the responses to the six (6) application content areas as detailed in item **VIII(3): Applicant's Response**. Each content area shall be scored on a scale of 0 to 4 based on the scale below:

- | | |
|--------------------|--|
| 0 NO VALUE | Applicant did not address the application area. |
| 1 POOR | Applicant only marginally addressed the application area. |
| 2 AVERAGE | Applicant adequately addressed the application area. |
| 3 GOOD | Applicant did a thorough job of addressing the application area. |
| 4 EXCELLENT | Applicant provided a superior response to the application area. |

Each content area will be weighted and the score of 0 to 4 will be multiplied by the assigned weight of the content area. (If the content area has a weight = 10 and it is rated 4 (excellent) the total will be 40 points.) The highest total score is 100 points. The scoring procedure is described below:

1. Needs Statement:

- a. Weight = 1.25, Total maximum points = 5
- b. Score distribution: 0 = no value; 1.25 = poor; 2.5 = average; 3.75 = good; 5 = excellent.

2. Project Plan and Budget:

- a. Weight = 6.25, Total maximum points = 25
- b. Score distribution is: 0 = no value; 6.25 = poor; 12.5 = average; 18.75 = good; 25 = excellent.

3. Staff:

- a. Weight = 2.5, Total maximum points = 10
- b. Score distribution: 0 = no value; 2.5 = poor; 5 = average; 7.5 = good; 10 = excellent.

4. Collaboration and Coordination with local WIC agencies and Lactation Support and Health Care Providers within the Respective Region:

- a. Weight = 2.5, Total maximum points = 10
- b. Score distribution: 0 = no value; 2.5 = poor; 5 = average; 7.5 = good; 10 = excellent.

5. Training:

- a. Weight = 10, Total maximum points = 40
- b. Score distribution: 0 = no value; 10 = poor; 20 = average; 30 = good; 40 = excellent.

6. Resources and Capabilities:

- a. Weight = 2.5, Total maximum points = 10
- b. Score distribution: 0 = no value; 2.5 = poor; 5 = average; 7.5 = good; 10 = excellent.

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

VIII. APPLICATION

Application Checklist

The following items must be included in the application in the following order:

1. ___ **Cover Letter**
2. ___ **Application Face Sheet**
3. ___ **Applicant's Response**
4. ___ **Project Budget**
Include a budget in the format provided.
5. ___ **Approved Indirect Cost Rate Letter**
6. ___ **Letters of Commitment or Statements of Support**
7. ___ *IRS Documentation:*
IRS Letter Documenting Your Organization's Tax Identification Number (public agencies)
or
___ **IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax-exempt Status** (private non-profits)
and
8. ___ **Verification of 501(c)(3) Status Form** (private non-profits)

1. Cover Letter

The application must include a cover letter, on agency or organization letterhead, signed and dated by an individual authorized to legally bind the Applicant.

Include in the cover letter:

- the legal name of the Applicant agency or organization
- the RFA number
- the Applicant agency's or organization's federal tax identification number
- the Applicant agency's or organization's DUNS number
- the closing date for applications.

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with North Carolina Department of Health and Human Services (NC DHHS) including the signature of the individual authorized to sign “official documents” for the agency or organization. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to **RFA # A397** are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

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

3. Applicant's Response

Agencies and organizations that wish to submit applications for funding should follow the guidelines listed below in formulating their application.

A. Needs Statement: This section should not exceed **two (2)** pages (5 points).

Provide a clear description of the current breastfeeding promotion and support needs assessment within the proposed region. Highlight any disparities and unmet needs.

B. Project Plan and Budget: This section should not exceed **six (6)** pages (25 points).

The core of this application is the detailed description of the project plan that will demonstrate the ability to provide accurate, standardized, evidence-based training and continuing education for breastfeeding peer counselors, breastfeeding peer counselor program managers, public health agency staff and other medical professionals serving the WIC eligible population in the respective region. The plan should:

1. Describe activities the agency or organization will undertake to fulfill the purpose of the project and explain why these activities will be effective in addressing the project goal.
2. Describe who will undertake the activities and provide a timeline in which the activities will be carried out.
3. Provide a clear link between the needs statement and the project goal, objectives and activities.
4. Link activities with budgetary information.
5. Detail distinct goals and measurable objectives.

C. Staff: This section should not exceed **two (2)** pages (10 points).

Outline staff qualifications including education, experience and significant accomplishments. Include proposed job description of staff (and curriculum vitae if available) as an attachment. Limit curriculum vitae to five pages.

The individual designated as the RLT shall be responsible for all activities as outlined in the scope of services. The minimum qualifications for the RLT position are:

1. International Board-Certified Lactation Consultant (IBCLC)
 - a. Preference for an IBCLC with one or more health credential such as Registered Dietitian, Registered Nurse, Nurse Practitioner, Physician Assistant, Speech Language Pathologist, and/or Medical Doctor.
2. An understanding of the North Carolina WIC Program and the Breastfeeding Peer Counselor Program and experience working with the population served by these programs.
3. Five (5) or more years of experience providing direct clinical lactation management services to lactating individuals and their infants; and an ongoing mechanism to maintain sufficient skills in

the provision of clinical lactation services.

4. Experience with development and implementation of accurate, standardized, evidenced-based clinical lactation management training and continuing education.
5. Demonstrated ability to coordinate and collaborate with other health professionals and community agencies to promote and support breastfeeding services.

D. Collaboration and Coordination with local WIC agencies and Lactation Support and Health Care Providers within the Respective Region: This section should not exceed **two (2)** pages (10 points).

Describe the current and planned activities with the local and regional hospitals, health centers, private health care providers, public health departments and other maternal and child health care providers, local WIC agencies, and other relevant stakeholders within the respective region.

The individual designated as the RLT must collaborate and coordinate services and activities with NSB, the local WIC agencies and other relevant stakeholders in the respective region. The purpose of this collaboration and coordination is to promote cooperation, integration, and dissemination of breastfeeding best practices information within the respective region. Minimum expectations for the RLT are to:

1. Develop an annual work plan which demonstrates collaboration with local WIC agencies and other relevant stakeholders and coordination of training offered based on identified needs in the respective region.
2. Communicate with local WIC agencies in the respective region including orientation for newly hired WIC Directors about the purpose and availability of the WIC LATCH and quarterly in-person or live virtual sessions per local WIC agency to assess efficiency of clinic workflow for internal/external breastfeeding support, opportunities for collaboration, cross-agency information sharing of best practices (Sessions may be conducted individually or by designated groups. Groups must be established by a common denominator between the local WIC agencies [shared birthing hospital, rural county designation, etc.]).
3. Communicate routinely with State agency staff including the State Breastfeeding Coordinator, the State Breastfeeding Peer Counselor and WIC Regional Nutrition Consultants, including at least one annual face-to-face or virtual meeting with the State personnel. The applicant shall refer all questions regarding WIC Program policy to the applicable WIC Regional Nutrition Consultant.
4. Demonstrate linkages between maternal and child health care providers and community breastfeeding support networks within the respective region.
5. Participate in breastfeeding promotion and support initiatives approved by NSB.
6. Communicate with local and state agency staff to assure continuous quality improvement in breastfeeding promotion and support.

E. Training: This section should not exceed **two (2)** pages (40 points).

Outline the plan to provide accurate, standardized, evidence-based training and continuing education for breastfeeding peer counselors, breastfeeding peer counselor managers, public health agency staff and other medical professionals serving the WIC eligible population in the respective region. Minimum expectations for the RLT are:

1. To provide:
 - a. Three (3) in-person orientation trainings to breastfeeding peer counselors using state approved, standardized curriculum each contract year, as assigned by the State agency.
 - b. Two (2) in-person orientation trainings to WIC-Designated breastfeeding experts using state approved standardized curriculum each contract year, as assigned by the State agency.
 - c. Four (4) continuing education trainings to breastfeeding peer counselors and the breastfeeding peer counselor program managers on the topics of clinical lactation management and in alignment with the scope of practice of the breastfeeding peer counselor role each contract year scheduled in November, February, May, and August.
 - i. No more than 75% of continuing education trainings for breastfeeding peer counselors and breastfeeding peer counselor program managers may be virtual.
 - ii. Each continuing education training session should provide an opportunity for breastfeeding peer counselors and their managers for information sharing and networking between local WIC agencies.
 - d. Four (4) continuing education sessions to WIC-Designated breastfeeding experts on the topic of clinical lactation management each contract year scheduled in October, January, April, and July.
 - i. No more than 75% of continuing education trainings for WIC-designated breastfeeding experts may be virtual.
 - ii. Each continuing education training session should provide an opportunity for WIC-designated breastfeeding experts for information sharing and networking between local WIC agencies.
 - e. Ten (10) in-person or live virtual in-service or continuing education sessions on clinical lactation management topic to public health agency staff and other medical professionals who serve WIC-eligible participants.
 - i. In-service or continuing education sessions must be presented to an unduplicated 75 participants.
 - ii. A minimum of one in-service annually must be on the topic of infant and young child feeding in emergencies.
 - f. The demonstration portion via live virtual platform for the Breastfeeding Supplies Competency Training sessions, as needed for a maximum of 40 local public health agency staff.
2. To assure implementation of training activities including, but not limited to scheduling training events and securing training sites, notifying NSB of training dates, informing agencies and registering participants, providing training materials and certificates of attendance and summarizing evaluations of the training.

F. Resources and Capabilities: This section should not exceed **two (2)** pages (10 points).

Describe the applying agency's or organization's history, past experiences, and current capacities in providing accurate, standardized, evidence-based clinical lactation management training and continuing education to breastfeeding peer counselors, breastfeeding peer counselor program managers, WIC-Designated breastfeeding experts, public health agency staff and other medical professionals serving the WIC eligible population in the respective regions. Summarize the coordination among key programs within and outside of the agency or organization that demonstrate the capacity to provide required services. Identify to what extent members of each program will work jointly on delivery, monitoring and technical assistance activities related to the project. Provide evidence of the organizations and key staff alignment with agencies that provide direct maternal and child health related services within the respective region.

Letters of commitment from agencies or organizations within the respective region should be included with this application. Include, as an attachment, an organizational chart of the agency or organization that demonstrates the flow of leadership, staff relations and support. Indicate agency or organization's contract administrator and RLT positions in the organizational chart.

Note that if proposing regional services, the applicant must be physically located within the respective region and must have capacity to serve the entire region. In that case, applicants must confirm in their proposal what region they are applying for and that they can serve the proposed region. If applying as single entity proposing statewide services, applicants can propose different regions and not require all staff to be physically located full time within each region as long as they can ensure adequate coverage and thoroughly describe their service delivery model in their offer.

4. Project Budget

Include a detailed project budget and budget narrative for each of the three years of grant funding, using the template provided below.

An important component of the application is the preparation of a detailed budget and budget narrative for the project. This document links the funding requested with specific elements of the project proposed. Therefore, the budget should be an appropriate and accurate projection of the project expenses.

Policy guidelines usually disallow/preclude support for the following:

- A. Ongoing general operating expenses or existing deficits of the agency or organization.
- B. Items for which third-party reimbursement is available.
- C. Endowment or capital costs, including construction or renovation.

The proposed budget will be reviewed in detail and negotiated to ensure that it meets the goals and objectives of the proposed project. Therefore, during budget negotiation, the budget may need revisions. During the budget negotiation process, Division staff may deem it appropriate to eliminate a line item or support only a percentage of the funding requested for a particular line item. In these cases, other sources of support may need to be identified.

The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the proposed project goal and project plan. The budget justification must be concise. Do not use the justification to expand the project narrative.

The budget must be submitted with the application document using the template provided below. The budget must include a line-item budget for each of the three project years. The budget should be consistent with the scope of the proposed program and be cost-effective. Proposed uses of project funds should be clearly linked to the activities, outcomes and impacts. If information is contained in the application that will strengthen the budget narrative provided, please reference the page number.

The template provided below shows the format in which costs associated with the proposed project should be identified. Not all line items will be applicable, and in some cases, additional line items are necessary. **Note:** Line items entitled "miscellaneous" will not be funded. Complete the budget spreadsheet such that amounts for funds are shown when entering line-item detail. Add extra rows as needed.

Preference will be given to projects that can operate cost effectively, providing the most services with the funding provided.

The budget must include an explanation for *every* line item. In general, each justification should describe, in as much detail as possible:

- A. The specific item.
- B. How the specific item relates to the project goal, objectives and activities.
- C. How the amount shown in the budget was determined.

Project Budget Categories Justification

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, including the staff name, position title, annual salary, fringe benefits, and percent full time equivalency.

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

Contracted Services: Provide a clear explanation as to the purpose of each contracted and/or purchased service, how the costs were estimated, and the specific contract deliverables.

Supplies: List the items that the project will use. The supplies should support the specific activities of the project, including postage.

Equipment: List equipment costs (state funded) and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items.

Staff Travel: List travel costs. For local travel, the mileage rate, number of miles, reason for travel and staff member completing the travel should be outlined. The budget should also reflect the travel expenses associated with carrying out the scope of the project. All travel costs should be computed at the current state rates. Reimbursement will not be allowed above the state rates. The applicant is permitted to allocate travel cost for up to one (1) out-of-state travel per an agency or organization per each contract year. International travel will not be funded.

Other Operating Expenses

Educational Materials: Educational supplies may be pamphlets, CD/DVD, and other materials necessary to fulfill the training components of the project.

Virtual Learning Platforms: Provide a clear explanation as to how the costs were estimated. Costs should be realistic and based upon program needs.

Incentives: Incentives must be based on reasonable cost per client; justified; and matched to objectives, activities and target populations. Provide details on items and cost derivation.

Phone: Provide details on cost derivation.

Printing: Identify costs, volume, purpose, and estimated numbers. Costs should be realistic and based upon program needs.

WIC Lactation Area Training Centers for Health Project Budget
AGENCY OR ORGANIZATION NAME: _____

BUDGET PERIOD: October 1, 2022 TO September 30, 2025

	YEAR ONE Oct 1, 2022 – Sep 30, 2023	YEAR TWO Oct 1, 2023 – Sep 30, 2024	YEAR THREE Oct 1, 2024– Sep 30, 2025	TOTAL
PERSONNEL:				
Staff (insert job title) – Salary				
Fringe Benefits				
FTE%				
CONTRACTED SERVICES:				
SUPPLIES:				
EQUIPMENT:				
IT, Office				
TRAVEL*:				
Mileage				
Hotel				
Subsistence				
Airfare				
OTHER:				
Incentives				
Phone, Utilities				
Printing				
Advertising				
Office Space				
Continuing Education/Training**				
Indirect Cost (if applicable)				
TOTAL:				

*Refer Section VI: Project Budget for Indirect cost and current rates for travel, lodging and meals.

**Snacks/Breaks = \$5.00 per participant

5. Indirect Cost Rate Approval Letter (if applicable)

If indirect cost is requested, appropriate documentation is required.

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

If the applicant does not have an FNICR, a 10% indirect cost rate (known as the de minimis rate) may be used on the total, modified direct cost as defined in 2 CFR 200.68, Modified Total Direct Cost (MTDC), with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. Applicants must indicate in the budget narrative that they wish to use the de minimis rate, or some part thereof. Applicants who do not wish to claim any indirect cost should enter "No indirect cost requested" in the indirect cost line item of the budget narrative.

6. Letters of Commitment

Provide documentation of collaborative relationships within the respective region which should include letters of commitment from collaborating agencies. Letters of commitment should be included from any community agency or organization integral to the success or implementation of the proposed activities. Examples of such agencies include those that will provide clinical services, meeting space, access to participants, or services to participants beyond the scope of the applicant agency or organization. Letters of support from local health departments are strongly encouraged to facilitate service provision. If a local health department is applying, they should have letters of support from community organizations that can support this project.

7. 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.

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

IRS Tax Exemption Verification Form (Annual)

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

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

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

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

(Signature)

Appendix A Forms for Reference

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

FEDERAL CERTIFICATIONS

The undersigned states that:

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

Signature **Title**

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

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

I. Certification Regarding Nondiscrimination

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

II. Certification Regarding Drug-Free Workplace Requirements

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

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

III. Certification Regarding Environmental Tobacco Smoke

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

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

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

Instructions

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

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

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

Certification

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

V. Certification Regarding Lobbying

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

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

VI. Disclosure of Lobbying Activities

Instructions

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

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

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

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

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

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

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

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

16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature: _____

Print Name: _____

Title: _____

Telephone No: _____ Date: _____

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Standard Form - LLL

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

LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS

**Letter from Board President/Chairperson Identifying
Individuals as Authorized to Sign Contracts**

I, _____, Board President/Chairperson of
_____ [Agency/Organization's legal name]

hereby identify the following individual(s) who is (are) authorized to sign **Contracts** for the
organization named above:

Printed Name	Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Reference only — Not for signature

Signature	* Title	Date
	<i>* Indicate if you are the Board President or Chairperson</i>	

LETTER TO IDENTIFY INDIVIDUALS TO SIGN EXPENDITURE REPORTS

**Letter from Board President/Chairperson
Identifying Individuals as Authorized to Sign
Contract Expenditure Reports**

I, _____, Board President/Chairperson
of _____ [Entity's legal
name] hereby identify the following individuals who are authorized to sign **Contract**

Expenditure Reports for the entity named above:

Printed Name	Title

Reference only — Not for signature

_____ Signature	_____ * Title	_____ Date
--------------------	------------------	---------------

** Indicate if you are the Board President or Chairperson*

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

Signature of Organization Official

Conflict of Interest Policy Example

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

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

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

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

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

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

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

the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

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

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

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

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

Approved by:

Name of Organization

Signature of Organization Official

Date

NO OVERDUE TAX DEBTS CERTIFICATION

State Grant Certification – No Overdue Tax Debts¹

To: State Agency Head and Chief Fiscal Officer

Certification:

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

Sworn Statement:

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

_____ [Title of Second Authorizing Official],
respectively, of _____

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

Reference only – Not for
signature

Board Chair

Reference only – Not for
signature

Title

Date

Signature

Title of Second Authorizing Official

Date

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

Reference only – Not for signature

Notary Signature and Seal

Notary’s commission expires _____, 20__.

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

CONTRACTOR CERTIFICATIONS

State Certifications

Contractor Certifications Required by North Carolina Law

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

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

Certifications

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

Contractor's Name: _____

Contractor's
Authorized Agent: Signature _____ Date _____

Printed Name _____ Title _____

Witness: Signature _____ Date _____

Printed Name _____ Title _____

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

FFATA Form

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

A. Exemptions from Reporting

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

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

The entire FFATA reporting requirement:

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

Only executive compensation data reporting:

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

Reference only – Not for signature

Signature _____ Name _____ Title _____

Entity _____ Date _____

B. Reporting

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

Entity’s Legal Name _____ Contract Number _____

Active SAM registration record is attached

An active registration with SAM is required

Entity’s DUNS Number _____

Entity’s Parent’s DUNS Nbr (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. _____	_____	_____

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