



Request for Applications

RFA # A366



PREPare for Success *Serving Youth in Out-of-Home Care Settings*

FUNDING AGENCY: North Carolina Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section
Women's Health Branch
Family Planning and Reproductive Health Unit

ISSUE DATE: August 12, 2019

DEADLINE DATE: October 11, 2019

INQUIRIES AND DELIVERY INFORMATION:

Inquiries about this RFA are encouraged and may be directed to the following Teen Pregnancy Prevention Initiatives – PREPare for Success Program staff or (919) 707-5700.

- Juanella Tyler, TPPI Team Leader; juanella.tyler@dhhs.nc.gov
- Vanessa Farrar, Program Consultant; vanessa.farrar@dhhs.nc.gov
- Christine Paine, Program Evaluator; christine.paine@dhhs.nc.gov

Applications will be received until 5:00 p.m. on October 11, 2019

Electronic copies of the application are available by request.

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

Mailing Address:	Street/Hand Delivery Address (i.e., Fed EX, UPS, DHL):
Juanella Tyler	Juanella Tyler
PREPare for Success	PREPare for Success
NCDHHS – Division of Public Health	NCDHHS – Division of Public Health
1929 Mail Service Center	5601 Six Forks Road
Raleigh, NC 27699-1929	Raleigh, NC 27609

More information about the PREPare for Success program can be found at <http://www.teenpregnancy.ncdhhs.gov/prep.htm>.

IMPORTANT NOTE: Indicate agency/organization name and RFA number on the front of each application envelope or package, along with the RFA deadline date.

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I. INTRODUCTION

The Personal Responsibility Education Program (PREP) is a program designed to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STI), including HIV/AIDS, and adulthood preparation subjects.

Through the use of comprehensive sexuality education programs, adolescents will be equipped with the information they need to make healthy decisions about their emotional and physical well-being and will explore relationships, decision-making, assertiveness, peer pressure and other topics related to health and human sexuality.¹

PREP is administered by Teen Pregnancy Prevention Initiatives (TPPI) of the North Carolina Department of Health and Human Services, Division of Public Health, Women's and Children's Health Section, Women's Health Branch, Family Planning and Reproductive Health Unit.

ELIGIBILITY:

Specific public or private non-profit agencies encouraged to apply for funding include those with history or can demonstrate ability to successfully replicate evidence-based comprehensive sexuality education and positive youth development programs with youth receiving out-of-homecare services including youth who are: in or aging out of foster care, in kinship care, involved in the juvenile justice system, runaway/homeless, receiving transitional housing or independent living services.

The following evidence-based teen pregnancy prevention programs have been selected for replication under this RFA: *Making Proud Choices! For Youth in Out-of-Home Care* and *Power Through Choices*.

Applications will be accepted from private not-for-profit and public agencies who serve youth who reside in any of the 100 North Carolina counties.

FUNDING:

Grant awards will be up to \$70,000. Applicants will be selected for funding for a **one-year period** with the option to extend for two (2) additional years only if additional funding becomes available. The anticipated start date of the initial contract is June 1, 2020.

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

June 1, 2020 – May 31, 2021: award up to \$70,000

June 1, 2021 – May 31, 2022: award \$0 at this time

June 1, 2022 – May 31, 2023: award \$0 at this time

II. BACKGROUND

In 2016, 10,425 youth were in the foster care system in North Carolina.² Research has found that youth who have ever lived in foster care are more likely to take more risks, including engaging in risky sexual behavior. From a national lens, teen girls in foster care are 2.5 times more likely than their peers not in foster care to get pregnant by the age of 19. Approximately 50% of 21-

year-old men aging out of foster care report fathering a child compared to the 19 percent of their peers not in the system.³

Crossover youth are youth who are involved in both the foster care system and the juvenile justice system. Often times, risky behavior of youth in foster care will lead to involvement in the juvenile justice system, or youth involved in the juvenile justice system are placed in foster care due to a history of child maltreatment. Crossover youth have even greater risks for these outcomes.³ In 2017, 21,238 youth were served by Juvenile Crime Prevention Councils, and 2,742 youth were admitted into a detention center in North Carolina.⁴

Youth in foster care, juvenile justice and other out-of-home care services experience frequent disruptions of care, including constant changes in residential and school settings. Due to this disruption, this population of youth is less likely to receive sexuality education through the classroom and are less likely to experience bonding with positive adult figures such as teachers, parents, and counselors to support their positive youth development and healthy decision making. These factors can contribute to this population's increased risk for engaging in risky behaviors with less knowledge and skills to protect themselves from sexually transmitted infections and pregnancy. Additionally, youth receiving out-of-home care services have an increased risk of dropping out of school, homelessness, unemployment, and criminal activities.³

Understanding that youth in out-of-home care placement are more likely to become pregnant or father a child, it is evident that programming to support teen pregnancy prevention that utilizes a positive youth development approach is important to increase successful transition to adulthood among this population.³

The Personal Responsibility Education Program (PREP) is federally funded by the United States Department of Health and Human Services, Family and Youth Services Bureau. Since 2010, the North Carolina Department of Health and Human Services has received funding to implement PREP within select local sites throughout the state.¹

PREP projects replicate effective, evidence-based program models that have been proven to delay sexual activity, increase condom or contraceptive use for sexually active youth, reduce the number of sexual partners, or reduce pregnancy among youth. PREP funded programs provide positive youth development and educate young people on both abstinence and contraception to prevent pregnancy and sexually transmitted infections, including HIV/AIDS.¹ Under this RFA, PREP funded sites shall provide services to youth ages 10-19 who receive out-of-home care services.

In addition to education on abstinence and contraceptive use, PREP projects also offer services to prepare young people for adulthood by implementing activities that address the following adulthood preparation subjects:

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

The intended outcomes of PREP programs are:

1. A greater percentage of teens will report they intend to abstain from sexual intercourse in the next 6 months;
2. A greater percentage of teens will report they intend to use condoms in the next 6 months;
3. A greater percentage of teens will report they intend to use birth control in the next 6 months; and
4. A greater percentage of teens will report they frequently practice behaviors that support a healthy transition to adulthood.

The federal legislative authority for this program is Section 2953 of the Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, which adds a new Section 513 to Title V of the Social Security Act, to be codified at 42 U.S.C. § 713, authorizing the Personal Responsibility Education Program (PREP).

III. SCOPE OF SERVICES

The goal of PREPare for Success is to reduce the rate of teen pregnancy in North Carolina. This is done by providing: essential comprehensive sex education (which includes abstinence) through implementation of an evidence-based program model, including Making Proud Choices or Power through Choices, strategies and best practices to support adulthood preparation, awareness/prevention of human trafficking and involvement of a trusted adult.

Awarded agencies must agree to:

1. Implement *Making Proud Choices! For Youth in Out-of-Home Care* or *Power Through Choices* with fidelity to educate adolescents on both abstinence and contraception to prevent adolescent pregnancy and STIs, including HIV/AIDs;
2. Provide comprehensive, medically accurate, age-appropriate programming that is trauma-informed, inclusive and culturally appropriate;
3. Promote successful and healthy transitions to adulthood through the implementation of activities that align with the PREP adulthood preparation subjects;
4. Provide education and information on the prevention of human trafficking;
5. Implement strategies to engage trusted adults in program activities; and
6. Serve a minimum of 60 youth in out-of-home care between the ages of 10 and 19 who are at high-risk for becoming pregnant. Out-of-home care is defined by living in or aging out of foster care, being homeless or involved in juvenile justice systems.

Resources for choosing a program model are included in this RFA. Applicants may consider supplementing the chosen program model by adding any of the following components: academic assistance, parent involvement, community service learning, career awareness, job skills development, individual counseling, and cultural enrichment. Applicants must provide services to all program participants every year of the grant cycle.

IV. WHO MAY APPLY

Public or private non-profit agencies interested in reducing teen pregnancy among youth enrolled in out-of-home care services in North Carolina are eligible to apply. For-profit agencies need not apply. Potential applicants should consider their community's readiness to support teen pregnancy prevention efforts and their agency's organizational capacity to administer the state grant funds if awarded. Recipients of state funds are expected to have established in writing certain general agency policies including personnel and financial accounting policies.

Applicants that have not previously received or successfully administered state funds should consult a PREP staff member to determine if their agency has the internal policies and procedures in place to administer a state grant at this time. Funds to grantees will be dispersed on a cost reimbursement basis only, and agencies should carefully consider if they have the capacity to implement the program under this system.

Performance Score (Re-Application by Grantees)

Agencies that have received funding from PREP to specifically serve youth in out-of-home care within the past three years shall receive a performance rating based on their previous program performance and compliance during the last three years that they received funding. The PREP staff will evaluate performance and compliance by reviewing site visit reports, database reports, expenditure reports, program evaluation data, report submission logs, risk status, and other documentation.

The performance rating shall range from negative ten (-10) points to positive ten (+10) points, which shall be added to the application score established by an objective review committee. Grantees that have consistently remained in compliance with all of the objectives and mandates of their contract are likely to gain points. Conversely, agencies that have experienced significant and persistent challenges in meeting any of the objectives or mandates of their contract are likely to lose points.

V. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection

All qualified applications will be evaluated, and awards will be made to those agencies 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. All applicants will be notified by November 30, 2019.

2. Cost of Application Preparation

Any cost incurred by an agency in preparing or submitting an application is the agency's sole responsibility; the funding agency will not reimburse any agency 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 and will not be considered in the scoring and decision to award funding.

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

Applications must be submitted using the forms provided by the funding agency. Both the *Application Form* and *Budget and Justification Form* will be sent to interested agencies along with this RFA, and they can be downloaded on August 12, 2019 from the TPPI website at www.teenpregnancy.ncdhhs.gov/funding.htm.

8. Disbursement of Funds

Funds to grantees will be dispersed on a cost reimbursement basis only. The grant recipient will be required to submit monthly invoices of expenses and supporting documentation within 10 days from the end of the month for which it is being submitted.

9. Level of Funding

Through a review of applications process, the applicant agency will be selected for funding for a **one-year period** with the option to extend for 2 additional years only if additional funding becomes available.

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

June 1, 2020 – May 31, 2021: award up to \$70,000

June 1, 2021 – May 31, 2022: award \$0 at this time

June 1, 2022 – May 31, 2023: award \$0 at this time

Funds from the award may not be used to supplant other funds. Funds for this grant are subject to availability. Funds will be awarded for the costs that are associated with the implementation of this initiative. Funding may not be used for expenses incurred prior to or after contract start and end dates.

10. Compliance

The anticipated initial contract period will be June 1, 2020 – May 31, 2021. Should additional funding become available, funding is contingent upon compliance with all procedures and regulations prescribed by the State of North Carolina. Compliance is monitored by PREP Staff through annual site visits, monthly database entries, and monthly expenditure reports.

11. 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 may be grounds for rejection of that agency's application. Grantees and agencies specifically agree to the conditions set forth in the Performance Agreement (contract).

12. Advertising

In submitting an application, an agency agrees not to use the results there from or as part of any news release or commercial advertising without prior written approval of the funding agency.

13. 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 will become the property of the funding agency when received.

14. 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.

15. Agency's Representative

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

16. Subcontracting

Applicants may propose to subcontract the direct program services to another agency provided that the subcontracting relationship will enable the applicant to provide substantial additional resources and support to the subcontracted agency. **Applicants that wish to subcontract direct program services to another agency must consult PREP staff about the specific circumstances of the subcontracting relationship prior to submitting an application.** A memorandum of agreement (MOA) between the applicant and the subcontracted agency must be included in Attachment A of the application. The MOA should clearly indicate the scope of the work to be subcontracted.

17. Proprietary Information

Trade secrets or similar proprietary data which the agency 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.

18. 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.

19. Contract

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

VI. THE APPLICATION PROCUREMENT PROCESS & 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 registering for the mandatory technical assistance webinar are being sent to prospective agencies and organizations via email and will be posted at the following website on August 12, 2019:

<http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities> and www.teenpregnancy.ncdhhs.gov/funding.htm.

2. Distribution of the RFA

RFAs will be sent via e-mail to agencies and posted at the following website on August 12, 2019: www.teenpregnancy.ncdhhs.gov/funding.htm.

3. Provision of Application Consultation

Inquiries about this RFA are encouraged and may be directed to the PREP staff at <http://www.teenpregnancy.ncdhhs.gov/contact.htm> or (919) 707-5700. Applicants are eligible for consultation when the RFA is released on August 12, 2019. Consultation to all applicants by DHHS staff shall cease on September 13, 2019. An RFA addendum containing a summary of questions asked and answers given during the consultation period will be e-mailed to all applicants on September 20, 2019. Applicants may receive assistance from SHIFT NC, www.shiftnc.org, 919-226-1880, until September 20, 2019.

4. Mandated Technical Assistance Webinar

In order to be eligible for funding, a representative of the applicant agency must participate in a mandatory technical assistance webinar. The purpose of the webinar is to review components of the RFA and provide opportunity for agencies to ask questions regarding the application, curriculum and grant requirements. The webinar will be held on August 20, 2019 from 10:00 a.m. – 12:30 p.m. Applicants must register to participate in this webinar at the following link https://www.surveymonkey.com/r/prep_ohc_webinar_registration by 5:00pm on August 19, 2019 to receive the webinar link and call-in information. Agencies that do not attend the mandatory technical assistance webinar shall not be eligible to respond to this RFA.

5. Mandatory Notice of Intent

Any agency that plans to submit an application must register its intent no later than 5:00 p.m. on August 30, 2019. **The link to register intent will be available to agencies during the mandated technical assistance webinar.** Confirmation of receipt will be provided in response. Agencies that do not register their intent by the deadline shall not be eligible to respond to this RFA.

Information requested on the registration form shall include the following:

- A. The legal name of the agency;
- B. The name, title, phone number, mailing address, and email address of the person who will coordinate the application submission;
- C. County where services will be provided;
- D. Proposed pregnancy prevention program model(s);
- E. Setting for program implementation (i.e., group home, community-based setting, juvenile detention center, etc.);
- F. Number of proposed students to serve (for each program model if applicable); and
- G. Amount of money asking for in application.

Responses to this notice of intent are not binding and will not impact the review and scoring of your RFA submission. Applicants registering their intent are not bound to respond to this RFA.

6. Mandated Technical Assistance Session with State PREP Team

In addition to attending the mandatory technical assistance webinar and registering notice of intent, applicants must schedule and conduct a technical assistance session with a member of the State PREP Team. This session is meant to provide a preliminary review of the applicants' RFA narrative, discuss the applicants' proposed project plan and provide guidance in strengthening the RFA narrative and plan. This technical assistance session may occur via conference call or an in-person face-to-face meeting. This session must be completed by 5:00pm on September 13, 2019. Agencies that do not complete the mandated technical assistance session shall not be eligible to respond to this RFA.

7. Applications

Applicants shall submit an original and four (4) copies of the application. All copies shall include the required attachments. Electronic submission will not be accepted in lieu of an original. Faxed applications will not be accepted.

8. Original Application

The original application must contain any original documents, and all signatures in the original application must be original. Mechanical, copied, or stamped signatures are not acceptable. The original application should be clearly marked "original" on the application face sheet.

9. Copies of Application

Along with the original application, submit four (4) photocopies of the application in its entirety. Copies of the application should be clearly marked "copy" on the application face sheet.

10. Format

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

11. Space Allowance

Page limits are clearly marked in each section of the application form. Points will be deducted from the score of the application if page limits are exceeded.

12. Application Deadline

Applications shall be received until 5:00 p.m. October 11, 2019. **Applications arriving after the deadline shall not be considered even if they are postmarked on or before the deadline.** Faxed and emailed applications will not be accepted.

13. Delivery & Receipt of Application

Applications may be delivered to either the mailing address or delivery address, which are listed on the cover page of this RFA. Applications will be logged with the date and time received by the funding agency. **Applicants must submit an original and four (4) additional copies of their application.**

14. Review of Applications

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with adolescent health issues. Staff from applicant agencies may not participate as reviewers. The committee uses a standardized set of criteria based on various factors to establish a score for each application and provides recommendations for funding.

The award of a grant to one agency 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.

15. Request for Additional Information

At their option, the committee 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 are cautioned that the committee is not required to request clarification; therefore, all applications should be complete and reflect the most favorable terms available from the agency.

16. Evaluation Criteria

The application is worth a total of 100 points. Point values are clearly marked beside each item on the Cover Letter and Application Form (see Appendix A & B). A multi-disciplinary committee will review the application for completeness, content and quality of responses to each item on the application. The committee will first score the responses individually without consulting one another, and will then convene a meeting, which is facilitated by a PREP staff member, to discuss the application and reach consensus on an appropriate score for each section. Any application missing required components or not following instructions (including going over page limits) will have **5** points deducted from the score determined by the committee. Performance Scores, as described in this RFA, are added by the PREP staff to the application score established by the review committee.

17. 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.

18. 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.

19. 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, signed, and notarized page verifying continued existence of the agency's 501(c) (3) status.

20. 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 G). Federal Certifications should NOT be signed or returned with application.

21. 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 <https://www.sam.gov/SAM/>). To maintain an active SAM record, the record must be updated no less than annually.

22. 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 completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign contracts. (A reference version appears in Appendix G.)
- 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 G.)

- Documentation of the agency's DUNS (Data Universal Numbering System, developed and regulated by D&B.) 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.

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

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 G). 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.

23. 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 registrations process in conjunction with the execution of the contract documents. (Refer to: https://www.sosnc.gov/divisions/business_registration)

24. 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 G.

25. Iran Divestment Act

Pursuant to 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.

26. 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.

27. Application Process Summary Dates:

Dates	RFA Action Items
08/12/2019	RFA released, technical assistance consultation available.
08/19/2019	Agencies shall complete the conference webinar registration link before 5 p.m.: https://www.surveymonkey.com/r/prep_ohc_webinar_registration . The email address used to register will receive a copy of the technical assistance webinar link and call-in information.
08/20/2019	Agencies shall attend the mandated technical assistance webinar (10:00 a.m. – 12:30 p.m.).
08/30/2019	Notice of intent due. Link to submit notice of intent will be made available during the mandated technical assistance webinar.
09/11/2019	An additional mandated technical assistance session (via face-to-face meeting or conference call) must be scheduled and completed with a PREP Program Consultant by 5:00pm on this date.
09/13/2019	End consultation by DHHS staff. Deadline for questions pertaining to the RFA.
09/20/2019	Send Q&A addendum to applicants. End consultation by SHIFT NC staff.
10/11/2019	Application deadline at 5 p.m.
11/30/2019	Successful applicants will be notified.

VII. COMPLETING THE APPLICATION

Cover Letter

A cover letter on agency letterhead must be signed by the lead administrator of the agency submitting the application, using the template provided (Appendix A).

Application Form

The application form will be sent to interested agencies along with this RFA, and it can be downloaded from the TPPI website at <http://www.teenpregnancy.ncdhhs.gov/funding.htm> on August 12, 2019.

Application Face Sheet

This form serves as the cover page of the application. It provides important information about the applicant and the proposed project and requires the signature of the individual authorized to sign “official documents” for the agency. Complete the application face sheet with the information requested. Name and contact information of the person best suited to answer questions about the program should be included (Appendix B).

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

SECTION 1: NEEDS ASSESSMENT

State and County-Level Data to Support Need

Applicants must convincingly describe and document the need for services in a specific setting or among youth who receive out-of-home care services within the county. Appropriate data and statistics should be provided to support the statement of need as related to the goals of PREP.

The following data must be included:

- State and county-level rates of teen fertility/births per 1,000 for females ages 15-19;
- State and county-level rates of sexually transmitted infections (STIs) such as gonorrhea and Chlamydia;
- Total population of teens receiving specific out-of-home care services in county vs. total population of teens in county.

Additional *relevant* data should be included beyond these requirements. Applicants are encouraged to present data in tables or graphs as appropriate.

Population to Be Served

Applicants must describe the specific adolescent population to be served. Funded projects shall plan to only serve youth in out-of-home care. This description should include factors such as gender, race/ethnicity, age/grade, location and setting (i.e., foster care, kinship care, transitional housing program, juvenile detention centers, etc.). Please note that it is not sufficient to either: a) simply name your town or county as your community; or, b) state that the potential participants are at “high risk” without data to support this claim.

Applicants must consider the needs of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and how their programs will be inclusive of and non-stigmatizing toward such participants. Awardees should have in place or plan to have in place, within 30 days of grant award, policies prohibiting harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin.

Establishing or Expanding Services to Community

Applicants must propose implementing services that will provide access to our expand on existing services that support youth reproductive health and positive youth development. Applicants must describe what services currently exist in the community that address adolescent pregnancy prevention, STD/STI prevention and treatment, positive youth development, parent/guardian/caregiver involvement, adulthood preparation and other components of PREPare for Success programming. Applicants must also describe how this funding opportunity will allow them to build upon existing services or provide access to new services to benefit youth and their community.

Citations

Citations for data and statistics provided in the needs assessment should be indicated using endnotes. Please note that appropriate data sources must be cited in the needs assessment. The citation list should be included on a separate page from the needs assessment narrative and will not count against the page limit for this section. For further information on citing references using endnotes, please refer to the handout at <http://www.teenpregnancy.ncdhhs.gov/funding.htm>.

SECTION 2: PROGRAM PLAN

Program Implementation

Applicants will be required to describe in detail their program planning and implementation, including participant recruitment and retention. Additionally, applicants will complete a work plan detailing their program activities in chronological order and specifying the expected date of completion for each activity and the person responsible.

Choosing a Program Model & Supplemental Activities

Applicants must plan to replicate one of the following evidence-based program models discussed in this section Making Proud Choices! For Youth in Out-of-Home Care or Power Through Choices. Additional information about the program models can be viewed at: <https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/index.html>. Applicants should demonstrate an understanding of their chosen program model by clearly explaining how it will effectively address the unmet needs of the population to be served. Applicants must implement the chosen program model with fidelity, and are expected to receive facilitation or implementation training regarding the program model. Applicants should carefully study the requirements of each model and explain how they will ensure that these requirements are met.

About Making Proud Choices! For Youth in Out-of-Home Care

Making Proud Choices! is a curriculum designed to provide young adolescents with the knowledge, confidence and skills necessary to reduce their risk of sexually transmitted diseases (STDs), HIV and pregnancy by abstaining from sex or using condoms if they

choose to have sex. The adapted out-of-home care edition model is designed for implementation with youth in foster care, group homes, transitional housing programs or juvenile justice centers. *Making Proud Choices!* fidelity for this edition requires the delivery of 10 modules by at least one trained facilitator utilizing the sequence defined in the manual.⁶

Reported Outcomes:

Some positive outcomes youth reported after participating in this program include:

- Increased condom use knowledge.
- Believed more strongly that condoms can prevent pregnancy, STDs and HIV and that using condoms would not interfere with sexual enjoyment.
- Expressed greater confidence that they could have condoms available when they needed them; and reported greater confidence that they could exercise sufficient impulse control to use condoms and greater self-efficacy for using condoms.
- More consistent condom use and less unprotected sex in the 3 months after the intervention than did those in the control group.
- Higher frequency of condom use at the 3-, 6- and 12-month follow-up sessions than did those in the control group.⁶

More detailed information about MPCs can be found at the following web links:

- ETR – *Making Proud Choices!*: <http://www.etr.org/ebi/programs/making-proud-choices/>.
- Office of Adolescent Health – *Making Proud Choices!*: http://www.hhs.gov/ash/oah/oah-initiatives/tpp_program/db/programs/ebp-proudchoices.html.
- *Making Proud Choices!* An Adaptation for Youth in Out-of-Home Care Grantee Guide: <http://www.etr.org/ebi/assets/File/Adaptations/MPC-Out-of-Home-Grantee-Guide.pdf>.

About Power Through Choices

Power Through Choices is an evidence-based sexual health curriculum tailored for the special needs, situations, and concerns of youth in systems of care. The curriculum addresses specific characteristics which may motivate these youth to become pregnant or engage in sexual risk-taking behavior, including: intense need for affection, absence of a dependable family or social network, desire to have something of their own that they do not have to share, exposure to sexual abuse or violence, and limited skills in identifying and securing resources, other than sex, to support themselves now and in the future.⁷

Developed for and with youth in systems of care, *Power Through Choices* curriculum is framed through a lens that is unique to youth experiences in growing up in systems of care to help them:

- Make healthy, positive choices related to sexual behavior,
- Develop and practice effective communication skills,
- Identify and access available resources, and
- Use effective pregnancy and STI protection.⁷

Power Through Choices fidelity requires the delivery of 10 lessons by two trained facilitators utilizing the sequence defined in the manual.⁷

Reported Outcomes:

Some positive outcomes youth reported after participating in this program at a 12-month follow-up include:

- Increased knowledge about reproductive health issues and resources,
- Lower sexual activity rates,
- Less likely to have sex without protection, and
- Less likely to be involved in pregnancy.⁷

More detailed information about Power Through Choices can be found at <https://powerthroughchoices.org/>.

Medically Accurate and Complete Comprehensive Sexuality Education

Applicants are mandated to provide comprehensive sexuality education including complete and medically accurate information about all FDA-approved contraceptive methods, including abstinence, to all participants. The term “complete and medically accurate” means verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where applicable or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete. **If the chosen pregnancy prevention model *does not* cover all FDA-approved contraceptive methods, the applicant must describe how these additional methods will be covered with participants. If you are providing program services in an environment in which you cannot discuss contraception and/or conduct a condom demonstration, please describe how and where this education will take place.**

The use of supplemental resources such as brochures, factsheets, videos, or guest speakers should be appropriately reviewed to ensure the information presented is unbiased, complete, medically accurate and is age and culturally appropriate to the population being served.

Trauma-Informed Care Approach

An adolescent pregnancy prevention and positive youth development program that works with vulnerable youth should take into account the trauma and mental health needs of many young people who have experienced maltreatment, abuse or exposure to violence. This approach is described as trauma-informed care. Childhood abuse, neglect, and exposure to other traumatic stressors, known as adverse childhood experiences (ACEs), are common among youth who receive out-of-home care services.⁵ Implementation of programming where discussion of parent involvement, sexual activity, reproductive development, STD/STI transmission, romantic relationships (including prevention/awareness of sexual assault and domestic violence) could potentially activate a traumatic response among program participants. Applicants should describe strategies they will employ to limit and address exposure to traumatic triggers during programming. For more information about the trauma informed care approach, visit [http://youth.gov/docs/Trauma Informed Approach 508.pdf](http://youth.gov/docs/Trauma_Informed_Approach_508.pdf).

Adulthood Preparation Subjects

In addition to education on abstinence and contraceptive use, PREP provides services to prepare young people for adulthood by implementing activities that address adulthood preparation subjects. Adulthood preparation subjects expand content and activities of approved evidence-based program models and provide opportunity to emphasize additional skill-building with a positive youth development approach.

Federal mandate is that grantees and sub-grantees of PREP must incorporate at least three of the six PREP adulthood preparation subjects into programming:

- **Adolescent Development** – This subject includes more than the physiological changes youth experience during adolescence, but also includes programming that address an adolescent’s cognitive, emotional, social, sexual, identity formation, and spiritual change and growth.⁸
- **Education and Career Success** – This subject helps youth prepare for their future by offering programming to support skill development in employment preparation, job seeking, independent living, financial self-sufficiency, and workplace productivity. Programs incorporating education and employment preparation may include goals to improve academic performance, increase school attendance, increase school engagement, or increase school completion.⁸
- **Financial Literacy** – This subject is defined as the knowledge and skills to attend to personal finance needs. Incorporating programming focusing on this subject will allow youth to develop knowledge and skills to contribute to their financial health and stability. Such programming may address topics such as managing a checking/savings account, managing a credit card, preparing a budget, taking out a loan, and buying insurance.⁸
- **Healthy Life Skills** – This subject refers to a youth’s ability for adaptive and positive behaviors that allow them to effectively address the demands and challenges of everyday life. Programming focusing on this subject may provide education and skill building around communication, decision-making, coping, self-management, goal-setting, and avoidance of unhealthy behaviors.⁸
- **Healthy Relationships** – This subject refers to programming that explores various aspects of relationships including positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage, and family interactions. Programming may include education and skill building focused on distinguishing between healthy and unhealthy relationship patterns, reducing potential for sexual risk and relationship violence, building and navigating healthy relationships, and ending unhealthy ones.⁸
- **Parent-Child Communication** – This subject refers to programs that facilitate positive communication between parents, guardians, or caregivers and their children to establish individual values and make healthy decisions. Programming inclusive of parent-child communication can help adolescents have healthy and responsible sexual decision-making by providing accurate information and by creating open lines of communication with a parent, guardian or caregiver.⁸

The evidence-based program models approved for replication under this RFA are *Making Proud Choices For Youth in Out-of-Home Care* and *Power Through Choices*. They naturally address some adulthood preparation subjects as designed by their developer. See the chart below.

	Adolescent Development	Education and Career Success	Financial Literacy	Healthy Life Skills	Healthy Relationships	Parent-Child Communication
Making Proud Choices	X				X	X
Power Through Choices	X			X	X	X

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

Applicants may consider inclusion of structured positive youth development activities that will support youth in developing social skills, emotional competence, positive relationships with peers and adults and civic and social engagement, which may include academic assistance, parent/guardian involvement, community service learning, career awareness, job skills development, individual counseling/mentoring, and cultural enrichment activities. Below is a list of characteristics of a high-quality positive youth development activity:

- Exhibits well-integrated adulthood preparation content,
- Incorporates positive youth development strategies,
- Is culturally appropriate and inclusive and aligns with participant interests,
- Allows development of strong relationships between the participants, facilitators, and trusted adults (i.e. parents/guardians/caregivers),
- Provides opportunities for authentic decision-making by the participants,
- Allows the potential for student leadership in the activity, and
- Involves opportunity for participant to debrief and reflect on their experience.

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

For more information about Adulthood Preparation Subjects visit *The Exchange – Focus on Adulthood Preparation: 6 Adulthood Preparation Subjects* available at <https://teenpregnancy.acf.hhs.gov/content/focus-adulthood-preparation>.

Human Trafficking

PREP projects must also provide education and information on the prevention of human trafficking. Projects must facilitate learning that includes who is at risk for being trafficked, warning signs, how sex trafficking influences adolescent health outcomes, and how to help prevent trafficking from occurring. More information on human trafficking and resources is available at http://teenpregnancy.acf.hhs.gov/sites/default/files/resource-files/HumanTraffickingTipSheet_508-Compliant_FINAL6-19-14.pdf.

For more information about Human Trafficking visit the following links:

- North Carolina Department of Administration. (2019). Human Trafficking, available at <https://ncadmin.nc.gov/advocacy/women/human-trafficking>.
- Project No Rest. (2019). What is Human Trafficking, available at <https://www.projectnorest.org/what-is-human-trafficking/>.
- Sex Trafficking and Adolescents: What Adults Need To Know, two-part online training, available at <https://teenpregnancy.acf.hhs.gov/resources/sex-trafficking-and-adolescents-what-adults-need-know>.
- SOAR To Health and Wellness: Human Trafficking Training, available at <https://teenpregnancy.acf.hhs.gov/resources/soar-health-and-wellness-human-trafficking-training>.
- University of North Carolina at Chapel Hill. Resources: Human Trafficking Resource Database, available at: <https://humantrafficking.unc.edu/resources/>.

Engaging and Involving Trusted Adults

The involvement of a trusted adult (i.e. parent, guardian, caregiver, implementation site administrator and/or staff) is vital to the success and sustainability of any PREP-funded project in ensuring these individuals fully understand and support the activities their youth are involved in. This will ensure the adults hold youth accountable for and provide support for youth to attend a variety of program activities. They may also be of support to the funded agency in identifying and recruiting youth and assisting with implementation of program activities.

Funded agencies are required to implement at least one strategy to engage trusted adults in program activities, for each implementation setting. Examples of such strategies may include but are not limited to: hosting interest meetings to allow these individuals and their youth to learn about your program and experience lessons of your chosen evidence-based program, or hosting education/communication events to create fun interactive opportunities for these adults and their youth to communicate about trending topics. Programs may choose to engage with adults by utilizing email newsletters and social media to provide program updates and education on various program topics. Agencies may also choose to implement curricula such as Teen Speak to educate trusted adults on strategies to effectively communicate, affirm, and support the social-emotional development of their youth. In improving access to community resources and services, funded agencies may work with their community partners to organize opportunities to connect adults to resources that benefit their youth, parents, and family or community.

SECTION 3: EVALUATION

Process Evaluation

Process evaluation documents and analyzes how the program is implemented through the reporting and participant satisfaction surveys.

Web-based Database

Grantees will be expected to report data elements for program activities completed each month into a secure, electronic database system (such as EZTPPI). The State PREP team utilizes this data to monitor the services being provided to participants. Examples of data that shall be reported include participant attendance to program sessions, description of program modules facilitated, fidelity of activities to curriculum, length of sessions, number and dates of sessions held, activities implemented to support adulthood preparation, meetings with the Community Advisory Council (CAC) and professional development completed by program staff. Training is provided to program coordinators and supervisors in utilizing the reporting system to accurately record monthly program data, monitor participant activity, and review program reports.

Additional reporting tools will be provided for grantees to report federal data elements for program activities. For more information about these reporting tools and data elements, please contact a TPPI-PREP Consultant.

Participant Satisfaction Feedback

Grantees are required to utilize a participant satisfaction survey, either one provided by the TPPI team, listed in Appendix C, or another one better suited for their population, in order to obtain feedback from program participants. Applicants must state which participant satisfaction survey they plan to use. If the applicant plans to use a survey other than the one in Appendix C, a sample of this survey must be included in Attachment B. Results of these surveys should be presented to

supervisors, CAC, and other stakeholders to guide continuous quality improvement of PREP. Grantees are required to submit a summary of results and program improvements implemented in response to those results to PREP annually.

Program Model Fidelity

Successful applicants will describe their plans for implementing and monitoring the selected program model with fidelity. Required strategies include ensuring trained facilitators implement the program model, utilizing tools such as a fidelity monitoring plan and fidelity logs to track program implementation, conducting observations of program sessions, and monitoring facilitator and participant program activities. Applicants should describe how they will meet these requirements by filling out the Fidelity Monitoring Plan Template in Appendix D, and including the completed plan in Attachment B. They should also describe how they will use the information collected to make continuous quality improvements to implementation of the selected program model.

Outcome Evaluation

The outcome evaluation seeks to identify changes in knowledge, attitudes, intentions, and/or behaviors related to delaying sexual initiation, improving contraceptive method and condom use, and/or reducing adolescent pregnancy. PREP coordinates the outcome evaluation plan for grantees, and grantees may not use funds from this grant to conduct an additional outcome evaluation. (If a grantee wishes to do a more extensive program evaluation, then other funding must be utilized.) Outcome evaluations include participant completion of PREP Performance Measures Entry and Exit Surveys.

PREP Performance Measures Entry and Exit Surveys

As of August 2019, program outcomes are measured using the PREP Performance Measures Entry and Exit Surveys. For review, the surveys can be found on this webpage: <http://www.teenpregnancy.ncdhhs.gov/prepproj.htm>. Entry Surveys and Exit Surveys must be completed by all eligible participants of funded sub-grantees for each funding cycle. The Entry Surveys are administered before services to the participants begin, and the Exit Surveys are administered after services to the participants end. Each participant's entry and exit survey responses will be linked using a participant identification number. Survey responses must be kept confidential, and no staff member should be able to link a participant's name with their survey responses. See Appendix F for the Survey Administration Quick Reference Guide.

Responses to the PREP Performance Measures Surveys must be submitted electronically through an online survey tool, such as SurveyMonkey. Administering an electronic version of the PREP Performance Measures Survey reduces data entry and processing errors. Also, electronic survey submission will decrease the turnaround time of the agency's outcome evaluation data. The electronic version of the survey can be completed within 15-30 minutes.

For tips and suggestions on how to complete the survey electronically, please review the Electronic Survey Options Guide in Appendix E.

Please note, the administration of the PREP Performance Measures Entry and Exit Surveys are mandated by the Family and Youth Services Bureau, federal funders of PREP. Changes to the outcome evaluation plan, including changes to the survey instruments provided, survey administration and reporting protocols as mandated by the federal funder are anticipated and may

occur prior to or during the funding period. Any requirements and guidance informed by the federal funder will be adhered to by the State PREP Team and funded subgrantees.

SECTION 4: AGENCY ABILITY

Agency Capacity

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

Use of Volunteers and Interns

Volunteers and interns are valuable to the success of programming in many local government and community-based, non-profit agencies. Should the use of volunteers or interns be considered to support program implementation, applicants must describe their process for recruiting/hiring, training and managing them. Applicants must understand that if interns or volunteers will be recruited to assist with programming, they must also complete training in the evidence-based program model(s) to provide assistance to program staff or direct service to program participants.

Staff Training

Program staff will be required to complete evidence-based program training *Making Proud Choices! For Youth in Out-of-Home Care* or *Power Through Choices*. Training will be available through the North Carolina School Health Training Center. Additionally, staff will be required to complete 24 hours of professional development annually, where 20 hours address topics to support implementing positive youth development and adolescent pregnancy prevention programs and 4 hours address must address health disparities and health equity. Applicants should reference plans to attend trainings in their program narrative and allocate funding (i.e. lodging, meals, mileage) in their budget narratives to attend these and other proposed trainings, conferences and other professional development opportunities.

Evidence-based program models must be implemented with fidelity (i.e., as intended by the program developers) in order to maximize its effectiveness at preventing pregnancy and other risky sexual behavior among the program participants. Therefore, it is very important that program supervisor and staff are appropriately trained to facilitate and implement the program. Evidence-based curriculum trainings usually occur over 2 to 3 days. At least one to two program staff (depending on requirements of the applicant's chosen program model) must be trained to facilitate this program model and one program supervisor must be trained to observe program staff and provide on-site guidance and technical support. Any additional program staff, volunteers, or staff from partnering organizations that may be involved in facilitating or co-facilitating this curriculum shall also be formally trained to implement the program. The supervisor must also receive training in observing and providing feedback for staff implementing the evidenced-based program. Applicants should indicate any experience that the program staff have with this program model and any training that they have received or plan to receive if awarded funding.

Coordinator/s and supervisor/s need to have experience with the following: working with teens/adolescents, working with teens/adolescents who receive out-of-home care services (such as those placed in foster care, group homes, transitional housing programs, juvenile justice centers, and etc.), participant outreach, facilitating education sessions, comfort providing education on topics related to sex and sexuality (contraceptives, condom demonstration and STIs, romantic relations, sexual orientation and gender identity), and experience working with at least one promising or evidence-based curriculum with an understanding of the importance of program model fidelity. Applicants may propose requiring staff to attend specific trainings and other professional development opportunities to develop staff experience and skills. If staff are already in place, please provide resumes in Attachment B; if staff are not in place, please provide a job description that includes basic skills and requirements for an ideal candidate.

Additionally, the State PREP Team coordinates a variety of trainings and professional development opportunities for funded agencies and their partners to support effective and sustainable program implementation. Examples of trainings offered include but are not limited to the NC School Health Training Center Family Life Institute, PREP Topical Trainings, Teen Pregnancy Prevention Initiatives Primary Prevention Annual Networking Meeting, and a variety of face-to-face workshops and webinars on topics related to sexuality education, adulthood preparation, trauma-informed approach, working with systems-involved youth, human trafficking, LGBTQ inclusivity, adolescent mental health, grant writing, project management, sustainability, high quality facilitation, and many others that align with an agency’s training interests and needs.

SECTION 5: COMMUNITY ENGAGEMENT

Community Advisory Council (CAC)

Applicants are required to establish a Community Advisory Council (CAC) that consists of members representing at least five community agencies other than the funded agency and two current teens or young adults who currently or have formerly received out-of-home care services. See the chart below.

	Organizations (at least 5)	Individuals
Required	Five Community Agencies	<ul style="list-style-type: none"> Two individuals (teens or young adults), who currently or has formerly received out-of-home care services.
Suggested	<ul style="list-style-type: none"> Local health department Public School System Institutions of Higher Education Department of Social Services Cooperative Extension Mental health services Local corporations and businesses Tribal Councils Juvenile Justice Centers Law Enforcement Media Social and cultural organizations Other local agencies that serve youth 	<ul style="list-style-type: none"> a current or former adolescent parent (<i>an individual who is currently or has parented a child as a teen a</i>) an additional community member (<i>chosen at the agency’s discretion</i>)

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

The CAC shall convene at least quarterly and meeting minutes shall be taken to account for the work of the CAC. Meeting minutes should include names of individuals and organizations represented. Minutes should document the role of the CAC in advising, assisting, and promoting the program. Educational and promotional materials review should be documented in the meeting minutes and include name and purpose of the materials and the CAC recommendations regarding the use of such materials.

Community Commitment to Collaboration

Applicants are expected to collaborate with other agencies to assist with implementing PREP. A Memorandum of Agreement (MOA) must be included from each agency. Examples of such agencies include those that will provide financial support, access to participants, meeting space, transportation, or services to participants beyond the scope of the applicant agency. Applicants partnering with an outside agency to gain access to program participants (i.e. a local health department implementing programming with their local school system) must also include in their MOA a description of the partner agencies protocol and procedures in working with their youth. Each MOA should be unique and specify what the individual or agency will contribute to the program. The MOAs should be on the agency letterhead and signed by the appropriate person (someone authorized to make the commitment or support). All MOAs should be placed in Attachment A.

No more than one MOA per agency should be included, and each MOA should include the following:

- Specific contribution from the individual or agency to the program,
- Protocol and procedures for working with youth (*if applicable*), and
- Whether agency will participate on the CAC.

Each community member must contribute a specific letter of commitment. The letters should be unique and written from the point of view of the individual and specify what the individual will contribute to the program. Letters of specific commitment must be included in Attachment A.

Referrals

Participants may have needs that are beyond the scope of the program. In order to provide appropriate support for participants, applicants must identify appropriate referral agencies and propose strategies to develop, implement, and evaluate a referral plan.

Applicants must identify youth-friendly referral agencies and establish a memorandum of agreement (MOA) with each agency explicitly defining the resources that will be provided and if staff will also serve on their community advisory council. Referral plans must include a list of providers that provide (but are not limited to) the following services: family planning, intimate partner violence and abuse support, mental health care, and substance abuse. Applicants shall define how referrals are made and how they will evaluate if youth had their needs met.

Applicants are encouraged to collaborate with local Department of Social Services to provide youth and their parents/guardians with resources to enroll youth and their families in public assistance programs such as Medicaid and North Carolina's Children's Health Insurance Program, or other federal or state assistance programs for which they may be eligible to receive.

All MOAs should be placed in Attachment A.

No more than one MOA per agency should be included, and each MOA should include the following:

- Specific contribution from the individual or agency to the program, and
- Whether agency will participate on the CAC.

Awardees will be required to develop and submit a youth-friendly referral guide to the State PREP Team by October 1, 2020. This guide shall provide the name, contact information, description of services provided, costs, transportation options, etc. for referral agencies that will be distributed to program participants and other youth who could benefit from this information.

SECTION 6: BUDGET

Budget and Justification Form

Applicants must complete the *Budget and Justification Form*, which requires a line item budget for the first year of funding and a narrative justification. The form will be sent to interested agencies along with this RFA, and it can be downloaded on August 12, 2019 from the TPPI website at www.teenpregnancy.ncdhhs.gov/funding.htm.

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. Reference *How to Fill out the Open Window Budget Form* which can be found on the TPPI website at www.teenpregnancy.ncdhhs.gov/funding.htm.

Administrative Personnel Costs

Personnel costs for any staff that will not be providing direct services to program participants may not exceed ten percent (10%) of the total budget.

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 58 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	\$8.60	\$8.60
Lunch	\$11.30	\$11.30
Dinner	\$19.50	\$22.20
<i>Total Meals Per Diem Per Day</i>	<i>= \$39.40</i>	<i>= \$42.10</i>
Lodging (<i>Maximum rate per person, excludes taxes and fees</i>)	\$75.10	\$88.70
Total Travel Allowance Per Day	\$114.50	\$130.80
Mileage	\$0.58 per mile	
Snacks	Maximum of \$5.00 per person	

Equipment Costs

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

Incentives

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

State funds may not be used to provide cash payments as incentives. State funds may be used for non-cash incentives such as gift cards, movie passes, and healthy meals. Funded applicants who wish to provide gift card incentives shall indicate this in their program plan, scope of work and approved budget. If gift cards will be provided, applicants must outline a plan to log them by serial number, maintain them in a locked storage cabinet, and obtain the signature of individuals upon receipt of the cards.

Applicants are encouraged to consider all forms of incentives or positive reinforcement that may appeal to the population served, especially when proposing services in settings where traditional tangible incentives (i.e. movie passes, gift cards, printed promotional materials, field trips, etc.) may not be appropriate. Applicants should contact administrators of out-of-home care programs to identify what incentives are appropriate for program participants.

Program Evaluation Costs

Evaluation design and analysis will be coordinated by PREP. If an applicant plans to implement a more extensive evaluation plan, then these costs must be covered by other agency funding.

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 online at www.NCGrants.gov.

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 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.

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. Due to the structure of the grant and new federal guidelines, the regulations restricting the allocation of indirect cost change after Year 1 of this sub-award.

Personal Responsibility Education Program limits indirect cost to 10 percent.

The federal Personal Responsibility and Education Program (PREP) award limits administrative cost to 10 percent.

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the indirect cost rate requested may not exceed the award's limits (10 percent), regardless of the applicant's recognized rate.

Applicants should 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 budget narrative.

If the applicant has no FNICR, a 10% indirect cost rate may be used on the total, modified direct cost (known as a *de minimis* rate) 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.

REQUIRED ATTACHMENTS

Attachment A: Letters of Specific Commitment & Memoranda of Agreement (MOA)

This attachment must include letters of specific commitment and MOAs from each of the following agencies or individuals:

- Letters from current or prospective community CAC members indicating both their commitment to serve and the responsibilities they will assume as a member of the CAC.
- A MOA from any agency that the applicant will be relying on to successfully implement the proposed program activities. Examples of such agencies include those that will provide financial support, meeting space, transportation, access to participants, or services to participants beyond the scope of the applicant. The MOA must include specific contribution from the agency to the program and whether the agency will participate on the CAC.
- A MOA from any agency that the applicant partners with to provide referral service to program participants. Referrals must include but are not limited to contraception, sexual violence, dating/domestic violence, mental health, and substance abuse. The MOAs must include specific contributions from the agency to the program and whether the agency will participate on the CAC.

Attachment B: Agency Information

This attachment must include each of the following:

- Organizational chart of the applying agency.
- List of current Board of Directors of the applying agency.
- List of current or prospective Community Advisory Council members.
- Job descriptions or resumes for all staff positions that are necessary to implement and support the project.
- Sample Participant Satisfaction Survey (if not planning to use the one provided in Appendix C).
- Completed Fidelity Monitoring Plan (see template in Appendix D)
- 501(c)(3) Letter (*Private Non-Profit Agencies Only*) – Not required if previously submitted to the Division of Public Health in response to the general request for documentation made to current grantees by the Contracts Office on 1/1/19.
- Notarized Conflict of Interest Policy (*Private Non-Profit Agencies Only*) – Not required if previously submitted to the Division of Public Health in response to the general request for documentation made to current grantees by the Contracts Office on 1/1/19.
- Certification of No Overdue Taxes (*Private Non-Profit Agencies Only*) – Not required if previously submitted to the Division of Public Health in response to the general request for documentation made to current grantees by the Contracts Office on 1/1/19.

CITATIONS

1. Family and Youth Services Bureau. (2017). Personal Responsibility Education Program (PREP) Fact Sheet. Retrieved from: <http://www.acf.hhs.gov/programs/fysb/resource/prep-fact-sheet>.
2. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Adoption and Foster Care Analysis and Reporting System (AFCARS). (2017). Numbers of Children in Foster Care on September 30th, by State FY 2007–FY 2016 retrieved from: https://www.acf.hhs.gov/sites/default/files/cb/afcars_state_data_tables_07thru16.xlsx.
3. The National Campaign to Prevent Teen and Unplanned Pregnancy. (2012). Tips for Working with Foster Care and Juvenile Justice: Preventing Teen Pregnancy Through Outreach and Engagement. Retrieved from: <https://thenationalcampaign.org/resource/tips-working-foster-care-and-juvenile-justice-0>.
4. North Carolina Department of Public Safety, Division of Adult Correction and Juvenile Justice. (2017). 2017 Juvenile Justice Annual Report. Retrieved from: https://files.nc.gov/ncdps/documents/files/JJAnnualReport17_FINALspread.pdf.
5. Administration for Children and Families. (2016). State Personal Responsibility Education Program (PREP): Funding Opportunity Announcement HHS-2016-ACF-ACYF-PREP-1138, The Role of Trauma in Youth Prevention Programming. Retrieved from: https://ami.grantsolutions.gov/files/HHS-2016-ACF-ACYF-PREP-1138_1.pdf.
6. ETR. (2016). Making Proud Choices! An Adaptation for Youth in Out-of-Home Care – Grantee Guide. Retrieved from: <http://www.etr.org/ebi/assets/File/Adaptations/MPC-Out-of-Home-Grantee-Guide.pdf>.
7. Healthy Teen Network. (2019). Power Through Choices. Retrieved from: <https://powerthroughchoices.org/>.
8. Family and Youth Services Bureau. (2018). The Exchange – Focus on Adulthood Preparation: 6 Adulthood Preparation Subjects. Retrieved from: <https://teenpregnancy.acf.hhs.gov/content/focus-adulthood-preparation>.

VIII. APPLICATION CHECKLIST

Please be sure that all of the items below are included in your application. Use a binder clip at the top left corner on each copy of the application. The original application should be clearly marked “original” and the four copies should be marked “copy” on the application face sheet.

- _____ Cover Letter (see template in Appendix A)

- _____ Complete Application Form
Sent along with the RFA, and can be downloaded on August 12, 2019 from the TPPI website at www.teenpregnancy.ncdhhs.gov/funding.htm.

- _____ Budget & Justification Form
Sent along with the RFA, and can be downloaded on August 12, 2019 from the TPPI website at www.teenpregnancy.ncdhhs.gov/funding.htm.
 - Include a budget in the format provided.
 - Indirect Costs are allowed and should not exceed 10%.
 - Indirect Cost Rate Approval Letter

- _____ Attachment A: Letters of Specific Commitment and Memorandum of Agreement

- _____ Attachment B: Agency Information
 - IRS Documentation:
 - IRS Letter Documenting Your Organizations Tax Identification Number (public agencies)
 - or
 - IRS Determination Letter Regarding Your Organization’s 501(c)(3) Tax-exempt Status (private non-profits)
 - and
 - Verification of 501(c)(3) Status Form (private non-profits)

- _____ Application meets all page limit requirements

- _____ All signatures are “original” on the “original” application

- _____ Four (4) copies of the original application are submitted, each marked “copy”

Appendix A

Cover Letter

The form in this attachment is for reference only.

A cover letter on agency letterhead must be signed by the lead administrator of the agency submitting the application. The cover letter must include the contact information on the template.

The cover letter must also indicate a clear understanding of and strong commitment to replicating the proposed pregnancy prevention program model and implementing the program evaluation plan. (3 points)

(This must be printed on Agency Letterhead) (3 points)

Date

Dear Juanella Tyler,

Describe your agency’s mission, background and current services. Briefly describe your agency’s history working with youth or youth who receive out-of-home care services. How does implementing PREP specifically serving youth who receive out-of-home care services fit within your agency’s mission?

Provide description of your commitment to the implementation of your proposed pregnancy prevention program model with fidelity, activities to support adulthood preparation, and the evaluation plan.

If applicable, describe any other funding sources your agency currently receive or are pursuing to implement a teen pregnancy prevention and or positive youth development program. If applicable, please include your agency’s capacity to implement more than one teen pregnancy prevention and/or positive youth development program.

Executive Director:

Phone #:

Email:

Board President:

Phone #:

Email:

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

Name:

Phone #:

Email:

Address of the facility where the program will be conducted:

Please select the evidenced-based program model(s) your agency proposes to replicate:

- Making Proud Choices
- Power Through Choices

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

- Yes
- No

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

Program Name	Last Completed Funding Year	Proposed # of Participants Served	Actual # of Participants Reached
Adolescent Parenting Program		15-20	
Adolescent Pregnancy Prevention Program			
PREPare for Success			
Project REACH			

Appendix B

Application Form

*The form in this attachment is for reference only.
The form to be submitted was sent along with the RFA
and can be downloaded on August 12, 2019 from the TPPI website at:
www.teenpregnancy.ncdhhs.gov/funding.htm*

Application Face Sheet
RFA# A366
PREPare for Success
Serving Youth in Out-of-Home Care Settings

This form provides basic information about the applicant and the proposed project with *PREPare for Success – Serving Youth in Out-of-Home Care Settings*, including the signature of the individual authorized to sign “official documents” for the agency. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA #A366 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:	Telephone Number:
Title:	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 #12) 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:

Section 1

Needs Assessment

Do not delete the question headers.

Please provide your response to each question under the heading.

Total Point Value:

15

Page Limit:

3 single-spaced (excluding citation page)

All data that you would like for reviewers to evaluate must be included in this section and not added to the appendices.

- 1-1. Define and describe the specific community or communities that will be served. (A community may be the county, town/city, a specific implementation, etc.) Example: If you are serving an entire county, provide a description of that county. (3 points)**
- 1-2. For each community, provide recent data to demonstrate the need for a primary pregnancy prevention program in your service area. Include statistics for the following, providing trend data for the past three years as available. Provide data at the state and county levels, and the community level if available. (3 points)**
- a. Rates of teen fertility/births (per 1,000 for females ages 15-19), stratified by race/ethnicity;
 - b. Rates of sexually transmitted infections (STIs), such as gonorrhea and chlamydia;
 - c. Total population of teens receiving specific out-of-home care services in county vs. total population of teens in county.
- 1-3. Provide a detailed description of the youth that will be served by this RFA. (4 points)**
- a. The estimated number of youth;
 - b. The age, race/ethnicity, and grade-level of youth;
 - c. The setting in which they will be served (i.e. school, afterschool community center, juvenile detention center, group home, transitional living facility, etc.).
 - d. Provide a summary of proposed youth to be served in the chart below.

Community/Setting	Evidence-based program	Total # of Available Youth in Community	Total # of Youth in Out-of-Home Care	Proposed # of Youth Served by RFA

- 1-4. How will PREPare for Success and your chosen program model(s) meet the needs of the youth and the community you will serve? Be sure to highlight any existing services, resources, or coalitions in the community addressing teen pregnancy prevention and positive youth development and describe how this funding opportunity will create or expand any existing services. (2 points)**
- 1-5. How will you ensure all youth will be eligible to participate in program services without regard to race, ethnicity, sexual orientation, or gender identity? Describe strategies your agency will use to create a safe and supportive environment for all youth and support LGBTQ inclusivity. (2 points)**
- 1-6. Citations should be noted throughout the needs assessment using endnotes. A list of citation sources should be attached to the needs assessment as a separate page, which will not count against the page limit for this section. (1 point)**

Section 2

Program Plan

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

Total Point Value:

32

Page Limit:

8 single-spaced

2-1. How will you obtain consent/assent for youth to participate in PREPare for Success program activities and evaluation? (2 points)

2-2. Describe your recruitment and retention plans for each proposed implementation site using the chart provided (including incentives). Applicants are encouraged to consider all forms of incentives or positive reinforcement that may appeal to the population served, especially when proposing services in settings where traditional tangible incentives (i.e. movie passes, gift cards, printed promotional materials, enrichment trips, etc.) may not be appropriate. (3 points)

Implementation Site	Program Model	Recruitment Strategies <i>(be specific in how you will recruit participants)</i>	Retention Strategies <i>(what strategies will you use to keep participants enrolled in your program - be specific)</i>

2-3. Select the appropriate questions for the curriculum you plan to use and respond accordingly. If you are planning to use more than one curriculum, you must provide a response for each set of questions. (10 points)

If you are answering more than one set of questions, each set will be reviewed and an average score will be given.

Making Proud Choices

Enter the total number of participants you propose serving with this model for the following periods:

June 1, 2020 – December 31, 2020:

January 1, 2021 – May 31, 2021:

Tell us how you will meet and address the following requirements for each cohort of participants. Include any adaptations that will be proposed for implementation.

- a. Making Proud Choices is designed for youth age 11-13. Youth age 14 and older can receive the intervention provided they are not grouped with younger teens.
- b. Making Proud Choices! For Youth in Out-of-Home Care requires facilitation of 10 modules. The curriculum must be delivered in the order presented. All modules should be completed within no more than 5 weeks. Applicants can utilize different strategies to ensure they meet this requirement. Examples include: utilize a five-day format (two modules covered per day within a week), a five-week format (two modules covered per week), implement the curriculum over three days or over a weekend as part of a retreat.
- c. Demonstration of condom use must be provided and students must be allowed to practice putting a condom on a model.
- d. Delivery of the intervention must be highly participatory. How do you plan on keeping students engaged in the program?
- e. Describe the plan to provide comprehensive sexuality education. Describe any extra lessons and/or supplemental activities that will be provided.

Power Through Choices

Enter the total number of participants you propose serving with this model for the following periods:

June 1, 2020 – December 31, 2020:

January 1, 2021 – May 31, 2021:

Tell us how you will meet and address the following requirements for each cohort of participants. Include any adaptations that will be proposed for implementation.

- a. The content is presented by a team of two experienced, effective facilitators who have an aptitude for working with youth and have an understanding of systems-involved youth, as well as training in adolescent sexual health and reproductive health.
- b. Power Through Choices is designed for youth age 13-18 who are systems of care, in group sizes of 8 to 20 participants. Curriculum can be implemented with any gender and in groups of all genders.
- c. Power Through Choices requires facilitation of 10, 90-minute modules. The curriculum must be delivered in the order presented. All modules should be completed within 3 to 5 weeks, offering multiple sessions per week. Facilitators are encouraged to allow time for participants to process what they learned during the activities. Applicants can utilize different strategies to ensure they meet this requirement.
- d. Delivery of the intervention must be highly participatory. How do you plan on keeping students engaged in the program?
- e. Describe the plan to provide comprehensive sexuality education. Describe any extra lessons and/or supplemental activities that will be provided.

2-4. Using the table provided, describe how you will implement strategies to ensure all youth participating in PREPare for Success programming receive education and training on at least two adulthood preparation subjects (APS) not covered by the applicant's chosen evidence-based curriculum model. (4 points)

Describe each cohort of youth (i.e. county, implementation site) and # of youth to be reached through this strategy.	What APS will be addressed?	What strategies will be used to provide the education or training on this APS?	What resources will be used to provide the education/training? Be specific. If applicable, what local or statewide entities will you partner with?	When, where, and how often will this strategy be implemented?	Who will be responsible for ensuring the successful implementation of this activity?

2-5. Using the table provided, describe how you will implement strategies to ensure all youth participating in PREPare for Success programming and their trusted adults receive education and training on the prevention of human trafficking. (4 points)

Describe each cohort of youth and trusted adults (i.e., county, implementation site) and # of youth and adults to be reached through this strategy.	What specific topics related to human trafficking will you address?	What resources will be used to provide the education/training? Be specific. If applicable, what local or statewide entities will you partner with?	When, where, and how often will this strategy be implemented?	Who will be responsible for ensuring the successful implementation of this activity?

2-6. Using the table provided, describe how you will implement strategies to provide education and training to trusted adults in communicating with their youth regarding topics addressed in PREPare for Success programming. (3 points)

Describe each cohort of trusted adults (i.e. county, implementation site) and # of adults to be reached through this strategy.	What specific topics will you address?	What resources will be used to provide the education/training? Be specific. If applicable, what local or statewide entities will you partner with?	When, where, and how often will this strategy be implemented?	Who will be responsible for ensuring the successful implementation of this activity?

2-7. Considering the population of youth your program will serve, describe strategies your agency will employ to support a trauma-informed care approach for program implementation. This may include training staff to identify when youth are having a traumatic response and how to help youth get support when they are experiencing a traumatic response, minor adaptations to curriculum activities to minimize traumatic triggers during program implementation, teaching youth self-care and coping techniques to utilize during lesson, etc. (3 points)

2-8. Describe your plan to collaborate with another agency to assist with program implementation (i.e., access to youth to receiving programing, meeting space to implement programming, transportation for youth participants, to lead or co-facilitate educational activities and trainings) as needed using the table below. Include a Memorandum of Agreement (MOA) for each agency detailing the contribution of each party in Attachment A. (3 points)

Name of Partner	Services Partner Agency will Provide to PREP	MOA Attached?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
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		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3 Evaluation

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

Total Point Value:
15

Page Limit:
3 single-spaced

- 3-1. Who will be responsible for completing (2 points):**
- a. Collecting participant attendance? What strategies will you use to ensure accurate data collection and entry?**
 - b. Entering data into a web-based database (i.e., EZTPPI)?**
 - c. Monitoring the database to ensure that data is being entered on a monthly basis?**
- 3-2. Describe in detail your plans for administering the electronic PREP Performance Measures Surveys, including (5 points):**
- a. How will you administer the surveys electronically?**
 - b. How will you ensure confidentiality?**
 - c. Describe how you will ensure participants complete both the Entry and the Exit surveys.**
 - d. If you will be relying on another agency to provide access to participant group members, include in Attachment A, a letter of specific commitment from that agency demonstrating a firm commitment to allow you to administer the PREP Performance Measures Entry and Exit Surveys.**
- 3-3. Describe your plans for soliciting feedback from program participants, including (4 points):**
- a. What methods, including the data collection tools, will you use to collect participant feedback? If the applicant plans to use a survey other the one in Appendix C, include a sample of the data collection tool in Attachment B.**
 - b. How often you will collect feedback? (Minimum requirement is twice a year.)**
 - c. Who will be responsible for reviewing feedback and analyzing the data?**
 - d. Describe how you will use participant feedback to improve program implementation.**
- 3-4. Indicate your commitment to monitoring the fidelity of your program(s). Include a fidelity monitoring plan in Attachment B, utilizing the template found in Appendix D. (4 points)**

Section 4

Agency Ability

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

Total Point Value:
15

Page Limit:
3 single-spaced

4-1. Describe your agency’s ability to implement an adolescent pregnancy prevention program with youth who receive out-of-home care services. Successful applicants will highlight staff experience and training; agency successes, challenges, and lessons learned in: working with adolescents (specifically those who receive out-of-home care services), implementing evidence-based programs with adolescents, providing adolescent pregnancy prevention programming or other programs and services that support teen pregnancy prevention, and/or positive youth development. (5 points)

4-2. Using the chart below, describe the staff positions that are necessary to implement and support the program. If you currently have staff trained on the proposed evidence-based curriculum(um/a), please enter each curriculum name and date trained. If you do not have staff who are currently trained, enter “not applicable or N/A”. (3 points)

Position	Employee Name	What percentage of time (FTE) will this employee work on this program?	Curriculum Name & Date Trained	If currently an employee, provide a copy of this employee’s updated resume. Please write “yes” if a resume is provided.
Program Coordinator				
Program Supervisor				

4-3. Describe your process for measuring staff performance. How will staff be held accountable for achieving contract requirements? (4 points)

4-4. Describe your plan to ensure the continuation of programming in the event that staff turnover or lapse in staff coverage occurs? (3 points)

Section 5

Community Involvement

Do not delete the question headers.

Please provide your response to each question under the heading.

Total Point Value:

15

Page Limit:

4 single-spaced

5-1. Using the chart provided, describe the roles of your community partners (businesses, community partners, etc.) that will serve on your Community Advisory Council. In describing your partners roles, reflect on how each partner will support the successful implementation of PREP and the evidence-based program model in your community. (4 points)

Community Advisory Council		
Agency/ Member Name	Description of agency (or member's) role for Council.	Indicate attached:
Teen/Young Adult Program Participant <i>(who currently or has formerly received out-of-home care services)</i>		<input type="checkbox"/> Letter
Teen/Young Adult Program Participant <i>(who currently or has formerly received out-of-home care services)</i>		<input type="checkbox"/> Letter
Current or Former Teen Parent		<input type="checkbox"/> Letter
Additional Community Member		<input type="checkbox"/> Letter
Name of Agency 1		<input type="checkbox"/> MOA
Name of Agency 2		<input type="checkbox"/> MOA
Name of Agency 3		<input type="checkbox"/> MOA
Name of Agency 4		<input type="checkbox"/> MOA
Name of Agency 5		<input type="checkbox"/> MOA

5-2. Using the chart provided, list where you will refer participants that have needs or require services beyond the scope of your project. Attach MOAs from all agencies who will accept referrals in Attachment A. (4 points)

Participant Referral Plan		
Description of Service		MOA Attached?
1. Contraception	a. Name Agency to Provide Service. b. Describe the referral process. c. Are there any gaps that exist in this referral source? d. Describe your process to track and follow-up on referral to ensure youth needs were met.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. STD/HIV Testing	a. Name Agency to Provide Service. b. Describe the referral process. c. Are there any gaps that exist in this referral source? d. Describe your process to track and follow-up on referral to ensure youth needs were met.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Sexual/ Dating/Domestic Violence	a. Name Agency to Provide Service. b. Describe the referral process. c. Are there any gaps that exist in this referral source? d. Describe your process to track and follow-up on referral to ensure youth needs were met.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Mental Health Care	a. Name Agency to Provide Service. b. Describe the referral process. c. Are there any gaps that exist in this referral source? d. Describe your process to track and follow-up on referral to ensure youth needs were met.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Substance Abuse	a. Name Agency to Provide Service. b. Describe the referral process. c. Are there any gaps that exist in this referral source? d. Describe your process to track and follow-up on referral to ensure youth needs were met.	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Tobacco Cessation	a. Name Agency to Provide Service. b. Describe the referral process. c. Are there any gaps that exist in this referral source? d. Describe your process to track and follow-up on referral to ensure youth needs were met.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Public Assistance Programs (i.e. Medicaid and NC CHIP)	a. Name Agency to Provide Service. b. Describe the referral process. c. Are there any gaps that exist in this referral source? d. Describe your process to track and follow-up on referral to ensure youth needs were met.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Other	a. Name Agency to Provide Service. b. Describe the referral process. c. Are there any gaps that exist in this referral source? d. Describe your process to track and follow-up on referral to ensure youth needs were met.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Other	a. Name Agency to Provide Service. b. Describe the referral process. c. Are there any gaps that exist in this referral source? d. Describe your process to track and follow-up on referral to ensure youth needs were met.	<input type="checkbox"/> Yes <input type="checkbox"/> No

5-3. What tools, resources, and/or criteria will you use to evaluate these referral sources to determine if they are youth-friendly? (2 points)

5-4. Using the table below, describe the formal and informal strategies you will use to ensure effective communication with program staff and stakeholders such as community advisory council, partner organizations, and community leaders. Include a description of specific strategies and frequency of communication. (2 points)

Stakeholder	Level of Impact on Success of Program*	Communication Strategy(ies)	Communication Frequency

**Impact Rating: 5=strong impact/influence on meeting grant deliverables; 3=moderate impact/influence; 1=low impact/influence.*

5-5. Describe how your community advisory council will assist with program sustainability efforts. (3 points)

Section 6

Budget

Total Point Value:
5 points

Page Limit:
Not Applicable
Insert Budget & Justification Form

Applicants must complete the *Budget and Justification Form*. Applicant must ensure that worksheet cells are expanded to expose the full narrative justification. The *Budget and Justification Form* will be provided at the mandated face-to-face technical assistance conference and e-mailed to applicants with the RFA. This budget and justification can be downloaded from www.teenpregnancy.ncdhhs.gov/funding.htm beginning August 12, 2019.

Attachment A

Letters of Specific Commitment & Memoranda of Agreement

This attachment must include letters of specific commitment and MOAs from each of the following agencies or individuals:

- Letters from current or prospective community CAC members indicating both their commitment to serve and the responsibilities they will assume as a member of the CAC.
- A MOA from any agency that the applicant will be relying on to successfully implement the proposed program activities. Examples of such agencies include those that will provide financial support, meeting space, transportation, access to participants, or services to participants beyond the scope of the applicant. The MOA must include specific contributions from the agency to the program and whether the agency will participate on the CAC.
- A MOA from any agency that the applicant partners with to provide referral services to program participants. Referrals must include but are not limited to contraception, sexual violence, dating/domestic violence, mental health, and substance abuse. The MOAs must include specific contributions from the agency to the program and whether the agency will participate on the CAC.

Attachment B

Agency Information

This attachment must include each of the following:

- Organizational chart of the applying agency.
- List of current Board of Directors of the applying agency.
- List of current or prospective Community Advisory Council members.
- Resumes for all staff currently employed who will oversee or implement programming.
- Sample Participant Satisfaction Survey (if using a tool other than the one provided in Appendix C)
- Completed Fidelity Monitoring Plan (see template in Appendix D)
- All applicants are required to include documentation of their tax identification number.
 - 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. In addition, those private non-profit agencies are to provide a completed, signed, and notarized page verifying continued existence of the agency's 501(c)(3) status. Verification form provided on the following page.

(This Form Must be Printed on Agency Letterhead)

Verification of 501 (C)(3) Status

We, the undersigned entity, hereby testify that the undersigned entity's 501(c)(3) status, on file with the North Carolina Department of Health and Human Services, is still in effect.

Name of Agency

Signature of Chairman, Executive Director, or other authorized official

Title of above signed authorized official

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

Notary Signature and Seal

Notary's commission expires _____, 20__.

Appendix C

Teen Pregnancy Prevention Initiatives (TPPI) Participant Satisfaction Survey Template



Your Age _____

Teen Pregnancy Prevention Initiatives Participant Feedback Survey

- | | <u>Yes</u> | <u>Somewhat</u> | <u>No</u> |
|---|--------------------------|--------------------------|--------------------------|
| 1. Did the instructor make you feel welcomed?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the instructor treat you with respect?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the instructor enthusiastic about the program?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the instructor participate in the activities with you?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you understand the information the instructor presented?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did the instructor clearly answer all your questions?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Would you recommend this program to a friend?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. How comfortable are you sharing your thoughts about sexuality and healthy behaviors with the group?
 Very comfortable Somewhat comfortable Somewhat uncomfortable Very uncomfortable

9. What caused you to feel this comfortable/uncomfortable? Why did it make you feel this way? _____

10. Do you prefer to be in a group with just your gender or both genders?

- Only my gender Both genders I don't care

11. How do you prefer to learn about reproductive health, including how to prevent pregnancy and STIs? *Check all that apply.*

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Lecture, presentations, reading, or stories | <input type="checkbox"/> Illustrations, demonstrations, videos | <input type="checkbox"/> Classroom discussion or group work | <input type="checkbox"/> Understanding consequences of choices, data, numbers |
| <input type="checkbox"/> Individual work assignments, thinking about my goals/plans/feelings | <input type="checkbox"/> Interactive activities (such as games, moving around, role play) | <input type="checkbox"/> Listening to music during activities | <input type="checkbox"/> Being outside |

12. Has the program been accommodating to your special needs, limitations, or disabilities?

- I don't have any special needs Yes No

13. What do you plan to do differently, either now or sometime in the future, that you might have not done before attending this program?

14. What would you like to learn about that was missing from the program or needed more information? _____

15. How would you like technology, such as Google search, phone apps, or texting to be used in the program?

16. Is there anything else about the program that you would change that hasn't been already mentioned? _____

17. Do you have any additional comments about the program, the instructor, or the group? _____

Thank you! Your feedback helps us improve this program.

Appendix D

Fidelity Monitoring Plan Template

**Teen Pregnancy Prevention Initiatives
Fidelity Monitoring Plan**

Agency Name		Program Director	
Phone Number		Email Address	
Curriculum Model		Edition	

Please review and complete this Fidelity Monitoring Plan with your team for each evidence-based curriculum model your organization replicates under TPPI/PREP. Please review the tip sheet on Fidelity Monitoring located at: <https://www.acf.hhs.gov/sites/default/files/fysb/prep-fidelity-monitoring-ts.pdf>; as this may provide rationale and guidance in completing a Fidelity Monitoring Plan. The fidelity monitoring plan should be completed annually but reviewed frequently within your teams.

Focus Area	Description	Comments
Staffing	Number of staff (FTE) who will implement the curriculum.	<i>Provide names of staff and FTE.</i>
	Staff trained to implement the curriculum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If "Yes", when was the training completed and who provided the training? Provide a copy of the training completion certificate or upload it to the web-based database.</i> <i>If "No", how will you train staff in the curriculum? Provide dates trainings will be completed and who will conduct the training.</i>
	Do you have additional agency staff, partners or volunteers trained to serve as backup facilitators? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If "Yes", names and contact info of backup facilitators.</i>
	Staff completed training in comprehensive sexuality education, positive youth development or effective facilitation skills? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If "Yes", include a title of the training, when it was completed and who provided the training?</i> <i>If "No", how will you coordinate this training for staff? Provide dates trainings will be completed and who will conduct the training.</i>
Setting	Setting(s) the curriculum will be implemented: <input type="checkbox"/> School-based during the school day <input type="checkbox"/> After school <input type="checkbox"/> Community based setting <input type="checkbox"/> Out-of-home care setting	<i>Provide descriptions of the settings the curriculum will be implemented.</i>
	Are these settings conducive to effective implementation of the curriculum to full fidelity? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Provide descriptions of any limitations for implementing within that setting, whether physical limitations due to space available to content limitations due to requests from school, parents/guardians or community.</i>
Focus Area	Description	Comments

Setting	<p>What is the time-frame (i.e. # of hours) and frequency of delivery recommended by the developer?</p> <ul style="list-style-type: none"> • # of hours: • Frequency: 	<p><i>Please describe your plan for implementing the curriculum, including the frequency of when sessions/modules will be implemented. How will you ensure your staff have the minimum amount of time recommended by the developer to facilitate a session/module? What will you do if a facilitator runs out of time and cannot successfully complete a session?</i></p>
Priority Audience	<p>Describe the intended audience as recommended by the developer to receive the curriculum?</p> <ul style="list-style-type: none"> • Age: • Grade: • Gender: • Ethnicity: • Group Size: 	<p><i>Provide a description of the priority audience that will receive the curriculum.</i></p> <p><i>Indicate if group sessions will be co-ed (i.e. boys and girls receive curriculum together in one class) or same-gender (i.e. boys and girls receive curriculum separately in different classes).</i></p> <p><i>If additional youth are present at the implementation site, but are unable to participate in the curriculum sessions, what other options will be available to them?</i></p>
	<p>Is the number of participants per facilitator (participant: facilitator ratio) appropriate for the curriculum?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Provide the number of participants per facilitator ratio.</i></p>
Content	<p>Considering the setting and intended audience being served, do you anticipate making any adaptations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>If “Yes”, describe why and what adaptations you will make. Please list the sessions/modules/activity numbers where the adaptations will occur. Describe how you will ensure the adaptations made will meet the intended goals of the adapted session/module/activity?</i></p>
	<p>Will you use any additional sessions, worksheets or distribute other resource materials to support effective delivery of the curriculum?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Please describe the additional sessions, worksheets and other resources you plan to use.</i></p> <p><i>Indicate if these resources have been reviewed to determine if they are age appropriate and have been reviewed for medical accuracy.</i></p>
Competence	<p>How many observers are available within or to your organization?</p>	<p><i>Describe who the observers are and how they were identified to be observers.</i></p>
Focus Area	Description	Comments

Competence	<p>Have these observers completed training in the evidence-based curriculum? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>If “Yes”, when was the training completed and who provided the training?</i></p> <p><i>If “No”, how will you train observers in the curriculum? Provide dates the training will be completed and who will conduct the training.</i></p>
	<p>What is the minimum number of observations you plan to conduct with each facilitator for each evidence-based curriculum during the fiscal year?</p>	<p><i>Describe your plan for conducting observations. Provide goal dates for completing the observations, the name(s) of the observer(s) who would complete the observations, and process for delivering feedback and coaching to staff.</i></p>
	<p>Who will be responsible for collecting, reviewing and submitting fidelity monitoring data?</p> <p>Name: Email:</p>	<p><i>Describe your plan for collecting data on fidelity and quality. What tools will you use? Describe your process for analyzing and reviewing this data.</i></p>
Quality Improvement	<p>Have you developed a tool to collect participant satisfaction data? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Submit copy of tool that will be used to your TPPI Program Consultant. How frequently will you collect participant satisfaction data? How will you analyze and review this data?</i></p>
	<p>How often will the supervisor check-in with program staff to provide feedback and coaching to facilitators?</p>	<p><i>Describe your process for providing feedback to facilitators based on observations, fidelity monitoring, and participant satisfaction data.</i></p>
	<p>When will you conduct your first review for quality improvement?</p>	<p><i>Describe how data will be used to identify areas for improvement and make decisions about the curriculum and potential changes to curriculum implementation moving forward. This focus is on making changes to curriculum delivery based on feedback from participants, fidelity monitoring, observations, and feedback from stakeholders such as school/community leaders, parents and recommendations from your TPPI Program Consultant.</i></p>
	<p>How will your community advisory council (CAC) be involved with your quality improvement efforts?</p>	<p><i>Describe how you will utilize your CAC to provide support in identifying and implementing improvement ideas.</i></p>
	<p>Do you require any coaching, technical assistance or have training needs not otherwise mentioned in this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>If “Yes” please describe your needs so that your TPPI Program Consultant can best assist you.</i></p>

Appendix E

Electronic Survey Options Guide

Electronic Survey Options Guide

The 5 electronic methods below can be used to administer the survey in a school or community setting. You may use multiple methods depending on available technology and number of project sites. Contact your PREP program consultant to discuss the options for your program.

METHOD	POSSIBLE CHALLENGES	COST	THINGS TO THINK ABOUT	BENEFITS
A. Computers/ laptops in a computer lab	<ol style="list-style-type: none"> Limited or lack of access to computers/laptops at school Website may be blocked 	No cost to agency	<ul style="list-style-type: none"> How far in advance do I need to reserve the lab? Who is the contact person? Is the website restricted? 	<ol style="list-style-type: none"> No need to keep track of paper surveys 90% of teens pilot tested said electronic survey was better and felt it was more confidential Saves time (preparation, copying & mailing) Saves money (paper, printing & mailing) Evaluator gets the information sooner allowing the evaluation report to be generated and distributed sooner Able to use laptops & tablets for other TPPI program implementation (service learning activities, teaching tool, accessing EZ TPPI database while at the program site, etc.)
B. School issued laptops brought by each student	<ol style="list-style-type: none"> Student may forget to bring laptop the day of the survey Students may believe the school can access their individual survey 	No cost to agency	<ul style="list-style-type: none"> Do the students bring their laptop every day? If not, how will I remind them to bring them on day needed? Is the website restricted? Can you have access to school Wi-Fi? 	
C. 1 – 3 laptops or tablets brought in by the coordinator	<ol style="list-style-type: none"> Gaining access to the school network to log on to the internet May take a long time if you have lots of students 	If agency doesn't already have: Tablets: \$200 - \$500 Laptops: \$500 - \$1000 Air-card/Hot-spot & monthly service fee (\$50): \$600	<ul style="list-style-type: none"> Do you need hardware – cables, own hot-spot/air-card? Can you pay for the hot-spot/air-card? Can you get access to school Wi-Fi? Extra staff/intern needed to help? 	
D. Smart phones (brought in by students or coordinator)	<ol style="list-style-type: none"> Students do not have smart phones Students do not have data plan Parents do not give permission to use phone to take the survey. May not be able to get a signal to access internet 	No cost to agency	<ul style="list-style-type: none"> How and when will you get parental consent for the use of the data plan on the smart phone? # of phones available (Using phones during testing, survey took an average of 8 minutes per student. Every student does not need to have a phone; phones can be shared.) Extra staff/intern needed to help? 	
E. Coordinator or agency staff to enter surveys from participant paper surveys	<ol style="list-style-type: none"> Possible time constraints of the coordinator to enter data. Evaluator may still get the data late hence delaying the written report. Potential breach of confidentiality. Data entry errors Incomplete surveys 	Cost of paper & printing Cost of hiring a temp	<ul style="list-style-type: none"> Do I have the time? Do I need to hire a part time person? Can I get an intern? Is confidentiality going to be an issue? 	

Appendix F

Survey Administration Quick Reference Guide

Survey Administration Quick Reference Guide

1. Provide students with required information.

- ✓ Post the link to the survey
- ✓ Post the date, program ID, and if this is the entry or exit survey
- ✓ Make sure this information (date, etc.) is correct before students click 'submit' to move on to the next page

If you are using *paper surveys* and plan to enter the data into SurveyMonkey later, please pre-fill each survey with the following information:

- ✓ Date
- ✓ Program ID
- ✓ Entry/exit survey

2. Explain the purpose of the survey and read the anonymity and confidentiality statement.

This survey asks some personal questions. We are asking you these questions to help us find out if this program is working. To help us find this out, we are asking you to take this survey twice: once before we start the program, and again after the program is over. Today we are taking the [entry] [exit] survey. To protect your privacy, please do not write your name on this survey. You have been given a unique ID for this survey, which you will use at both entry and exit surveys so that your surveys can be matched. Your answers will not be shared with anyone except staff in the North Carolina Division of Public Health, and they will not be able to determine who filled out this survey.

3. Provide each student with their unique ID.

When creating the unique ID, please do not use zero, 0, or the letter O.

4. Give students instructions for completing the survey.

- ✓ Click submit for the electronic version, or;
- ✓ Place their paper copy in the envelope provided.

5. Enter data from paper surveys.

- Staff who enter paper/pencil surveys into SurveyMonkey must NOT have access to the list of unique IDs.
- Staff should enter ONLY what students have marked on their papers. If an answer is unclear or illegible, it should be left blank.
- Entry survey data should not be used to make changes to the implementation of the curriculum.
- Do not compare students' entry surveys to their exit surveys. Simply enter the information.

Questions? Contact Christine Paine at 919.707.5684 or christine.paine@dhhs.nc.gov.

Appendix G

Forms for Reference

Applicants are **not to complete** these documents at this time **nor return them** with the RFA response.

They are for reference only.

FEDERAL CERTIFICATIONS

The undersigned states that:

- (a) *He or she is the duly authorized representative of the Contractor named below;*
- (b) *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;*
- (c) *He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;*
- (d) [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.*
- (e) *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 <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. Bid/offer/application <input type="checkbox"/> b. Initial Award <input type="checkbox"/> c. Post-Award</p>	<p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing <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 <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>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>\$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned</p>	<p>13. Type of Payment (check all that apply):</p> <p><input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____</p>	
<p>12. Form of Payment (check all that apply):</p> <p><input type="checkbox"/> a. cash <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>		
<p>16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>		<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No: _____ Date: _____</p>

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

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
_____ [Organization's legal name] hereby identify the
following individual(s) who is (are) authorized to sign **Contract Expenditure Reports** for the organization/agency
named above:

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

Reference only — Not for signature

_____ Signature	_____ * Title	_____ Date
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** Indicate if you are the Board President or Chairperson*

NOTARIZED STATEMENT AND CONFLICT OF INTEREST POLICY

Notarization of Conflict of Interest Policy

State of North Carolina, County of _____
I, _____, Notary Public for said County and State, certify that
_____ personally appeared before me this day and acknowledged that
he/she is _____
[title]
of _____
[name of organization]
and by that authority duly given and as the act of the Organization, affirmed that the foregoing Conflict of Interest
Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the ____ day of
_____, _____.
Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Signature and Seal
Notary's commission expires _____, 20__.

Instruction for the Organization:

Sign below and **attach the organization's Conflict of Interest Policy** which is referenced above.

Reference only — Not for signature

Signature of above named Organization Official

Conflict of Interest Policy

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:

Reference only — Not for signature

Legal Name of Organization

Signature of Organization Official

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

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

Reference only — Not for signature

Notary Signature and Seal

Notary’s commission expires _____, 20__.

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

CONTRACTOR CERTIFICATIONS

Contractor Certifications Required by North Carolina Law

Instructions

The person who signs this document should read the text of the statutes listed below and consult with counsel and other knowledgeable persons before signing.

- (1) The text of Article 2 of Chapter 64 of the North Carolina General Statutes can be found online at:
http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- (2) The text of G.S. 105-164.8(b) can be found online at:
http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- (3) The text of G.S. 143-48.5 (S.L. 2013-418, s. 2.(d)) can be found online at:
<http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H786v6.pdf>
- (4) The text of G.S. 143-59.1 can be found online at:
http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- (5) The text of G.S. 143-59.2 can be found online at:
http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- (6) The text of G.S. 147-33.95(g) (S.L. 2013-418, s. 2.(e)) can be found online at:
<http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H786v6.pdf>

Certifications

1. Pursuant to **G.S. 143-48.5 and G.S. 147-33.95(g)**, 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
2. Pursuant to **G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:
 - (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
 - (b) [check **one** of the following boxes]
 - Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
 - The Contractor or one of its affiliates **has** incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
3. 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.

4. *The undersigned hereby certifies further that:*

- (f) *He or she is a duly authorized representative of the Contractor named below;*
- (g) *He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and*
- (h) *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

Signature of Contractor's Authorized Agent	Date
--	------

Printed Name of Contractor's Authorized Agent	Title
---	-------

Signature of Witness	Title
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Printed Name of Witness	Date
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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. _____	_____	_____

Page left intentionally blank.