



Request for Applications

RFA # A369



Adolescent Parenting Program

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 28, 2019 (statewide)

DEADLINE DATE: October 15, 2019

INQUIRIES AND DELIVERY INFORMATION:

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

- Juanella Tyler, TPPI Team Leader; Juanella.tyler@dhhs.nc.gov
- Deborah Hamlin-Aggrey, Program Consultant; Deborah.hamlinaggrey@dhhs.nc.gov
- Naisha Coley, Program Consultant; Naisha.Coley@dhhs.nc.gov
- Amanda Fritts, Evaluation Consultant; Amanda.fritts@dhhs.nc.gov

Applications will be received until 5:00 p.m. on October 15, 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
Teen Pregnancy Prevention Initiatives	Teen Pregnancy Prevention Initiatives
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 Teen Pregnancy Prevention Initiatives can be found at www.teenpregnancy.ncdhhs.gov

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

I. INTRODUCTION

The Adolescent Parenting Program (APP) is a secondary teen pregnancy prevention program (i.e., prevention of second or higher order pregnancies) that provides four-year annually renewable grant awards to projects to provide services for pregnant or parenting teens throughout North Carolina. APP 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:

Public or private non-profit agencies interested in increasing the self-sufficiency of pregnant or parenting teens and improving the developmental outcomes of their children are eligible to apply. For-profit agencies need not apply. If the applicant agency currently receives APP funding, the agency may not apply to implement an additional parenting program in the same county they currently serve.

Potential applicants should consider whether their agency has the 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 TPPI 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 disbursed on a cost reimbursement basis only and agencies should carefully consider if they have the capacity to implement the program under this system.

Applications are desired from counties ranking in the top quartile (i.e., the top 25) for percent of repeat pregnancies among females aged 15 to 19 based on a five-year average between 2013-2017 (referred to as "priority counties"). The priority counties are as follows: Ashe, Caldwell, Catawba, Chatham, Cumberland, Durham, Edgecombe, Guilford, Halifax, Hoke, Jackson, Lee, Lenoir, Madison, Montgomery, Pasquotank, Person, Pitt, Richmond, Rowan, Rutherford, Stanly, Wayne, Wilson and Yancey. Applicants in these counties shall receive a demonstrated need score as described on page three.

FUNDING:

Grant awards may range from \$50,000 to \$100,000 annually. The maximum grant award for an agency will be based upon the home visiting model selected by the applicant. The maximum award for a Parents as Teacher Curriculum Subscriber is \$75,000. The maximum award for a Parents as Teachers Model Affiliate is \$100,000. Grantees are required to supplement the grant award by providing local matching funds that range from \$10,000 to \$33,000 annually depending upon the amount of the award. Local matching funds may be accounted for in either cash or in-kind services. Contracts are awarded annually for a maximum of four years, per GS 130A 131.15A, contingent upon contract compliance, project performance, and availability of funding. The proposed contract will begin between June 1, 2020.

II. BACKGROUND

The General Assembly of North Carolina requires the North Carolina Department of Health and Human Services to establish and administer programs to prevent teen pregnancy through TPPI (see the TPPI Legislative Rules in Appendix C). The goals of APP are as follows:

1. Increase the self-sufficiency outcomes for APP participants by:
 - a. Increasing the delay of a subsequent pregnancy;
 - b. Increasing graduation from high school with diploma or completion of GED;
2. Improve child welfare and school readiness outcomes for the children of APP participants by:
 - a. Increasing incidence of positive parenting among APP participants to support their child's cognitive development and mental health;
 - b. Increasing incidence of child's physical well-being by establishing the child's medical home and creating a safe home environment.

III. SCOPE OF SERVICES

Applicants must demonstrate an understanding of and capacity to implement the APP model as prescribed by TPPI. The program, which is coordinated by at least one full-time staff person with an average caseload of between 15 and 20 participants annually, includes evidence-based home visiting and peer group education sessions. The APP Implementation Guide is located at <http://www.teenpregnancy.ncdhhs.gov/ap2proj.htm>.

Participant Eligibility

APP serves pregnant or parenting teens who are 19 years of age or younger at the time of enrollment. In order to be eligible for and continue to receive services, participants must be enrolled in school or an equivalent educational program. Pregnant adolescents may be enrolled at any stage of their pregnancy.

Home Visiting

Applicants are required to implement with fidelity *Parents as Teachers (PAT)** www.parentsasteachers.org as an evidence-based curriculum for home visits.

Using the chosen curriculum, applicants are required to provide at least one 60-minute home visit per month with each program participant during their enrollment. At least 33 percent of these home visits must take place in the participant's home. Other in-person visits may take place in school or another appropriate setting.

In addition, applicants are required to use Motivational Interviewing (MI), an evidence-based guidance technique which elicits and strengthens motivation for change. Using MI, applicants will develop individualized goal plans with each participant 45-60 days after enrollment in APP. The goal plan shall be reviewed monthly during the home visit. Goals should be updated and/or created based upon the needs of the participant.

Group Education Sessions

Applicants are required to offer group education sessions to program participants.

1. 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 (see Appendix C). In order to meet this requirement, each participant must receive the *Be Proud! Be Responsible! Be Protective! (BP! BR! BP!)* program during their enrollment in APP. A curriculum information sheet about *BP! BR! BP!* can be found in Appendix E.

* APPs are not required to become model affiliates of *PAT*, though they must implement the home visiting curriculum with fidelity and meet the requirements outlined in this RFA. See the *PAT* curriculum information sheet in Appendix F for more information.

2. In addition to *BP!BR!BP!*, peer group education sessions must be conducted each quarter. Applicants are encouraged to use participant feedback to plan these group education sessions. Applicants must detail how they plan to elicit this feedback, and how they plan to implement these quarterly group education sessions for participants.
3. Applicants should also discuss how they plan to engage long-term participants in group education sessions (examples include utilizing teens as peer educators or mentors to other participants).

Who May Apply

Public or private non-profit agencies interested in reducing teen pregnancy in North Carolina are eligible to apply. For-profit agencies need not apply. If the applicant agency currently receives secondary prevention funding for teen pregnancy prevention through the North Carolina Department of Health and Human Services, the agency may not apply to implement an additional pregnancy prevention program in the same county they currently serve. Potential applicants should consider whether their agency has the 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 TPPI 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.

Demonstrated Need Score

Applications from counties ranking in the top quartile (i.e., the top 25) for repeat pregnancy rate among females aged 15 to 19 based on a five-year average between 2013-2017 (referred to as “priority counties”) shall receive a demonstrated need score as indicated on the table below.[†] Points are awarded for both rank and absence of a TPPI-funded secondary prevention project in the county. The demonstrated need score shall be added to the application score established by an objective review committee. (Chart appears on next page.)

[†]Counties whose percent of repeat pregnancies are based on fewer than 20 occurrences per year are excluded from the list of priority counties, as The State Center for Health Statistics considers these rates unstable.

Rank	County	5-yr Percent	Rank Points	Existing APP	Points if No APP	Total Points
1	Person	29.6	5	No	5	10
2	Halifax	28.2	5	No	5	10
3	Lenoir	27.6	5	No	5	10
4	Chatham	27.4	5	No	5	10
5	Edgecombe	27.3	5	Yes	0	5
6	Rutherford	27.1	4	No	4	8
7	Montgomery	27.1	4	No	4	8
8	Wayne	26.8	4	No	4	8
9	Ashe	26.6	4	No	4	8
10	Durham	26.3	4	No	4	8
11	Lee	26.0	3	Yes	0	3
11	Catawba	26.0	3	Yes	0	3
13	Pasquotank	25.5	3	No	3	6
13	Stanly	25.5	3	No	3	6
15	Wilson	25.0	3	Yes	0	3
15	Madison	25.0	2	No	2	4
17	Jackson	24.8	2	No	2	2
18	Caldwell	24.6	2	Yes	0	2
19	Rowan	24.4	2	Yes	0	2
19	Yancey	24.4	2	No	2	4
21	Guilford	24.2	1	Yes	0	1
21	Pitt	24.2	1	No	1	2
21	Cumberland	24.2	1	Yes	0	1
24	Hoke	24.0	1	No	1	2
25	Richmond	23.8	1	No	1	2

Performance Score (Re-Application by Current or Former Grantees)

Agencies that have received APP funding within the past five years shall receive a performance rating based on their previous program performance and compliance during the last four years that they received APP funding. The TPPI 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.

IV. 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 28, 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 and Local Matching Funds

Grant awards may range from \$50,000 to \$100,000 annually. Grantees are required to supplement the grant award by providing local matching funds that range from \$10,000 to \$33,000 annually depending upon the amount of the award. Local matching funds may be accounted for in either cash or in-kind services.

10. Compliance

Funding is contingent upon compliance with all procedures and regulations prescribed by the State of North Carolina. Compliance is monitored by TPPI 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 or 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 TPPI 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 C 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.

V. 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 face-to-face technical assistance conference are being sent to prospective agencies and organizations via email and will be posted at the following website on August 28, 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 on August 28, 2019. The RFA itself will be posted at the following website on August 28, 2019: www.teenpregnancy.ncdhhs.gov/funding.htm.

3. Provision of Application Consultation

Inquiries about this RFA are encouraged and may be directed to the TPPI staff at <http://www.teenpregnancy.ncdhhs.gov/contact.htm> or (919) 707-5700. Applicants from all counties are eligible for consultation when the RFA is released on August 28, 2019. Consultation to all applicants by DHHS staff shall cease on September 27, 2019. An RFA addendum containing a summary of questions asked and answers given during the consultation period will be e-mailed to all applicants by October 4, 2019. Applicants may receive assistance from SHIFT NC, www.shiftnc.org, 919-226-1880, until October 4, 2019.

4. Mandatory Face-to-Face Technical Assistance Conference

In order to be eligible for funding, a representative of the applicant agency must participate in a mandatory face-to-face technical assistance conference, which will be held on September 12, 2019 from 10:00 a.m. – 12:30 p.m. at 5605 Six Forks Rd (Building 3, Cardinal Room), Raleigh, NC 27609. Agencies must complete the following registration link, <http://www.surveymonkey.com/s/APPRFACONF>, to attend the mandatory face-to-face technical assistance conference before 5:00 PM on September 11, 2019. Agencies that do not register and do not attend the mandatory face-to-face technical assistance conference shall not be eligible to respond to this RFA. **All conference attendees must arrive no later than twenty minutes after the start time to be allowed entry to the conference.**

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 September 20, 2019. **The link to register intent will be available to agencies at the mandated face-to-face technical assistance conference.** 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 and;
- c. County(ies) where services will be provided.

6. Applications

Applicants shall submit an original and four 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.

7. 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.

8. 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.

9. 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.

10. Space Allowance

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

11. Application Deadline

Applications shall be received until 5:00 p.m. on October 15, 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.

12. 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.**

13. 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.

14. 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.

15. 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 TPPI 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. Demonstrated Need Scores and Performance Scores, as described in this RFA, are added by the TPPI staff to the application score established by the review committee.

16. 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.

17. 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.

18. 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.

19. 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 H). Federal Certifications should NOT be signed or returned with application.

20. System for Award Management Database (SAM)

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

21. Additional Documentation Prior to Contract Execution

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

- a. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign contracts. (A reference version appears in Appendix H.)
- b. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign expenditure reports. (A reference version appears in Appendix H)
- c. 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:

- d. A completed, signed, and notarized statement which includes the agency's Conflict of Interest Policy. A reference version appears in Appendix H.

- e. A completed, signed, and notarized page certifying that the agency has no overdue tax debts. A reference version appears in Appendix H.

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 H). 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.

22. 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)

23. 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 H.

24. 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.

25. 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.

26. Application Process Summary Dates:

Dates	RFA Action Items
08/28/2019	Release RFA to all counties; technical assistance consultation available for all.
09/11/2019	Agencies must complete the conference registration link before 5 p.m.: http://www.surveymonkey.com/s/APPRFACONF
09/12/2019	Mandated face-to-face technical assistance conference (10:00 a.m. – 12:30 p.m.).
09/20/2019	Notice of intent due: (link will be available at the face-to-face conference).
09/27/2019	End consultation by DHHS staff; Deadline for questions pertaining to the RFA.
10/04/2019	Send Q&A addendum to applicants.
10/15/2019	Application deadline at 5 p.m.
11/30/2019	Successful applicants will be notified.

VI. 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 in 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 www.teenpregnancy.ncdhhs.gov/funding.htm on August 28, 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

In order to reduce the rates of repeat teen pregnancy in their communities, applicants must: 1) understand the factors that influence adolescents’ decisions about sex; 2) determine which factors can be impacted by APP, and; 3) assess which of the factors are most relevant for the population they intend to serve. A list of “Potentially Important Risk and Protective Factors That May Affect Adolescent Sexual Behavior, Use of Condoms and Contraception, Pregnancy and STD” is included in Appendix D to provide applicants with information to strengthen their applications.

In order to reduce the rates of child maltreatment among teen parents, applicants must: 1) understand the factors that influence adolescents’ parenting skills; 2) determine which factors can be impacted by APP, and; 3) assess which of the factors are most relevant for the population they intend to serve. A list of “Risk and Protective Factors for Child Abuse and Neglect” is included in Appendix D to provide applicants with information to strengthen their applications.

Identifying the Community to Be Served & Evidence of Need

Although applications from priority counties will receive a demonstrated need score as described in this RFA, *all* applicants must convincingly describe and document the need for services in a specific community, such as the county, a town/city, school, etc. Appropriate data and statistics should be provided as evidence to support the statement of need as related to the goals of APP.

The following data must be included:

- a. State, county, and where applicable, community-level rates of teen fertility rates (rate of live births per 1,000 females 15-19);
- b. State, county, and where applicable, community-level rates of repeat teen pregnancy;
- c. State, county, and where applicable, community-level rates of child maltreatment;
- d. State, county, and where applicable, community-level rates of free- and reduced-lunch;

- e. State, county, and where applicable, community-level rates of school dropout.

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 within the community. This description should include factors such as gender, race/ethnicity, age/grade and location (i.e., zip code, neighborhood, school, 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.

Risk and Protective Factors

Applicants must indicate the risk factors *and* protective factors that may influence the population to be served, both in terms of the prevention of secondary pregnancy and child maltreatment. Risk factors may include unmet needs of the population to be served (i.e., gaps in secondary prevention services). Protective factors may include existing programs or community supports related to adolescent sexual health and/or child welfare.

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

Applicants will be required to describe in detail their program and implementation plans, including participant recruitment and retention. Please refer to the Scope of Services section on pages 2-3 of this RFA for details. 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. For detailed information about APP, please refer to the APP Implementation Guide which is located on the following website: <http://www.teenpregnancy.ncdhhs.gov/ap2proj.htm>

SECTION 3: DATA COLLECTION

Required Data

TPPI monitors the services being provided to participants by requiring grantees to submit data about program participants and program activities (i.e., home visits, group education sessions) using a web-based database.

Participant Satisfaction Feedback

Grantees are required to utilize a participant satisfaction survey in order to obtain feedback from program participants on home visiting and group education (see Sample in Appendix G). Results of these surveys should be presented to both APP supervisors and the Community Advisory Council (CAC) to guide continuous quality improvement of APP.

SECTION 4: AGENCY ABILITY

Agency Capacity

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 TPPI 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.

Staff Salary

The development and ultimate success of a project can be thwarted by frequent staff turnover, which is often caused in part by salaries that are not comparable to similar professional positions in the county. Applicants are expected to propose a competitive salary.

Staff Training

Parents as Teachers (Model Affiliate or Curriculum Subscriber and the required *BP! BR! BP!* curriculum must be implemented with fidelity (i.e., as intended by the program developers) in order to maximize their effectiveness among the program participants. Therefore, it is critical that program staff are appropriately trained to facilitate and implement the curricula. At least one program coordinator and staff supervisor must be trained to conduct home visits and *BP! BR! BP!* Applicants should indicate any experience that the program staff have with the curricula and any training that they have received. Supervisors are also required to observe at least two home visits a year when the coordinator is facilitating the visit. TPPI plans to sponsor a *BP! BR! BP!* training every year, as needed.

Coordinator/s and supervisor need to have experience with the following: working with teens/adolescents, participant outreach, facilitating education sessions, providing education on topics related to sex and sexuality (contraceptives, condom demonstration, and Sexually Transmitted Infections), and at least one promising or evidence-based curricula understanding the importance of program model fidelity. If staff are already in place, please provide resumes and not job descriptions in Attachment B.

SECTION 5: COMMUNITY INVOLVEMENT

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. The table below shows both required and recommended membership for the CAC.

	Organizations (at least 5)	Individuals (at least 2)
Required	<ul style="list-style-type: none">• Children’s Development Services Agency (CDSA) or Partnership for Children	<ul style="list-style-type: none">• an adolescent• a current or former adolescent parent

Suggested	<ul style="list-style-type: none"> • Local health department • Public school system • Department of Social Services • Cooperative Extension • Mental health services • Local corporations and businesses • Media • Other local agencies that serve youth 	<ul style="list-style-type: none"> • an additional community member (chosen at the agency's discretion)
------------------	--	--

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

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

Each community member on the CAC 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 C.

Community Commitment to Collaboration

Applicants are expected to collaborate with other agencies to assist with implementing the program. A Memorandum of Agreement (MOA) must be included from each agency. 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 agency. 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 C.

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
- Whether agency will participate on the CAC

Referrals

Participants may have needs that are beyond the scope of the program. In order to provide appropriate support for participants, applicant agencies must have identified appropriate referral agencies and have an MOA with each agency. Applicants must identify an agency to refer participants to for referrals for contraception, sexual violence, dating/domestic violence, mental health, substance abuse, child development and child maltreatment.

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
- Whether agency will participate on the CAC

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 28, 2019 from the TPPI website at www.teenpregnancy.ncdhhs.gov/funding.htm.

Narrative Justification for Year One Expenses

A narrative justification must be included for *every* expense listed in the year one 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.

Local Matching Funds

Applicants are required to provide local matching funds that range from \$10,000 to \$33,000 annually depending upon the amount of the award. For example, if \$100,000 is requested in funding the corresponding local match would be \$33,000. Local matching funds may be accounted for in either cash or in-kind contributions. In-kind contributions are those given in goods or services rather than money (e.g., meeting space at the agency, hours worked by volunteers, refreshments donated by the community for program sessions). The use of these matching funds should also be clearly justified (e.g. in-kind office space 50% of 144 square feet @ \$8.75/sq. foot).

Equipment Costs

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

Administrative Personnel Costs

Personnel costs for any staff that will not be providing direct services to program participants may not exceed ten percent 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 (Maximum rate per person, excludes taxes and fees)	\$75.10	\$88.70
Total Travel Allowance Per Day	\$114.50	\$130.80
Mileage	\$0.58 per mile	

Incentives

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

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

Program Evaluation Costs

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

Audits

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used. There are 3 reporting levels that are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than \$25,000

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

Level 3: \$500,000 or more

Level 3 grantees are required to submit 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, administrative salaries, accounting, audits, payroll and personnel management.

Regulations restricting the allocation of indirect cost vary based on the funding source. TPPI sub-awards are funded through three different sources: Federal Temporary Assistance for Needy Families (TANF), Maternal and Child Health Block Grant (MCHBG) and State dollars. At the time of application and award, neither the applicant nor the State shall have any knowledge of

which funding source will be allocated should the award be made. Applicants are advised to approach indirect cost judiciously.

TANF

The TANF grant limits administrative cost* to 15 percent. Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the indirect cost rate requested may not exceed the award's limits regardless of the applicant's recognized rate. Additionally, the total modified direct cost identified in the applicant's FNICR shall be further restricted based on the TANF regulations for administrative cost.* A copy of the FNICR must be included with the applicant's budget.

Where the applicant has no FNICR, a 10% indirect cost rate (known as the *de minimis* rate) may be used on the total, modified direct cost with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. However, the grant limits to the administrative cost* must still be followed. Applicants must indicate in the budget narrative that they wish to use the *de minimis* rate, or some part thereof. Applicants who do not wish to claim any indirect cost should enter "No indirect cost requested" in the budget narrative.

MCHBG

The MCHBG grant 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 regardless of the applicant's recognized rate. Additionally, the total modified direct cost identified in the applicant's FNICR shall be further restricted based on the MCHBG regulations for administrative cost.* A copy of the FNICR must be included with the applicant's budget.

Where the applicant has no FNICR, a 10% indirect cost rate (known as the *de minimis* rate) may be used on the total, modified direct cost with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. However, the grant limits to the administrative cost* must still be followed. Applicants must indicate in the budget narrative that they wish to use the *de minimis* rate, or some part thereof. Applicants who do not wish to claim any indirect cost should enter "No indirect cost requested" in the budget narrative.

State Dollars

NC Division of Public Health policy limits indirect cost to 10 percent.

Where the applicant has a FNICR, the total modified direct cost identified in the applicant's FNICR shall be applied up to 10 percent. A copy of the FNICR must be included with the applicant's budget.

If the applicant has no FNICR, an indirect cost rate may be established by an independent Certified Public Accountant (CPA) using criteria and cost principles outlined in the applicable codes of federal regulations (CFRs):

State, Local and Indian Tribal Governments	2 CFR Part 225 & ASMB C-10
Educational Institutions	2 CFR Part 220
Hospitals	2 CFR Part 215
Private Non-Profit Organizations	2 CFR Part 230

For Profit Organizations (other than hospitals).....48 CFR Part 31

Under these conditions, a person or firm, preferably one knowledgeable of this subject should establish the rate. This person or firm should not be associated with the audit firm that conducts an audit of the entity's records. Once a rate has been established, this person or firm should certify in writing to the entity that the rate has been established in accordance with the applicable federal circular and that the documentation should be maintained and made available to any auditor requesting such information. Per NC Division of Public Health policy, the total modified direct cost identified in the applicant's indirect cost rate letter shall be applied up to 10 percent. A copy of the indirect cost letter must be included with the applicant's budget.

If the applicant has no FNICR and no indirect cost rate established by a CPA, person or firm, then the applicant may not claim indirect cost in the budget.

*Please refer to the definitions of administrative cost per the Code of Federal Regulations (CFR), Part 263, Expenditures of State and Federal TANF Funds, located in Appendix I.

Attachment A: Parents as Teachers Readiness Reflection Tool

Applicants must complete the Parents as Teachers Readiness Reflection in its entirety. The Readiness Reflection tool should be attached within the RFA application behind Section 1. The document can be accessed electronically:
https://static1.squarespace.com/static/56be46a6b6aa60dbb45e41a5/t/57e0034c8419c2abec7d81c/1474298701680/015_Readiness_Reflection.pdf

Attachment B: Parents as Teachers Affiliate Plan

This attachment must include the Parents as Teachers Affiliate Plan in its entirety. The document must be submitted for applicants who select to implement as Model Affiliate or Curriculum Subscriber. The Affiliate Plan should be attached within the RFA application behind Section 2. The document can be accessed electronically:
<https://static1.squarespace.com/static/56be46a6b6aa60dbb45e41a5/t/5b992172562fa785b9c29e76/1536762227240/Affiliate+Plan+2018.pdf>

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

This attachment must include a table of contents detailing the following: letters of specific commitment and Memoranda of Agreement (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.
- An 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. MOA must include specific contribution from the agency to the program and whether the agency will participate on the CAC.
- An 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. MOAs must include specific contribution from the agency to the program and whether the agency will participate on the CAC.

Attachment D: Agency Information

This attachment must include a table of contents detailing 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
- 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 1/1/20.
- 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 1/1/20.

- 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 1/1/20.

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 28, 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 28, 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: Parents as Teachers Readiness Reflection Tool
- _____ Attachment B: Parents as Teachers Affiliate Plan
- _____ Attachment C: Table of Contents and Letters of Specific Commitment and Memoranda of Agreement
- _____ Attachment D: Table of Contents and Agency Information
- _____ Application meets all page limit requirements
- _____ All signatures are “original” on the “original” application
- _____ Four (4) copies of the original application are submitted, each of which is 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 program requirements of the Adolescent Parenting Program. (3 points)

(This Must be Printed on Agency Letterhead) (3 points)

Date

Dear Juanella Tyler,

Describe your agency's mission, background and current services. How does implementing the parenting program fit within your agency?

Provide description of your commitment to the parenting program and the evaluation plan.

If applicable, describe any other funding sources your agency is pursuing to implement a teen parenting program. Please include your agency's capacity to implement the Adolescent Parenting Program.

Executive Director:

Phone #:

Email:

Provide the person who knows and understands the program and program plan written in the RFA. This person may be contacted any time during the RFA process by TPPI 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 your agency proposes to replicate:

Parents as Teachers, Model Affiliate

Parents as Teachers, Curriculum Subscriber

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

Yes

No

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

Program Name	Last Completed Funding Year	Proposed # of Participants Served	Actual # of Participants Reached threshold or largest caseload at one time for APP
Adolescent Parenting Program		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 28, 2019 from the TPPI website at:
www.teenpregnancy.ncdhhs.gov/funding.htm*

Application Face Sheet

RFA# A369

Adolescent Parenting Program

This form provides basic information about the applicant and the proposed project with *TPPI*, 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 #A369 are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

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

Section 1

Needs Assessment

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

Total Point Value:

17

Page Limit:

4 single-spaced (excluding Parents as Teachers Readiness Reflection Tool and 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, school, etc.) Example: If you are serving an entire county, provide a description of that county. (2 points)**
- 1-2. For each community, provide recent data to demonstrate the need for a secondary 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. (4 points)**
 - a. Rates of teen fertility, stratified by race/ethnicity;**
 - b. Rates of repeat teen pregnancy;**
 - c. Free-and reduced-lunch;**
 - d. School dropout.**
- 1-3. Describe resources and gaps that currently exist in the defined community(ies), including (3 points)**
 - a. Other teen parenting programs;**
 - b. Teen pregnancy prevention programs;**
 - c. Youth development programs;**
 - d. Availability of youth friendly health care services; and**
 - e. Resources for young parents.**
- 1-4. Will the evidence-based Parents as Teachers model be implemented as Model Affiliate or Curriculum Subscriber? (1 point)**
Complete the Parents as Teachers Readiness Reflection Tool. (5 points)
The Readiness Reflection Tool must be attached following Section 1.
- 1-5. 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. (2 points)**

Section 2

Program Plan

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

Total Point Value:

37

Page Limit:

6 single-spaced (excluding Parents as Teachers Affiliate Plan)

- 2-1. Based on the Parent's as Teachers curriculum you will implement for this proposed program, please describe how you will meet the fidelity requirements for APP. (8 points)**
- a. Maintain a minimum caseload of 15 participants per year.**
 - b. Describe in detail your plan to recruit participants into the program, including referrals.**
 - c. Describe in detail your plan to retain participants, once they are enrolled in the program.**
 - d. Provide monthly home visits for each participant.**
 - e. Provide home visits that are one hour in length.**
 - f. Provide at least 33 percent of the home visits in the home of the participant.**
 - g. Review and update participant goals monthly. Describe how the home visitor will utilize Motivational Interviewing techniques during goal planning.**
 - h. Provide curriculum implementation and motivational interviewing training to all home visitors.**
 - i. Describe any supplemental activities that will be provided.**
- 2-2. Describe in detail how you plan to implement *Be Proud! Be Responsible! Be Protective!* with fidelity. (5 points)**
- a. How will you ensure that all participants receive the curriculum during their enrollment period?**
 - b. How will you retain participants to complete all modules of the curriculum?**
 - c. Where will you offer the curriculum (including setting and location(s))?**
 - d. How will you address the need for transportation and childcare during the program?**
 - e. Describe any supplemental activities that will be provided.**
- 2-3. Describe in detail your plan to implement quarterly group education sessions. (5 points)**
- a. How will you address potential barriers to participation, such as transportation and child care?**
 - b. How will you recruit/retain participants for quarterly group education sessions?**
 - c. How will topics be determined for group education sessions? (If utilizing a tool, please provide a sample in Attachment B)**
 - d. Where will you offer group education sessions?**
 - e. If you have an outside speaker for a session, how will you determine he/she will deliver appropriate and medically accurate information to participants?**

2-4. Complete the following work plan for Year 1 of the funding period, adding additional rows as needed. List each activity, along with proposed date and person responsible. (3 points)

Activities	Timeline (June 1, 2020 – May 31, 2021)											Person Responsible	
	J	J	A	S	O	N	D	J	F	M	A		M
#1:													
#2:													
#3:													
#4:													
#5:													
#6:													
#7:													
#8:													
#9:													

Activities	Timeline (June 1, 2020 – May 31, 2021)											Person Responsible	
	J	J	A	S	O	N	D	J	F	M	A		M
#10:													
#11:													
#12:													
#13:													
#14:													
#15:													
#16:													
#17:													
#18:													

- 2-5. Describe your plan to collaborate with other agencies to provide program services (i.e., meeting space, transportation) as needed using the table below. Include a Memorandum of Agreement (MOA) for each agency detailing the contribution of each party in Attachment C. (4 points)**

Name of Partner Agency	Describe services Partner Agency will Provide to APP	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
		<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

- 2-6. Describe how you will keep participants engaged over several years of enrollment in the Adolescent Parenting Program. (2 points)**

- 2-7. Complete the Parents as Teachers Affiliate Plan. (10 points)
The Affiliate Plan must be attached following Section 2.**

Section 3

Data Collection

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

Total Point Value:

8

Page Limit:

3 single-spaced

- 3-1. How will you ensure confidentiality of files (paper and electronic) containing personal information of participants? (2 points)**
- 3-2. Who will be responsible for: (2 point)**
 - a. Entering data into the electronic database?**
 - b. Monitoring the database to ensure that data is being entered on a monthly basis?**
- 3-3. Describe your plans for soliciting feedback from program participants, including: (4 points)**
 - a. What methods will you use to collect participant feedback? Include a sample of the data collection tool in Attachment D.**
 - b. How often will you collect feedback?**
 - c. Who will be responsible for reviewing feedback and analyzing the data?**
 - d. Describe how you will use participant feedback to improve program implementation.**

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. Using the chart below; list all the staff positions that are necessary to implement and support the program, including the amount of time to be spent on the project. If you currently have staff trained on the proposed evidence-based curriculum(s), please enter the curriculum name and date trained. If staff have not been trained, enter the “proposed date” for training. Add copies of job descriptions (for vacant positions) and resumes (for existing staff) in Attachment B. (4 points)

Position	Employee Name	Full Time Equivalency (FTE)	Funding Source	Curriculum Name & Date Trained	Check the items attached for each position.
Program Coordinator					<input type="checkbox"/> Job Description or <input type="checkbox"/> Resume
Program Supervisor					<input type="checkbox"/> Job Description or <input type="checkbox"/> Resume
					<input type="checkbox"/> Job Description or <input type="checkbox"/> Resume
					<input type="checkbox"/> Job Description or <input type="checkbox"/> Resume
					<input type="checkbox"/> Job Description or <input type="checkbox"/> Resume

4-2. Describe your process for measuring staff performance. (4 points)

- a. How often is staff performance measured?
- b. How will staff be held accountable for achieving contract requirements?
- c. Describe how you will assess staff professional development needs, and how and with what frequency will you provide professional development.
- d. What specific topics have already been identified for professional development?

4-3. How will you ensure that staff have current and medically accurate reproductive health training in addition to curriculum specific training? (4 points)

4-4. Describe staff turnover and engagement within your agency. (3 points)

- a. What is the current level of staff turnover within your agency? (You must provide a percentage.)
- b. How will you work to minimize the amount of staff turnover over the course of the grant?
- c. How will you ensure that staff are actively engaged in their work?

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:
3 single-spaced

- 5-1. List examples of how you engaged community members in developing the program plan? (2 points)
- 5-2. How were youth involved in planning and designing your program? (2 points)
- 5-3. Using the chart provided, describe the roles (what do they bring to your CAC) of agencies (businesses, community partners, etc.) that will serve on your Community Advisory Council. (3 points)

Community Advisory Council		
Agency/ Member Name	Description of agency (or member's) role for Council.	Indicate attached:
Current/ Former Teen Parent		<input type="checkbox"/> Letter
Teen Program Participant		<input type="checkbox"/> Letter
CDSA or Partnership for Children		<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
Additional Community Member		<input type="checkbox"/> Letter

5-4. 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 C. (2 points)

Participant Referral Plan		
Description of Service	Name Agency to Provide Service	MOA Attached?
Contraception		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Violence		<input type="checkbox"/> Yes <input type="checkbox"/> No
Intimate Partner/Domestic Violence		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health		<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance Abuse		<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Development		<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Maltreatment		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

5-6. Describe the formal and informal strategies you will use to ensure effective communication with partner organizations. (2 points)

5-7. Describe how your CAC will assist with program sustainability efforts. (2 points)

Section 6 Budget

Total Point Value:

5

Page Limit:

Not Applicable

Insert Budget & Justification Form

Applicants must complete the *Budget and Justification Form* for Year 1 (6/1/2020 through 5/31/2021). 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 <http://www.teenpregnancy.ncdhhs.gov/funding> beginning August 28, 2019.

Attachment A

Parents as Teachers

Readiness Reflection Tool

Applicants must complete the Parents as Teachers Readiness Reflection in its entirety. The Readiness Reflection tool should be attached within the RFA application behind Section 1.

The document can be accessed electronically:

https://static1.squarespace.com/static/56be46a6b6aa60dbb45e41a5/t/57e0034c8419c2abeec7d81c/1474298701680/2015_Readiness_Reflection.pdf

Attachment B

Parents as Teachers

Affiliate Plan

This attachment must include the Parents as Teachers Affiliate Plan in its entirety. **The document must be submitted for applicants who select to implement as Model Affiliate or Approved Curriculum User.** The Affiliate Plan should be attached within the RFA application behind Section 2.

The document can be accessed electronically:

<https://static1.squarespace.com/static/56be46a6b6aa60dbb45e41a5/t/5b992172562fa785b9c29e76/1536762227240/Affiliate+Plan+2018.pdf>

Attachment C

Letters of Specific Commitment & Memoranda of Agreement

This attachment must include a table of contents detailing the following: letters of specific commitment and Memoranda of Agreement (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.
- An 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. MOA must include specific contribution from the agency to the program and whether the agency will participate on the CAC.
- An 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. MOAs must include specific contribution from the agency to the program and whether the agency will participate on the CAC.

Attachment D

Agency Information

This attachment must include a table of contents detailing 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
- IRS Letter – 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

TPPI Legislative Rules

TPPI Legislative Rules

North Carolina General Statutes
Chapter 130A: Public Health
Article 5: Maternal and Child Health and Women's Health
Part 6: Teen Pregnancy Prevention

§ 130A-131.15A. Department to establish program.

- (a) The Department shall establish and administer Teen Pregnancy Prevention Initiatives. The Department shall establish initiatives for primary prevention, secondary prevention, and special projects.
- (b) The Commission shall adopt rules necessary to implement this section. The rules shall include a maximum annual funding level for initiatives and a requirement for local match.
- (c) Initiatives shall be funded in accordance with selection criteria established by the Commission. In funding initiatives, the Department shall target counties with the highest teen pregnancy rates, increasingly higher rates, high rates within demographic subgroups, or greatest need for parenting programs. Grants shall be awarded on an annual basis.
- (d) Initiatives shall be funded on a four-year funding cycle. The Department may end funding prior to the end of the four-year period if programmatic requirements and performance standards are not met. At the end of four years of funding, a local initiative shall be eligible to reapply for funding.
- (e) Administrative costs in implementing this section shall not exceed ten percent (10%) of the total funds administered pursuant to this section.
- (f) Programs are not required to provide a cash match for these funds; however, the Department may require an in-kind match.
- (g) The Department shall periodically evaluate the effectiveness of teen pregnancy prevention programs.
- (h) The Department's use of State funds for initiatives and projects authorized under this section shall not include the allocation of funds to renew or extend existing contracts or enter into new contracts for the provision of family planning services, pregnancy prevention activities, or adolescent parenting programs with any provider that performs abortions. (2001-424, s. 21.89(c); 2015-265, s. 3.)

North Carolina Administrative Code
Title 10A – Health and Human Services
Chapter 43 – Personal Health
Section .0800 – Teen Pregnancy Prevention

SECTION .0800 - TEEN PREGNANCY PREVENTION

10A NCAC 43A .0801 GENERAL

10A NCAC 43A .0802 DEFINITIONS

10A NCAC 43A .0803 GRANT APPLICATIONS

10A NCAC 43A .0804 MAXIMUM FUNDING LEVEL

10A NCAC 43A .0805 OPERATING STANDARDS

10A NCAC 43A .0806 EVALUATION AND MONITORING

10A NCAC 43A .0807 RENEWAL OF GRANT FUNDS

*History Note: Authority G.S. 130A-124; 130A-131.15A; S.L. 1989, c. 752, s. 136;
Eff. August 1, 1990;*

Amended Eff. January 4, 1994; July 1, 1992; August 1, 1991;

Temporary Amendment Eff. December 1, 2001;

Temporary Amendment Expired September 13, 2002;

Amended Eff. August 1, 2004; April 1, 2003;

Expired Eff. November 1, 2017 pursuant to G.S. 150B-21.3A.

10A NCAC 43A .0808 CRITERIA FOR PROJECT SELECTION :

History Note: Authority G.S. 130A-124; 130A-131.15A;

Temporary Adoption Eff. December 1, 2001;

Temporary Adoption Expired September 13, 2002;

Eff. April 1, 2003;

Amended Eff. April 1, 2008; August 1, 2004;

Expired Eff. November 1, 2017 pursuant to G.S. 150B-21.3A.

Appendix D

Risk and Protective Factors

Potentially Important Risk and Protective Factors That May Affect Adolescent Sexual Behavior, Use of Condoms & Contraception, Pregnancy and STD

* This table was excerpted from *Sexual Risk and Protective Factors: Factors Affecting Teen Sexual Behavior, Pregnancy, Childbearing and Sexual Transmitted Disease* by Douglas Kirby, Ph.D., Gina Lepore, B.A., and Jennifer Ryan, M.A. To view the full report and other resources, visit www.teenpregnancy.ncdhhs.gov/funding.htm

Environmental Factors

Community

Foreign born

- + Higher percent foreign born

Community disorganization

- Greater community social disorganization (e.g., violence, hunger & substance use)

Family

Family Structure

- + Live with two biological parents (vs. one parent or stepparents)
- Family disruption (e.g., divorce or change to single parent household)

Educational Level

- + Higher level of parental education

Substance abuse

- Household substance abuse (alcohol or drugs)

Positive family dynamics and attachment

- + Higher quality family interactions, connectedness & relationship satisfaction
- + Greater parental supervision and monitoring
- Physical abuse and general maltreatment

Family attitudes about and modeling of sexual risk-taking and early childbearing

- Mother's early age at first birth
- Older sibling's early sexual behavior and early age of first birth
- + Parental disapproval of premarital sex or teen sex
- + Parental acceptance and support of contraceptive use if sexually active

Communication about sex and contraception

- + Greater parent/child communication about sex and condoms or contraception especially before youth initiates sex

"+" = a protective factor; "-" = a risk factor; "+/-" = a protective factor for some behaviors and a risk factor for others

Peer

Age

- Older age of peer group and close friends

Peer attitudes and behavior

- Peers' alcohol use, drug use and deviant behavior
- Peers' pro-childbearing attitudes or behavior
- Peers' permissive values about sex
- Sexually active peers
- + Positive peer norms or support for condom or contraceptive use
- + Peer use of condoms

Romantic Partner

Partner characteristics

- Having a romantic or sexual partner who is older
- + Partner support for condom and contraceptive use

Teen Individual Factors

Biological factors

- +/- Being male
- +/- Older age
- + Older age of physical maturity or menarche

Race/Ethnicity

- Being Black (vs. white)
- Being Hispanic (vs. non-Hispanic white)

Attachment to and success in school

- + Greater connectedness to school
- + Higher academic performance
- Being behind in school or having school problems
- + High educational aspirations and plans for the future

Attachment to faith communities

- + Having a religious affiliation
- + More frequent religious attendance

Problem or risk-taking behaviors

- Alcohol use
- Drug use
- Being part of a gang
- Physical fighting and carrying weapons
- Other problem behaviors or delinquency

Other behaviors

- Working for pay more than 20 hours per week
- + Involvement in sports (females only)

“+” = a protective factor; “-” = a risk factor; “+/-” = a protective factor for some behaviors and a risk factor for others

Cognitive and personality traits

- + Higher level of cognitive development
- + Greater internal locus of control

Emotional well-being and distress

- Thoughts of suicide

Sexual beliefs, attitudes and skills

- More permissive attitudes toward premarital sex
- Perceiving more personal and social benefits (than costs) of having sex
- + Greater feelings of guilt about possibly having sex
- + Taking a virginity pledge
- + Greater perceived male responsibility for pregnancy prevention
- + Stronger beliefs that condoms do not reduce sexual pleasure
- + Greater value of partner appreciation of condom use
- + More positive attitudes towards condoms and other forms of contraception
- + More perceived benefits and/or fewer costs and barriers to using condoms
- + Greater self-efficacy to demand condom use
- + Greater self-efficacy to use condoms or other forms of contraception
- + Greater motivation to use condoms or other forms of contraception
- + Greater intention to use condoms
- + Greater perceived negative consequences of pregnancy
- + Greater motivation to avoid pregnancy, HIV and other STD

Relationships with romantic partners and previous sexual behaviors

- Dating more frequently
- Going steady, having a close relationship
- Ever kissed or necked
- + Older age of first voluntary sex
- Greater frequency of sex
- Having a new sexual relationship
- Greater number of sexual partners
- + Discussing sexual risks with partner
- + Discussing pregnancy and STD prevention with partner
- + Previous effective use of condoms or contraception
- Previous pregnancy or impregnation
- History of STD
- History of prior sexual coercion or abuse
- Same-sex attraction or behavior
- Being married

“+” = a protective factor; “-” = a risk factor; “+/-” = a protective factor for some behaviors and a risk factor for others

Risk and Protective Factors for Child Abuse and Neglect

This information is an excerpt from *Emerging Practices in the Prevention of Child Abuse and Neglect* (2003), U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect. To view the full report and other resources, visit www.teenpregnancy.ncdhhs.gov/funding.htm

Common risk factors for Child Abuse and neglect*

Child risk factors

- Premature birth, birth anomalies, low birth weight, exposure to toxins in utero
- Temperament: difficult or slow to warm up
- Physical/cognitive/emotional disability, chronic or serious illness
- Childhood trauma
- Anti-social peer group
- Age
- Child aggression, behavior problems, attention deficits

Parental/family risk factors

- Personality Factors:
 - External locus of control,
 - Poor impulse control,
 - Depression/anxiety,
 - Low tolerance for frustration,
 - Feelings of insecurity,
 - Lack of trust
- Insecure attachment with own parents
- Childhood history of abuse
- High parental conflict, domestic violence
- Family structure—single parent with lack of support, high number of children in household
- Social isolation, lack of support
- Parental psychopathology
- Substance abuse
- Separation/divorce, especially high conflict divorce
- Age
- High general stress level
- Poor parent-child interaction, negative attitudes and attributions about child's behavior
- Inaccurate knowledge and expectations about child development

Social/environmental risk factors

- Low socioeconomic status
- Stressful life events
- Lack of access to medical care, health insurance, adequate child care, and social services
- Parental unemployment; homelessness
- Social isolation/lack of social support
- Exposure to racism/discrimination

- Poor schools
- Exposure to environmental toxins
- Dangerous/violent neighborhood
- Community violence

Common protective factors for Child Abuse and neglect*

Child protective factors

- Good health, history of adequate development
- Above-average intelligence
- Hobbies and interests
- Good peer relationships
- Personality factors
- Easy temperament
- Positive disposition
- Active coping style
- Positive self-esteem
- Good social skills
- Internal locus of control
- Balance between help seeking and autonomy

Parental/family protective factors

- Secure attachment; positive and warm parent-child relationship
- Supportive family environment
- Household rules/structure; parental monitoring of child
- Extended family support and involvement, including caregiving help
- Stable relationship with parents
- Parents have a model of competence and good coping skills
- Family expectations of pro-social behavior
- High parental education

Social/environmental protective factors

- Mid to high socioeconomic status
- Access to health care and social services
- Consistent parental employment
- Adequate housing
- Family religious faith participation
- Good schools
- Supportive adults outside of family who serve as role models/mentors to child

*Please note that this is not an all-inclusive or exhaustive list. These factors do not imply causality and should not be interpreted as such.

Appendix E

Be Proud! Be Responsible! Be Protective! Curriculum Information Sheet

Be Proud! Be Responsible! Be Protective!

Program Description and Overview

Be Proud! Be Responsible! Be Protective! is an adaptation of the *Be Proud! Be Responsible!* program targeting adolescent mothers or pregnant girls. The curriculum emphasizes the role of maternal protectiveness in motivating adolescents to make healthy sexual decisions and decrease risky sexual behavior.

The overall goal of *Be Proud! Be Responsible! Be Protective!* is to reduce unprotected sex among sexually active, pregnant and parenting teens and to help them make proud, responsible and protective sexual decisions. The intervention aims to affect knowledge, beliefs, and intentions related to condom use and sexual behaviors such as initiation and frequency of intercourse. It also addresses the impact of HIV/AIDS on pregnant women and their children, the prevention of disease during pregnancy and the postpartum period, and special concerns of young mothers.

Implementation Highlights

- 8 session program in which participants meet for 60 minutes.
- Each implementation group should include 6-12 participants.
- Integrate and use core intervention materials only.
- *Be Proud! Be Responsible! Be Protective!* focuses on HIV and teen pregnancy prevention.

Target Population

The curriculum is designed primarily for pregnant and parenting females in grades 7-12.

Program Setting

The curriculum is designed for an after-school or non-school setting.

Program Duration

Sessions can be conducted:

- Eight days of one hour per day; Four days of approximately two hours per day; Two days of approximately four hours per day; One day (Saturday) for approximately eight hours.

Classes should last 60 minutes.

The classes should be taught so that most youth attend most classes.

Curriculum Materials

Curriculum materials are available from ETR at

<http://pub.etr.org/ProductDetails.aspx?id=100000042&itemno=A450-16>. For detailed information on this program, click the following link: [Be Proud! Be Responsible! Be Protective!](#)

Adaptations

There are basic allowable adaptations; however you must have prior approval from your TPPI Program Consultant before implementing.

Appendix F

Parents as Teachers TPPI Implementation Requirements

Parents as Teachers

Program Description and Overview

The mission of *Parents as Teachers (PAT)* is to provide the information, support and encouragement parents need to help their children develop optimally during the crucial years of early life. By providing parents with parenting support and child development knowledge, *PAT* fosters early detection of developmental delays and health issues, prevents child maltreatment and increases school readiness. Implementation of the full *PAT* model includes one-on-one home visits, peer group meetings, developmental screenings and referrals. APPs are not required to become model affiliates of *PAT* at this time. APP staff will use the *PAT* home visiting curriculum with fidelity, meeting the requirements set by APP. If an agency chooses to become a model affiliate of *PAT*, they must comply with all of the essential requirements of *PAT*.

	APP Curriculum Subscriber	PAT Model Affiliate
Home visits	1 hour-long home visit each month	2 hour-long home visits each month (teens are considered high-risk)
Peer group education	Quarterly peer group education	Monthly peer group education
Be Proud! Be Responsible! Be Protective!	Required	Required (per APP guidelines)
Developmental screenings	Recommended	Required
Referrals/Resource network	Required	Required
Duration of services	Duration varies (enrollment window ends with high school graduation/GED completion)	Provide a minimum of 2 years of service
Community Advisory Council	Required	Required
Staffing	<ul style="list-style-type: none"> Home visitors have HS diploma or GED & 2 years' experience working with young children and/or parents 	<ul style="list-style-type: none"> Home visitors have HS diploma or GED & 2 years' experience working with young children and/or parents Provide monthly reflective supervision
Training/ Professional Development	<ul style="list-style-type: none"> New home visitors must attend the Foundational Training Complete competency-based professional development 	<ul style="list-style-type: none"> New home visitors must attend the Foundational & Model Implementation Trainings Supervisors must attend the Model Implementation Training Complete competency-based professional development & annual certification renewal

Training Information & Curriculum Materials

Parents as Teachers trainings are routinely conducted in both North Carolina and South Carolina. Information on training and curriculum materials are available at www.parentsasteachers.org.

Appendix G

Participant Satisfaction Survey

Adolescent Parenting Program SATISFACTION SURVEY

Listed below is a series of questions regarding your satisfaction with services you receive from _____ . Please help us to improve the quality of our program by answering the following questions. We are very interested in your opinions and suggestions.

For each of the questions asked, ***please mark the answer that best describes your level of satisfaction with the program. Remember that your comments are important to us and that they are confidential.***

	Strongly Agree	Agree	Neither/ Neutral	Disagree	Strongly Disagree
1. My scheduled home visits are at a good time for me.					
2. My APP Coordinator asks for, listens to, and respects my feelings, opinions, ideas, and suggestions.					
3. My APP Coordinator is available when needed.					
4. My APP Coordinator cares about me as a person.					
5. My APP Coordinator respects my cultural beliefs and values (the things that are important to me).					
6. My APP Coordinator shares resources and ideas that are helpful for me and my child.					
7. I have the skills to use the parenting information that my APP coordinator has shares with me.					
8. The books and materials my APP Coordinator shares with me give examples I can relate to.					
9. My APP Coordinator helps me find resources in my community (i.e., counseling, transportation, housing, daycare, doctors, etc.).					
10. My APP Coordinator helps me set and reach goals that I want to make happen for me and my child.					
11. The topics covered in group sessions are helpful to me.					
12. I would recommend APP to other pregnant or parenting teens.					

Please answer the following questions. Your comments are valued and confidential.

13. What has your APP Coordinator done that has been most helpful for you and your child?

14. What do you do differently as a result of participating in APP? For example, do you eat more fruits and vegetables, spend more time reading to your child, etc.?

15. Is there anything that your APP Coordinator could do differently to be more helpful?

16. Is there anything else you would like to share your APP Coordinator?

17. Is there anything else you would like to share about APP?

Thank you for your participation in this survey.

Appendix H

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</p> <p><input type="checkbox"/> b. grant</p> <p><input type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan</p> <p><input type="checkbox"/> e. loan guarantee</p> <p><input type="checkbox"/> f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. Bid/offer/application</p> <p><input type="checkbox"/> b. Initial Award</p> <p><input type="checkbox"/> c. Post-Award</p>	<p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p>For Material Change Only:</p> <p>Year _____ Quarter _____</p> <p>Date of Last Report: _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime</p> <p><input type="checkbox"/> Subawardee Tier _____, (if known)</p> <p>Congressional District (if known) _____</p>		<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District (if known) _____</p>
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> <p>CFDA Number (if applicable) _____</p>	
<p>8. Federal Action Number (if known)</p>	<p>9. Award Amount (if known) :</p> <p>\$ _____</p>	
<p>10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	<p>b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	
<p>11. Amount of Payment (check all that apply):</p> <p>\$ _____ € actual € planned</p>	<p>13. Type of Payment (check all that apply):</p> <p><input type="checkbox"/> a. retainer</p> <p><input type="checkbox"/> b. one-time fee</p> <p><input type="checkbox"/> c. commission</p> <p><input type="checkbox"/> d. contingent fee</p> <p><input type="checkbox"/> e. deferred</p> <p><input type="checkbox"/> f. other; specify: _____</p>	
<p>12. Form of Payment (check all that apply):</p> <p><input type="checkbox"/> a. cash</p> <p><input type="checkbox"/> b. In-kind; specify: Nature _____ Value _____</p>		
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 (attach Continuation Sheet(s) SF-LLL-A, if necessary):</p>		
<p>15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No: _____ Date: _____</p>	
<p>Federal Use Only</p>		<p>Authorized for Local Reproduction Standard Form – LLL</p>
<p>Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D. C. 20503</p>		

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
--------------------	------------------	---------------

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

The fiscal year of the above-named agency runs from months _____ to _____.

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 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. 143-34(b)**.

Sworn Statement:

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

Reference only — Not for signature

_____ Board Chair
Reference only — Not for signature Title Date

_____ Signature Title of Second Authorizing Official Date

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

Reference only — Not for signature

Notary Signature and Seal

Notary’s commission expires _____, 20__.

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

CONTRACTOR CERTIFICATIONS

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.

- 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
- 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
- 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>
- 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
- 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
- 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

Printed Name of Witness

Date

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 Subaward 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. _____	_____	_____

CERTIFICATION OF ELIGIBILITY

Under the 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. The Iran Divestment Act of 2015, G.S. 147-86.55 *et seq.** requires that each vendor, prior to contracting with the State certify, and the undersigned on behalf of the Vendor does hereby certify, to the following:

1. that the vendor is not identified on the Final Divestment List of entities that the State Treasurer has determined engages in investment activities in Iran;
2. that the vendor shall not utilize on any contract with the State agency any subcontractor that is identified on the Final Divestment List; and
3. that the undersigned is authorized by the Vendor to make this Certification.

Vendor:

By: _____
Printed Name Title

Signature Date

The State Treasurer’s Final Divestment List can be found on the State Treasurer’s website at the address: <https://www.nctreasurer.com/inside-the-department/OpenGovernment/Pages/Iran-Divestment-Act-Resources.aspx> and will be updated every 180 days. For questions about the Department of State Treasurer’s Iran Divestment Policy, please contact Meryl Murtagh at *Meryl.Murtagh@nctreasurer.com* or (919) 814-3852.

* Note: Enacted by Session Law 2015-118 as G.S. 143C-55 *et seq.*, but has been renumbered for codification at the direction of the Revisor of Statutes.

Appendix I

**Code of Federal Regulations (CFR),
Title 45, Subtitle B,
Chapter II,
Part 263,
Expenditures of State and Federal
TANF Funds**

§263.0 What definitions apply to this part?

(a) Except as noted in §263.2(d), the general TANF definitions at §260.30 through §260.33 of this chapter apply to this part.

(b) The term “administrative costs” means costs necessary for the proper administration of the TANF program or separate State programs.

(1) It excludes direct costs of providing program services.

(i) For example, it excludes costs of providing diversion benefits and services, providing program information to clients, screening and assessments, development of employability plans, work activities, post-employment services, work supports, and case management. It also excludes costs for contracts devoted entirely to such activities.

(ii) It excludes the salaries and benefits costs for staff providing program services and the direct administrative costs associated with providing the services, such as the costs for supplies, equipment, travel, postage, utilities, rental of office space and maintenance of office space.

(2) It includes costs for general administration and coordination of these programs, including contract costs and all indirect (or overhead) costs. Examples of administrative costs include:

(i) Salaries and benefits of staff performing administrative and coordination functions;

(ii) Activities related to eligibility determinations;

(iii) Preparation of program plans, budgets, and schedules;

(iv) Monitoring of programs and projects;

(v) Fraud and abuse units;

(vi) Procurement activities;

(vii) Public relations;

(viii) Services related to accounting, litigation, audits, management of property, payroll, and personnel;

(ix) Costs for the goods and services required for administration of the program such as the costs for supplies, equipment, travel, postage, utilities, and rental of office space and maintenance of office space, provided that such costs are not excluded as a direct administrative cost for providing program services under paragraph (b)(1) of this section;

(x) Travel costs incurred for official business and not excluded as a direct administrative cost for providing program services under paragraph (b)(1) of this section;

(xi) Management information systems not related to the tracking and monitoring of TANF requirements (e.g., for a personnel and payroll system for State staff); and

(xii) Preparing reports and other documents.

Source: [Code of Federal Regulations \(CFR\), Title 45, Subtitle B, Chapter II, Part 263, Expenditures of State and Federal TANF Funds](#)

This page left blank intentionally