



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

Request for Applications

RFA # A420

North Carolina Partnership to Increase Colorectal Cancer Screenings (NC PICCS)

FUNDING AGENCY: North Carolina Department of Health and Human Services
Division of Public Health
Chronic Disease and Injury Section
Cancer Prevention and Control Branch

ISSUE DATE: March 28, 2025

DEADLINE DATE: April 28, 2025

INQUIRIES and DELIVERY INFORMATION:

Direct inquiries concerning this RFA to:

Jennifer Park at phone 919-707-5334 or email: Jennifer.Park@dhhs.nc.gov

Applications will be received until 5:00pm EST on April 28, 2025.

Electronic copies of the application are available by request.

Send all applications electronically as indicated below:

Email Address: Jennifer.Park@dhhs.nc.gov

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

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I. INTRODUCTION

The North Carolina Cancer Prevention and Control Branch (CPCB) under the North Carolina Department of Health and Human Services (NC DHHS) North Carolina Division of Public Health (NC DPH) - Chronic Disease and Injury Section (CDIS) works to reduce the overall cancer burden in North Carolina.

The purpose of this Request for Applications (RFA) is to solicit applications from eligible federally qualified health centers (FQHC) and health systems to contract with NC DPH to implement evidence-based colorectal cancer (CRC) screening interventions for eligible patients aged 45 to 75 at average risk of colorectal cancer resulting in improved screening rates. The successful applicants will work with the North Carolina Partnership to Increase Colorectal Cancer Screenings (NC PICCS) team consisting of the University of North Carolina at Chapel Hill Lineberger Comprehensive Cancer Center (UNC), the American Cancer Society (ACS) and CPCB. Participating clinics will attend the ACS Quality Improvement (QI) Boot Camp, Learning Collaborative meetings, and NC PICCS individual technical assistance (TA) monthly meetings. During the monthly TA meetings, the NC PICCS team and clinic staff work together through the QI process.

To carry out the program, awarded Grantees will:

1. Establish partnership with CPCB and NC PICCS to implement evidence-based interventions (EBIs) recommended by *The Community Guide* (<https://www.thecommunityguide.org>). These EBIs should target various areas within the health system, such as increasing patient demand, improving access, improving staff and data capacity, and enhancing the delivery of screening recommendations.
2. Ensure follow-up colonoscopies are completed following a positive or abnormal stool-based test.
3. Collect and track data throughout the entire CRC screening process, including the enhanced use of electronic health records (EHRs) in primary care clinics to increase CRC screening rates.
4. Submit high-quality, clinic-level data, including baseline and annual CRC screening rates, aggregate data on stool-based tests provided to and returned by patients, and aggregate data on follow-up colonoscopies, including those funded by the program.

NC PICCS Applicants will use one or both of the following strategies to build and sustain their colorectal cancer program to increase colorectal cancer screening rates. The strategies are as follows:

Strategy A: Capacity Building to implement EBIs and strategies recommended in the Community Preventive Services Task Force's publication, *The Community Guide*, to increase colorectal cancer screening rates and follow-up colonoscopies at up to six (6) NC PICCS participating clinics.

Strategy B: Capacity Sustaining to assess and plan for sustainability. Create a strategic plan to sustain the capacity of a minimum of one (1) clinic's colorectal cancer program.

ELIGIBILITY

1. The applicant must be a federally qualified health center (FQHC) or FQHC Look-Alike Health System¹ with two or more primary care clinic locations capable of performing evidence-based CRC screenings by a stool-based colorectal cancer screening test (referred to as a positive stool test). Test results are verified either by Clinical Laboratory Improvement Amendments (CLIA) regulations on site or through a licensed reference lab. The FQHC or health system must have access to clinic level data as data submissions are mandatory.
2. Applicants must have clinics with a CRC screening rate of less than 60%.
3. Applicants must establish or have an existing quality improvement or project team within their FQHC/health system and designate a representative to serve as the primary liaison with the NC PICCS team. Applicants must have a team of at least three people to implement EBIs as described in *The Community Guide*, conduct quality improvement activities, implement improved patient navigation systems, and improve the quality of CRC screening data and reporting mechanisms.
4. Have the ability to extract clinic-level data from their EHR and identify their patient population aged 45-75 at average risk for CRC who have not completed an appropriate CRC screening.
5. Have or build a gastroenterology resource for positive screening exams and follow-up diagnostic services.
6. Build systems of care with community networks, identify CRC screening champions, and establish referral sources for low cost or donated services for follow-up colonoscopies and cancer treatment if needed. Applicants shall utilize NCCARE360 (<https://nccare360.org/>) to the greatest extent possible to facilitate referrals. NCCARE360 is a statewide coordinated care network to electronically connect those with identified needs to community resources.
7. Demonstrate the ability to document patient records and provide data from the EHR to the NC PICCS team.
8. Track stool-based (e.g., fecal immunochemical test (FIT)/fecal occult blood test(FOBT)) tests distributed, tests returned and results, case management and follow-up of abnormal CRC screening tests, including navigation to and through a follow-up colonoscopy, tracking of colonoscopy results, and to treatment, if indicated.
9. Have the ability to devote staff time and effort to implement EBIs, participate in quality improvement activities, develop patient navigation systems, and identify community resources for colonoscopy for patients with positive stool tests.

¹ FQHC Look-Alike: Health systems with primary care clinics, FQHCs or other funded entities offering primary care services, and private entities providing primary care services are eligible. Primary care clinics are required to implement the proposed strategies and activities within individual clinics. Additionally, health systems that are comprised of several primary care clinics (hereafter referred to as health systems) should plan to implement program strategies and activities at the clinic level.

10. Participate in at least monthly hour-long Collaborative meetings and at least monthly hour-long technical assistance meetings with the NC PICCS team.
11. Have the ability to participate in qualitative and quantitative evaluations of the program as required by the Centers for Disease Control and Prevention (CDC).

NOTE: Local health departments are not eligible for this funding.

Priority will be given to the following:

- Health systems with clinics serving historically marginalized populations that are at particular risk of colorectal cancer including but not limited to:
 - Uninsured and underinsured patients,
 - Low annual household incomes,
 - Rural populations,
 - Racial and ethnic minorities, and/or
 - Lower levels of educational attainment.
- Clinics with a CRC screening rate <60%. Programs should prioritize identifying populations or sub-populations within clinics that may need additional support to increase colorectal cancer screening processes.
- Ability to implement EBIs within health systems and primary care clinics.
- Ability to improve data monitoring and reporting with the electronic health record system.

FUNDING

Applicants may request up to \$86,832 for Strategy A per year, including indirect cost and \$15,408 for Strategy B per year, including indirect cost. Applicants can apply for Strategy A and/or Strategy B. If Applicants apply for both Strategy A and Strategy B, the maximum annual funding is \$102,240.

<u>Year</u>	<u>Funding Period</u>	<u>Maximum Annual NC PICCS Program Funding Estimate</u>
1	August 1, 2025-June 29, 2026	\$102,240
2	June 30, 2026-June 29, 2027	\$102,240

More details on funding allowances can be found in Section VI, “Project Budget.”

Awards are dependent upon and subject to the availability of funds. Up to three (3) funded agencies will implement program activities throughout the funding period, contingent on performance and funding, and submit annual surveys for CDC monitoring over the program’s five-year period.

Source of the funding: 100% federal funding. Funding is received through a competitive cooperative agreement from the Centers for Disease Control and Prevention (CDC) – Changing Health Systems Using Evidence-based Interventions to Increase Colorectal Cancer Screening grant. The Branch receives federal funding from the CDC to carry out the NC PICCS activities. Funding will be available for FQHCs and health systems to provide a limited number of follow-up colonoscopies for patients who have no other source of payment. The priority population will be adults 45-75 years of age, people who do not have full medical coverage for screenings, and people with lower screening uptake and that have difficulty accessing healthcare services.

If awarded federal pass-through funds, Applicant as well as all SubGrantees of the Applicant must certify the following whenever applying for funds, requesting payment, and submitting financial reports:
“I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.”

II. BACKGROUND

The mission of the North Carolina Cancer Prevention and Control Branch (CPCB) is to reduce the overall cancer burden in North Carolina (NC). Cancer of the colon and rectum was the fourth most frequently occurring cancer and the second leading cause of cancer death, in NC in 2022 (NC Central Cancer Registry). While NC has reduced the colorectal cancer (CRC) mortality rates (15.7 per 100,000 in 2008 to 12.8 per 100,000 in 2022), the state is far from realizing the Healthy NC 2025 target of 11.0 per 100,000 population (NC State Center for Health Statistics). In NC, screening is substantially underused in vulnerable and marginalized populations. According to the 2022 NC Behavioral Risk Factor Surveillance System (BRFSS) data, 68.1% of respondents were up to date with CRC screening and 25.4% had never had any of the recommended CRC tests.

In 2022, the age-adjusted incidence rate for CRC in NC was 34.0 per 100,000 persons per year (NC State Center for Health Statistics). However, Non-Hispanic African Americans had an incidence rate of 36.3 compared to 33.8 per 100,000 for Non-Hispanic Whites. Mortality rates were also higher in Non-Hispanic African Americans compared to Non-Hispanic Whites (15.9 vs. 12.3 per 100,000 respectively) and higher than the state’s overall mortality rate of 12.7 per 100,000 (State Center for Health Statistics, 2018-2022). Other affected minority populations include American Indians. As of 2023, the NC American Indian CRC mortality rate was 12.6 per 100,000 (State Center for Health Statistics, 2023).

The U.S. Preventative Task Force recommends screening average-risk adults who are between 45 and 75 years old for colorectal cancer. The focus is on populations that have low screening prevalence and experience barriers to screening. Populations that are less likely to be screened include men, African Americans, Hispanics, American Indians, and Alaska Native people, those who do not live in a city, individuals with lower education and income levels, and uninsured or underinsured individuals. Rates of CRC screening, follow-up, and referral-to-treatment are suboptimal despite strong evidence that CRC screening reduces mortality. Without additional efforts to increase colorectal cancer screening, many men and women will remain susceptible to unnecessary colorectal cancer deaths. Per CDC’s Colorectal Cancer Control Program requirements, clinics are eligible to participate in NC PICCS if their colorectal cancer screening rate is lower than the state screening rate (68.1% of respondents received a CRC screening according to the 2022 NC Behavioral Risk Factor Surveillance System).

The NC PICCS program works to increase CRC screening rates by focusing on QI and sustainable practices. Through the QI process, the program supports the lasting implementation of EBIs, policy modifications, and workflow enhancements. It utilizes QI tools to strengthen data and staff capacity.

III. SCOPE OF SERVICES

The purpose of the NC PICCS RFA is to support partnerships between health systems or FQHCs, American Cancer Society, UNC, and CPCB to implement EBIs and strategies recommended in Community Preventive Services Task Force's *The Community Guide* to increase colorectal cancer screening rates and follow-up colonoscopies at participating NC PICCS clinics. *The Community Guide* sets national standards on evidence-based interventions to inform public health work. Information about *The Community Guide* can be found at: <https://www.thecommunityguide.org/>

Applicants must be an FQHC or FQHC Look-Alike with two or more primary care clinics capable of performing stool-based CRC screening and currently have a clinic CRC screening rate of less than 60%.

To achieve this purpose, Applicants may apply to implement at least one of the strategies outlined below.

STRATEGIES

Applicants may propose one or a combination of the following strategies. Selecting more than one of the following strategies does not increase the likelihood that the application will score higher than those who select only one strategy. Projects proposed should be focused, realistic, well-planned, detailed, and sustainable beyond the project period.

The approved strategies for this RFA are:

Strategy A: Capacity Building to implement EBIs and strategies recommended in *The Community Guide* to increase colorectal cancer screening rates and follow-up colonoscopies at up to six (6) of the Applicant's NC PICCS participating clinics.

Strategy B: Capacity Sustaining to assess and plan for sustainability. Create a strategic plan to sustain the capacity of a minimum of one (1) of the Applicant's clinic's colorectal cancer program.

The CPCB intends to implement evidence-based colorectal cancer (CRC) screening interventions at primary care clinics for eligible patients aged 45 to 75 at average risk for colorectal cancer. Evidence-based interventions (EBIs) to increase colorectal cancer screening may include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.

Both Strategy A and Strategy B Applicants must be able to complete a readiness assessment after selection, which requires clinic level data, as well as track the distribution of stool-based kits, provide navigation services to positive stool-based tests, and complete baseline and annual surveys. Applicants must designate a project team to work with the NC PICCS team and participate in technical assistance meetings.

Strategy A applicants will participate in a QI bootcamp and learning collaborative focused on increasing CRC screening through quality improvement and evidenced-based interventions. Strategy A applicants will participate in technical assistance meetings and develop a strategic plan for colorectal cancer screening program sustainability.

PROGRAM COMPONENTS AND SERVICES

Applicants are expected to provide screening and patient navigation to follow-up services by complying with clinical protocols from the United States Preventive Services Task Force. Professional development will be conducted by NC PICCS. Health system and clinic staff participating in Strategy A will be required to attend the virtual American Cancer Society's QI Learning Collaborative and Bootcamp Training. Applicants will also use *The Community Guide* to assist in public education and recruitment. Quality assurance, surveillance, and evaluation will be conducted to assess the effectiveness of the activities selected. Agencies who apply for Strategy B will be required to participate in virtual technical assistance trainings and monitor existing EBIs for program sustainability.

Screening and Follow-up Services: Patients aged 45-75 at average risk for CRC should complete a fecal stool test. Numbers of tests distributed and returned shall be tracked.

Patient Navigation: Patients with a positive stool test shall be referred for a follow-up screening colonoscopy results tracked, and further referral to treatment shall be made if needed.

Professional Development: Participate in trainings on appropriate methods of CRC testing, attend the ACS CRC QI Learning Collaborative and monthly conference calls.

Quality Assurance: Includes consultation and technical assistance on QI tools and processes, review, and update of clinical protocols and EBIs as described in *The Community Guide* implementation.

Surveillance and Evaluation: Surveillance includes monitoring of data, patient tracking, and evaluation of QI operations and procedures. Provide clinic level data, including baseline and annual survey data, as well as aggregated data on stool-based tests and follow-up colonoscopy screening data. Ensure that the health system and participating clinics work to build staff and data capacity.

Recruitment/Public Education/Communications: Conduct public awareness and local community outreach strategies via community partner-building. Provide education for eligible populations via printed materials, small media or other evidence-based outreach methods described in *The Community Guide*.

Clinical Protocols: CRC screening protocols shall comply with the United States Preventive Services Task Force (USPSTF) recommendations. EBIs will comply with *The Community Guide* recommendations.

PERFORMANCE INDICATORS AND BENCHMARKS

The NC PICCS program collects data via baseline surveys, annual surveys, quarterly reports, focus groups, and technical assistance meetings. If selected as a grantee, the Applicant will be required to report the following data for each clinic implementing contract services:

- A. Baseline and Annual Data to be reported at the individual clinic level
 1. Clinic CRC screening rate.
 2. Stratified CRC screening rate data for related factors such as race, ethnicity, and insurance status to improve health outcomes and reduce the burden of cancer.
 3. Clinic workflow, structural barriers, staff, and data capacity.
 4. Implementation scope and spread of EBIs.
 5. QI infrastructure and how it is used to improve CRC screening rates.
 6. Aggregated EHR and population health tracking and reporting capabilities to support EBI implementation.
 7. Ongoing data on screening and EBI implementation to the NC PICCS team.
 8. CRC screening champion to lead efforts to improve cancer screening rates.

- B. Clinic-level data deliverables (quarterly)
 1. CRC screening rates and fecal kit return rates.
 2. QI infrastructure and QI work product (Aim statements, process maps, gap analysis, Plan-Do-Study-Act (PDSA) cycles.
 3. Clinic level protocols.
 4. EBI implementation scope and spread.
 5. Program successes and challenges.
 6. EMR and population health tracking and reporting capabilities to support EBI implementation.

- C. Track patients, per clinic site, referred to CDC funded colonoscopy after positive stool-based colorectal cancer screening test (monthly)
 1. Track colonoscopy completion, outcome of colonoscopy and follow-up to treatment if needed.
 2. Request (through the NC PICCS Program Coordinator) and track use of CDC funds as payer of last resort for uninsured/underinsured patients who otherwise would not have access to follow-up.
 3. Maximum number of 4 colonoscopies per clinic for Strategy A and a Maximum number of 6 colonoscopies per clinic for Strategy B. Follow-up colonoscopy funding is for uninsured/underinsured patients who meet the criteria. The maximum allowable Medicare reimbursement rate is \$2,368 per colonoscopy.

- D. Become a NCCARE360 Network Partner and use NCCARE360 reports to measure number of referrals to support social determinants of health.

PERFORMANCE STANDARDS

The applicants are required to meet the following standards of performance. Applicants should demonstrate how they will ensure that these standards are met in their application narrative.

If selected, the awarded Grantee shall meet the following requirements for Strategy A and Strategy B:

1. Participate in NC PICCS team meetings monthly or as needed.
2. Ensure timely delivery of data reports as needed by the NC PICCS team and by the CDC.
3. Track total number of colorectal cancer screening tests given (includes stool screenings, colonoscopies, follow-up colonoscopies), returned, positivity rate.

4. Track all patients, per clinic site, referred to colonoscopy, colonoscopy completion, outcome of colonoscopy, and follow-up to treatment if needed.
5. Refer patients to NCCARES360 to bridge health care and human services across populations and different geographies.
6. Use data for quality improvement activities:
 - a. Assess successes and challenges.
 - b. Validate and use data to drive selection of EBIs and process improvements.
 - c. Improve/adopt policies and procedures to increase CRC screening rates.
 - d. For Strategy A, complete process maps and PDSA cycles for EBI implementation and patient navigation.
 - e. For Strategy A, attend the ACS QI Learning Collaborative Bootcamp and Monthly QI Learning Collaborative meetings
 - f. For Strategy B, attend technical assistance meetings, and develop a strategic plan to sustain the capacity of the clinic's colorectal cancer program.
7. Quality Assurance
 - a. Follow clinical protocols for colorectal cancer screening as set forth by the United States Preventive Services Task Force.
 - b. Adopt EBIs set forth in *The Community Guide*.
 - c. Provide/participate in educational programs to ensure providers and staff are educated on clinical protocols, EBIs and implementation.
8. Program Monitoring
 - a. Participate in CDC-led data reviews.
 - b. Document and report on success stories.
 - c. Provide data as required by the CDC and NC PICCS team.
 - d. Participate in quantitative and qualitative evaluation.

REPORTING REQUIREMENTS

If selected, applicants will be required to report **per clinic** CRC screening data, EBI implementation status, quality improvement tools, and participate in focus groups. The list of reporting frequency requirements will vary and are given below:

1. Initial one-time Readiness Assessment.
2. Baseline NC PICCS Survey.
3. Annual NC PICCS Surveys between 2025-2030.
4. Monthly clinic level CRC screening rates.
5. Monthly report of EBI implementation.
6. Strategy A's monthly report of QI work which may include Aim Statements, Current and Future State Process Maps, Gap & Root Cause Analysis, PDSAs.
7. Strategy B, develop a strategic plan to sustain the capacity of the clinic's colorectal cancer program.
8. Quarterly reports of additional data as requested.

PAYMENT FOR SERVICES

The Contract will be reimbursed according to the following plan:

1. **Funding**: The actual funding amount will be determined by NC DPH based on the proposed execution of the project and the utilization of funds as outlined in the applications submitted.
2. **Reimbursement**:
 - a. Funds are distributed on a reimbursement-after-expenditure basis, meaning organizations must be financially able to fund expenses upfront and then request reimbursement from NC DPH.
 - b. Project expenses will be reimbursed on a monthly basis for approved expenses incurred during the prior month.
 - c. Contract Expenditure Report (CERs) must be submitted each month even when no expenses are incurred.
 - d. Failure to submit monthly sequential reports may delay receipt of reimbursement. The payment for colonoscopies shall not exceed the prevailing Medicare-allowed fee for the service.
 - e. All expenditures must be reasonable, documented, and necessary for the performance of the grant.
 - f. No advance/startup funds are provided.
3. **Electronic Payment**: While not required, it is recommended that grantees have the capacity to receive electronic reimbursement payments, rather than mailed paper checks which may be subject to delay. Grantees who elect to receive electronic payment will complete a vendor electronic payment form upon award.
4. **Allowable Costs**:
 - a. Funds may be used for staffing, at an hourly rate, related to the following programmatic activities:
 - Patient Navigation
 - Improving EHRs for screening rate measurements
 - EBI implementation
 - Data collection and reporting
 - Programmatic meetings and trainings
 - Patient outreach
 - b. Limited funds may be used to pay for follow-up (e.g., diagnostic) colonoscopies for asymptomatic, average risk, uninsured or underinsured adults aged 45-75 years, who are screened for colorectal cancer by participating NC PICCS program clinics (e.g., clinics in which the recipient is partnering to implement evidence-based initiatives).
5. **Unallowable Costs**:
 - a. Funds may not be used to purchase or process stool-based colorectal cancer screening tests (e.g., fecal immunochemical test (FIT) kits) or for lab processing of FIT kits.
 - b. Funds may not be used to pay for colonoscopies to evaluate or diagnose symptomatic patients.
 - c. Funds may not be used to reimburse follow-up colonoscopies beyond the Medicare rate.

- d. Funds may not supplant other available sources of payment for colonoscopy. The NC PICCS program is the payer of last resort.
- e. Charging indirect cost on unallowable items in accordance with [2 CFR 200.1 “Modified Total Direct Cost \(MTDC\)”](#), including charges for patient care (i.e., follow-up colonoscopies).

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection

All qualified applications will be evaluated, and award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Awards are dependent upon and subject to the availability of funds. Successful applicants will be notified by May 15, 2025.

2. Cost of Application Preparation

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

3. Elaborate Applications

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

4. Oral Explanations

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

5. Reference to Other Data

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

6. Titles

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

7. Form of Application

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

8. Exceptions

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

9. Advertising

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

10. Right to Submitted Material

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

11. Competitive Offer

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

12. Agency and Organization's Representative

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

13. Subcontracting

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

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

14. Proprietary Information

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

15. Participation Encouraged

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

16. Contract

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

V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

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

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

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on 03/28/2025:

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

2. **Distribution of the RFA**

RFAs will be posted on the Program's website <https://www.dph.ncdhhs.gov/programs/chronic-disease-and-injury/cancer-prevention-and-control-branch> and may be sent via email to interested agencies and organizations beginning 03/28/2025.

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

All prospective applicants are encouraged to attend a Bidder's Conference on April 2, 2025 at 11:00am at <https://tinyurl.com/NCPICCS-RFA-Bidders-Conference> via Microsoft Teams meeting or dial in by phone at (984) 204-1487 using access code 628 063 384#. As an addendum to this RFA, a summary of all questions and answers will be placed on website <https://publichealth.nc.gov/chronicdiseaseandinjury/cancerpreventionandcontrol/index.htm>.

AND

Written questions concerning the specifications in this Request for Applications will be received until 5pm on April 8, 2025. Questions should be emailed to the email address listed on the cover sheet of this RFA.

As an addendum to this RFA, a summary of all questions and answers will be placed on <https://publichealth.nc.gov/chronicdiseaseandinjury/cancerpreventionandcontrol/index.htm> website by April 11, 2025.

4. **Applications**

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

5. **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 should be easy to read and no smaller than an 11-point font.

6. **Space Allowance**

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

7. Application Deadline

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

8. Review of Applications

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the subject matter. Staff from applicant agencies may not participate as reviewers to the committee will review each application for completeness, content, experience with similar projects, ability of the agency's or organization's staff, benefit to the State, etc. The State reserves the right to conduct site visits as part of the application review and award process. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

9. Request for Additional Information

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

10. Audit

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

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

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

Level II grantees shall have a single or program-specific audit prepared and completed in accordance with Generally Accepted Government Auditing Standards, also known as the Yellow Book G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status.

11. 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.

12. Additional Documentation to Include with Application

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

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

13. Federal Certifications

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

14. Unique Entity Identifier (UEI)

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

15. Additional Documentation Prior to Contract Execution

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

- a. Documentation of the agency’s Unique Entity Identifier (UEI).
If your agency does not have a UEI, please use the online registration at www.SAM.gov to receive one free of charge.

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

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

All grantees receiving funds through the State of North Carolina are required to execute Contractor Certifications Required by North Carolina Law. A copy of the certifications is

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

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

16. Registration with NC Secretary of State

Private non-profit applicants must also be registered with the North Carolina Secretary of State to do business in North Carolina or be willing to complete the registration process in conjunction with the execution of the contract documents. (Refer to:

https://www.sosnc.gov/divisions/business_registration)

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

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

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

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

19. Sudan Divestment Act

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

20. Iran Divestment Act

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

21. Boycott Israel Divestment Policy

The Divestments from Companies Boycotting Israel Act of 2017, as amended, prohibits State agencies from making investments in, and contracts with, companies that are engaged in a boycott of Israel, as defined by this Act. Any organization that boycotts Israel, as determined by appearing on the Final Divestment List created by the NC Department of the State Treasurer, is ineligible to contract with the State of North Carolina or any political subdivision of the State. Refer to NC General Statutes Chapter 147 Article 6G.

22. Application Process Summary Dates

03/28/2025: Request for Applications released to eligible applicants.

04/02/2025: Bidder's Conference / Teleconference at 11:00am.

04/08/2025: End of Q&A period. All questions due in writing by 5pm.

04/11/2025: Answers to Questions released to all applicants, as an addendum to the RFA.

04/28/2025: Applications due by 5pm.

05/15/2025: Successful applicants will be notified.

08/01/2025: Contract begins.

VI. PROJECT BUDGET

Strategy A, Capacity Building:

CPCB anticipates awarding **up to three contracts** to FQHC/Health Systems for a total award of \$86,832 in Year 1. In Year 2, the selected FQHC/Health Systems are required to expand to up to six additional clinics for a maximum total of \$86,832 for Strategy A. Therefore, the total funds available for the two-year project period per Grantee for Strategy A is \$173,664.

This RFA will fund up to six (6) clinics per Applicant, with a maximum of 600 hours of staff time (at \$50/hour) and up to 4 follow-up colonoscopies (at \$2,368 each) per clinic, up to the maximum annual allocation of \$86,832.

The funded staff time for each FQHC/Health System is for participation in the ACS QI CRC Collaborative, enhance clinic infrastructure for quality improvement and EBI implementation.

Pending CPCB approval on a case-by-case basis, the funds may be used for patients who have a first-time positive stool test for follow-up (e.g., diagnostic) colonoscopies for asymptomatic uninsured or underinsured adults aged 45-75 years who are screened for CRC by the selected FQHC clinics. Funds may not be used to pay for colonoscopies to evaluate or diagnose symptomatic patients. Clinics shall not pay more than the maximum Medicare reimbursement rate of \$2,368 per colonoscopy.

For Strategy B, Capacity Sustaining:

CPCB plans to award **up to two health systems each year** for a total award of \$15,408 in Year 1 and \$15,408 in Year 2. Therefore the total funds available for the two-year project period per Grantee for Strategy B is \$30,816.

This RFA will fund a minimum of one (1) clinic per Applicant, with a maximum of 24 hours of staff time (at \$50/hour) and up to six (6) follow-up colonoscopies (at \$2,368 each) per clinic, up to the maximum annual allocation of \$15,408.

Budget and Justification

Applicants must submit a budget using the chart provided in Section VIII, "Application," Item 4, "Project Budget," which requires a line item budget for each year of funding and a brief narrative justification as well as provide detailed information about the clinics the funding will support.

Other Restrictions

Allowable Costs:

- a. Funds may be used for staffing, at an hourly rate, related to the following programmatic activities:
 - Patient Navigation
 - Improving EHRs for screening rate measurements
 - EBI implementation
 - Data collection and reporting
 - Programmatic meetings and trainings

- Patient outreach
- b. Limited funds may be used to pay for follow-up (e.g., diagnostic) colonoscopies for asymptomatic, average risk, uninsured or underinsured adults aged 45-75 years, who are screened for colorectal cancer by participating NC PICCS program clinics (e.g., clinics in which the recipient is partnering to implement evidence-based initiatives).

Unallowable Costs:

- a. Funds may not be used to purchase or process stool-based colorectal cancer screening tests (e.g., fecal immunochemical test (FIT) kits) or for lab processing of FIT kits.
- b. Funds may not be used to pay for colonoscopies to evaluate or diagnose symptomatic patients.
- c. Funds may not be used to reimburse follow-up colonoscopies beyond the Medicare rate.
- d. Funds may not supplant other available sources of payment for colonoscopy. The NC PICCS program is the payer of last resort.
- e. Funds may not be used to pay salary or fringe for full-time equivalent (FTE) positions.

Matching Funds: Cost sharing or matching funds are not required.

Audits

Per 09 NCAC 03M .0205 (amended effective retroactive to July 1, 2024), there are two reporting levels established for recipients and subrecipients receiving grants. Reporting levels are based on the allocated funds from all grants disbursed through the State of North Carolina during the entity’s fiscal year. The reporting levels are:

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

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

Level II Grantees are required to submit a “Yellow Book” audit. Only Level II Grantees may include audit expenses in the budget. Audit expenses shall be prorated based on the ratio of the grant to the total grant funds received by the entity.

The chart below details the Level II audit threshold amounts from all grants disbursed through the State of North Carolina during the entity’s fiscal year:

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

Indirect Cost

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

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

This RFA is funded by: 100% federal funds.

Federal Centers for Disease Control and Prevention (CDC) grant, “Changing Health Systems Using Evidence-based Interventions to Increase Colorectal Cancer Screening.”

Indirect cost is allowed on the portion of the sub-award funded by CDC grant “Changing Health Systems Using Evidence-based Interventions to Increase Colorectal Cancer Screening.”

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

If the applicant does not have an FNICR, then the applicant may claim eligible indirect cost up to the *de minimis* indirect cost rate of 15%, with no additional documentation required, per the federal Uniform Guidance. The applicant may elect to claim a lesser portion of the allowed indirect cost rate. If claiming the *de minimis* or some portion thereof, it may not exceed the limit of the modified total direct costs in the proposed budget as defined by [2 CFR 200.1 “Modified Total Direct Cost \(MTDC\)”](#). Applicants must indicate in the budget narrative that they wish to use the *de minimis* rate, or some part thereof.

Applicants who do not wish to claim any indirect cost must enter “No indirect cost requested” in the indirect cost line item of the budget narrative.

The estimated portion of subaward funded by CDC grant “Changing Health Systems Using Evidence-based Interventions to Increase Colorectal Cancer Screening” is as follows for each year:

<u>Year</u>	<u>NC PICCS Program Funding Estimate</u>
1	Maximum of \$102,240 for up to three (3) FQHCs or health systems to serve up to seven (7) clinic sites (up to six clinics for Strategy A; at least 1 clinic for Strategy B).
2	Maximum of \$102,240 for up to three (3) FQHCs or health systems to serve up to seven (7) clinic sites (up to six clinics for Strategy A; at least 1 clinic for Strategy B).

VII. EVALUATION CRITERIA

SCORING APPLICATIONS

Applications shall be scored based on the responses to the four application content areas. Each content area shall be scored on a scale of 1 to 4 based on the scale below:

- | | | |
|----------|------------------|--|
| 1 | POOR | Applicant only marginally addressed the application area. |
| 2 | AVERAGE | Applicant adequately addressed the application area. |
| 3 | GOOD | Applicant did a thorough job of addressing the application area. |
| 4 | EXCELLENT | Applicant provided a superior response to the application area. |

Each content area will be weighted and the score of 1 to 4 will be multiplied by the assigned weight of the content area. (If the content area has a weight = 10 and it is rated 4 (excellent) the total will be 40 points.) The highest total score is 100 points. The scoring procedure is described below:

1. Determination of Need and Local/County/Regional Services:

Weight = 5, Total maximum points = 25

Score distribution: 5 = poor; 10 = average; 15 = good; 25 = excellent.

2. Capacity Statement/Sustainability:

Weight = 10, Total maximum points = 50

Score distribution is: 10 = poor; 20 = average; 30 = good; 50 = excellent.

3. Plan for Strategy A and/or Strategy B:

Weight = 5, Total maximum points = 25

Score distribution is: 5 = poor; 15 = average; 20 = good; 25 = excellent.

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

VIII. APPLICATION

Application Checklist

Please assemble application in the following order:

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

1. Cover Letter

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

Include in the cover letter:

- the legal name of the Applicant agency
- the RFA number
- the Applicant agency's federal tax identification number
- the Applicant agency's Unique Entity Identifier (UEI)
- the closing date for applications.

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with the Cancer Prevention and Control Branch – North Carolina Partnership to Increase Colorectal Cancer Screenings, 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 # **A-420** 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	
8. Agency Federal Tax ID Number:	9. Agency UEI:
10. Agency’s URL (website):	
11. Agency’s Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Total Amount of Funding Requested:	
15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #14) Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document, and I am authorized to represent the applicant. “I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.”	
16. Signature of Authorized Representative:	17. Date

3. Applicant's Response

Determination of Need and Local/County/Regional Services – 2 pages maximum, 25 points

Briefly describe the organization's history. Describe the population of 45-75-year-old patients and barriers to CRC screening. Describe the clinic locations that will participate.

Capacity Statement/Sustainability – 8 pages maximum, 50 points

1. (5 points) Identify a dedicated team of at least 3 individuals for QI. The team must include a provider to serve as a champion for the program. Provide an estimated full-time equivalent (FTE) of time allocated and skills and experiences of staff.
2. (15 points) Describe past and/or current efforts to improve CRC screening, including participation in the ACS CRC Quality Improvement Learning Collaborative. Describe processes and/or tools used for CRC screening program with patients and staff.
3. (30 points) Describe how time will be dedicated to the work and what resources will be allocated to:
 - a. Ensure the successful implementation of EBIs.
 - b. Collect and report clinic level data.
 - c. Improve data quality.
 - d. Provide reports.
 - e. Meet with NC PICCS team for practice facilitation and evaluation.
 - f. Provide CRC screening patient navigation.
 - g. Build access to colonoscopy for positive stool based CRC screening test patients in the selected clinics.
 - h. Describe your current EHR and other information technology (IT) used for data reporting.
 - i. Are you able to pull your Universal Data System (UDS) report from the EMR or another IT system?

Plan for Strategy A and/or Strategy B – 1 page maximum, 25 points

1. Describe your capacity to continue to provide clinic level data to the NC PICCS team beyond the initial year of practice facilitation.
2. Describe your capacity to sustain EBIs, to implement additional EBIs and to document continued improvement in screening rates.
3. Describe your ability to sustain CRC quality improvement activities while handling other priorities that may arise.
4. Describe how incoming staff will be trained and assessed for competency in CRC screening practices and EBIs.

4. Project Budget

Provide a budget not to exceed \$86,832 (including indirect cost) for Strategy A and \$15,408 (including indirect cost) for Strategy B.

Year 1 Funding will begin August 1, 2025, and end June 29, 2026.

Year 2 Funding will begin June 30, 2026, and end June 29, 2027.

Applicants can apply for Strategy A and/or Strategy B:

Strategy A, Capacity Building:

CPCB anticipates awarding **up to three contracts** to FQHC/Health Systems for **up to 6 clinics each year** for a total award of \$86,832 in Year 1. In Year 2, the selected FQHC/Health Systems are required to expand to up to six additional clinics for a maximum total of \$86,832 for Strategy A. Therefore, the total funds available for the two-year project period per Grantee for Strategy A is \$173,664.

This RFA will fund up to six (6) clinics per Applicant, with a maximum of 600 hours of staff time (at \$50/hour) and up to 4 follow-up colonoscopies (at \$2,368 each) per clinic, up to the maximum annual allocation of \$86,832.

The funded staff time for each FQHC/Health System is for participation in the ACS QI CRC Collaborative, enhance clinic infrastructure for quality improvement and EBI implementation.

Pending CPCB approval on a case-by-case basis, the funds may be used for patients who have a first-time positive stool test for follow-up (e.g., diagnostic) colonoscopies for asymptomatic uninsured or underinsured adults aged 45-75 years who are screened for CRC by the selected FQHC clinics. Funds may not be used to pay for colonoscopies to evaluate or diagnose symptomatic patients. Clinics shall not pay more than the maximum Medicare reimbursement rate of \$2,368 per colonoscopy.

For Strategy B, Capacity Sustaining:

CPCB plans to award **up to two health systems each year** for a total award of \$15,408 in Year 1 and \$15,408 in Year 2. Therefore the total funds available for the two-year project period per Grantee for Strategy B is \$30,816.

This RFA will fund a minimum of one (1) clinic per Applicant, with a maximum of 24 hours of staff time (at \$50/hour) and up to six (6) follow-up colonoscopies (at \$2,368 each) per clinic, up to the maximum annual allocation of \$15,408.

Reimbursement Rates:

The allowable reimbursable rates are as follows for both Strategies:

Staff time reimbursable at \$50 per hour	Follow-up colonoscopy reimbursable at \$2,368 each
---	---

Example of reimbursement rates for Strategy A applied to one (1) clinic:

	100 staff hours at \$50/hour	4 Follow-up Colonoscopies	Strategy A: Total Annual Rate Total
Clinic A	\$5,000	\$9,472	\$14,472

Maximum RFA funding available per strategy (example does not contain indirect cost):

	Staff Hours Budget	Follow-up Colonoscopy Budget	Total Year 1 Budget	Total Year 2 Budget	Total 2-Year RFA
Maximum of 6 Clinics: up to 600 hours and up to 4 colonoscopies per clinic. Strategy A: Capacity Building	\$ 30,000.00	\$ 56,832.00	\$ 86,832.00	\$ 86,832.00	\$ 173,664.00
Minimum of 1 Clinic: up to 24 hours staff time and up to 6 follow-up colonoscopies Strategy B: Sustaining	\$ 1,200.00	\$ 14,208.00	\$ 15,408.00	\$ 15,408.00	\$ 30,816.00
			\$ 102,240.00	\$ 102,240.00	\$ 204,480.00

Example of a project budget for Strategy A:

Item Description and Narrative	Year 1 Amount (\$)	Year 2 Amount (\$)	Total RFA Budget (\$)
Staff Time (do not include an FTE breakdown). Max allowed \$30,000 (600 staff hours for up to 6 clinics maximum): <u>475</u> Staff Hours X <u>\$50</u> per hour = <u>\$23,750</u> Narrative (how many clinics will participate): <u>5</u>	\$23,750	\$23,750	\$47,500
Colonoscopy charges: Max. allowed: \$56,832 (4 colonoscopies per clinic x up to 6 clinics maximum). Minimum # of screenings: 4 follow-up colonoscopies per clinic. Per colonoscopy screening charge may not exceed \$2,368 Medicare rate per colonoscopy. (Negotiated lower rates with providers are encouraged.) (5 Clinics X 4 colonoscopies per clinic) X \$2,368 cost per colonoscopy = <u>\$47,360</u>	\$47,360	\$47,360	\$94,720
Indirect Costs: Provide narrative and arithmetic for Indirect Cost: De minimis rate of 15% on hourly charges. $23,750 \times 15\% = 3,562.50$, rounded down to \$3,562. (Because we cannot exceed 15% by rounding up.) Note: Indirect costs are <u>not</u> allowed on patient care charges (i.e., colonoscopy charges).	\$3,562	\$3,562	\$7,124
TOTAL Strategy A Total, including indirect cost, may not exceed \$86,832.	\$74,672	\$74,672	\$149,344

Applicants shall complete the information below and include it in your application packet:

NC PICCS FQHC Clinic Location Contacts:

Proposed Clinic 1
(Choose one or both): <input type="checkbox"/> Strategy A <input type="checkbox"/> Strategy B
Physical address:
Mailing address:
Name of Primary Contact or Team Lead: Name, Title
Phone number for primary contact:
Email for primary contact:

Proposed Clinic 2
(Choose one or both): <input type="checkbox"/> Strategy A <input type="checkbox"/> Strategy B
Physical address:
Mailing address:
Name of Primary Contact or Team Lead: Name, Title
Phone number for primary contact:
Email for primary contact:

Proposed Clinic 3
(Choose one or both): <input type="checkbox"/> Strategy A <input type="checkbox"/> Strategy B
Physical address:
Mailing address:
Name of Primary Contact or Team Lead: Name, Title
Phone number for primary contact:
Email for primary contact:

Proposed Clinic 4
(Choose one or both): <input type="checkbox"/> Strategy A <input type="checkbox"/> Strategy B
Physical address:
Mailing address:
Name of Primary Contact or Team Lead: Name, Title
Phone number for primary contact:
Email for primary contact:

Proposed Clinic 5
(Choose one or both): <input type="checkbox"/> Strategy A <input type="checkbox"/> Strategy B
Physical address:
Mailing address:
Name of Primary Contact or Team Lead: Name, Title
Phone number for primary contact:
Email for primary contact:

Proposed Clinic 6
(Choose one or both): <input type="checkbox"/> Strategy A <input type="checkbox"/> Strategy B
Physical address:
Mailing address:
Name of Primary Contact or Team Lead: Name, Title
Phone number for primary contact:
Email for primary contact:

Proposed Clinic 7
(Choose one or both): <input type="checkbox"/> Strategy A <input type="checkbox"/> Strategy B
Physical address:
Mailing address:
Name of Primary Contact or Team Lead: Name, Title
Phone number for primary contact:
Email for primary contact:

Applicants shall complete the budget form below:

Strategy A, Capacity Building:

Item Description and Narrative	Year 1 Amount (\$)	Year 2 Amount (\$)	Total RFA Budget (\$)
<p>Staff Time (do not include an FTE breakdown). Max allowed \$30,000 (600 staff hours for up to 6 clinics maximum):</p> <p>_____ Staff Hours X <u>\$50</u> per hour = _____</p> <p>Narrative (how many clinics will participate):</p>			
<p>Colonoscopy charges: Max. allowed: \$56,832 (4 colonoscopies per clinic x up to 6 clinics maximum).</p> <p>Minimum # of screenings: 4 follow-up colonoscopies per clinic. Per colonoscopy screening charge may not exceed \$2,368 Medicare rate per colonoscopy. (Negotiated lower rates with providers are encouraged.)</p> <p>(_____ Clinics X 4 colonoscopies per clinic) X \$2,368 cost per colonoscopy = _____</p>			
<p>Indirect Costs: Provide narrative and arithmetic for Indirect Cost:</p> <p>Note: Indirect costs are <u>not</u> allowed on patient care charges (i.e., colonoscopy charges).</p>			
<p>TOTAL Strategy A Total, including indirect cost, may not exceed \$86,832.</p>	\$		

Strategy B, Capacity Sustaining:

Item Description and Narrative	Year 1 Amount (\$)	Year 2 Amount (\$)	Total RFA Budget (\$)
<p>Staff Time (do not include an FTE breakdown). Max allowed \$1,200 (24 staff hours):</p> <p>_____ Staff Hours X <u>\$50</u> per hour = _____</p> <p>Narrative (how many clinics will participate):</p>			
<p>Colonoscopy charges: Max. allowed: \$14,208 (6 colonoscopies maximum).</p> <p>Minimum # of screenings: 2 follow-up colonoscopies per clinic. Per colonoscopy screening charge may not exceed \$2,368 Medicare rate per colonoscopy. (Negotiated lower rates with providers are encouraged)</p> <p>_____ colonoscopies per clinic X \$2,368 cost per colonoscopy = _____</p>			
<p>Indirect Costs: Provide narrative and arithmetic for Indirect Cost:</p> <p>Note: Indirect costs are <u>not</u> allowed on patient care charges (i.e., colonoscopy charges).</p>			
<p>TOTAL Strategy B Total, including indirect cost, may not exceed \$15,408</p>	\$		

5. Indirect Cost Rate Approval Letter (if applicable)

6. SubContractor/SubGrantee Information

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

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

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

SubContractor/SubGrantee Name:

Position Title (if applicable):

EIN or Tax ID:

Street Address or PO Box:

City, State and ZIP Code:

Contact Name:

Contact Email:

Contact Telephone:

Fiscal Year End Date (for organizations):

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

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

SubContractor/SubGrantee Name:

Position Title (if applicable):

EIN or Tax ID:

Street Address or PO Box:

City, State and ZIP Code:

Contact Name:

Contact Email:

Contact Telephone:

Fiscal Year End Date (for organizations):

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

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

7. IRS Letter

Public Agencies:

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

Private Non-profits:

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

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

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

IRS Tax Exemption Verification Form (Annual)

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

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

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

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

(Signature)

Appendix A Forms for Reference

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

FEDERAL CERTIFICATIONS

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

The undersigned states that:

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

Signature **Title**

Contractor Legal Name **Date**

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

I. Certification Regarding Nondiscrimination

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

II. Certification Regarding Drug-Free Workplace Requirements

1. **The Contractor certifies** that it will provide a drug-free workplace by:
 - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - b. Establishing a drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The Contractor's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
 - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
 - (1) Abide by the terms of the statement; and

- (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
 - e. **Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or** otherwise receiving actual notice of such conviction;
 - f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
 - (1) taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
 - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

Street Address No.1:

City, State, Zip Code:

Street Address No.2:

City, State, Zip Code:

- 3. Contractor will inform the Department of any additional sites for performance of work under this agreement.
- 4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

III. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either

directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.

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

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

Instructions

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

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded

from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

Certification

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

V. Certification Regarding Lobbying

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

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all subrecipients [grantees] shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who

fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.

VI. Disclosure of Lobbying Activities

Instructions

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

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

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

<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>

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

CONFLICT OF INTEREST POLICY

CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY

State of _____

County _____

I, _____ hereby state that I am the _____

(Printed Name)

(Title)

of _____ (“Organization”), and by that authority

(Legal Name of Organization)

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

(Day of Month)

(Month)

(Year)

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

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

(Day of Month)

(Month)

(Year)

(Signature)

Instruction for Organization:

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

Name of Organization

Reference only — Not for signature

Signature of Organization Official

Conflict of Interest Policy Example

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

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

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

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

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

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

E. Board Action -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and

be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

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

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

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

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

Approved by:

Name of Organization

Signature of Organization Official

Date

NO OVERDUE TAX DEBTS CERTIFICATION

State Grant Certification – No Overdue Tax Debts¹

To: State Agency Head and Chief Fiscal Officer

Certification:

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

Sworn Statement:

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

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

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

Reference only — Not for signature

Notary Signature and Seal

Notary’s commission expires _____, 20 ____.

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

CONTRACTOR CERTIFICATIONS

State Certifications

Contractor Certifications Required by North Carolina Law

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

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

Certifications

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

- (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
- (c) He or she understands that any person who knowingly submits a false certification in

response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

Contractor's Name: _____

Contractor's Authorized Agent: Signature _____ Date _____

Printed Name _____ Title _____

Witness: Signature _____ Date _____

Printed Name _____ Title _____

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

FFATA Form

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

A. Exemptions from Reporting

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

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

The entire FFATA reporting requirement:

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

Only executive compensation data reporting:

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

Reference only – Not for signature

Signature _____ Name _____ Title _____

Entity _____ Date _____

B. Reporting

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

Entity’s Legal Name _____ Contract Number _____

Active UEI registration record is attached

An active registration with UEI is required

Entity’s UEI _____

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

Entity’s Location

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

Primary Place of Performance for specified contract

Check here if address is the **same** as Entity’s Location

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

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

Title	Name	Total Compensation
1. _____	_____	_____
2. _____	_____	_____

- 3. _____
- 4. _____
- 5. _____

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

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

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

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

Confirmed by:

eVP Customer Number

Name of Organization

Signature of Organization Official

Date

End of Document. Page left intentionally blank.