



Request for Applications

RFA # A-182



Get Alarmed, North Carolina!

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

ISSUE DATE: April 22, 2009

IMPORTANT NOTE: Indicate agency or organization name and RFA number on the front of each application envelope or package, along with the date for receipt of applications specified below.

Applications will be received until 5:00 PM on May 22, 2009

Electronic copies of the application will be posted on the website on April 22, 2009. It can also be requested by contacting Sherri Troop at the address or phone number shown below.

Send all applications directly to the funding agency address shown below.

Direct all inquiries concerning this RFA to:

Mailing Address:

Sherri Troop, Program Manager
Injury and Violence Prevention Branch
1915 Mail Service Center
Raleigh, NC 27699-1915
Phone: (919) 707-5435
Fax: (919) 870-4803
Sherri.Troop@ncmail.net

Street/ Hand Delivery Address:

Sherri Troop, Program Manager
Injury and Violence Prevention Branch
5505 Six Forks Road, 3rd Floor, Room A2
Raleigh, NC 27609-3809

I. INTRODUCTION

Get Alarmed, North Carolina! is an initiative to reduce residential fire injury and death in North Carolina. This Request for Applications provides opportunities for local fire agencies to participate in this initiative by installing smoke alarms in homes within their jurisdictions and providing home-based fire safety education to residents. A total of approximately \$15,093 will be awarded among a maximum of ten (10) agencies. Recipients will receive a contract for reimbursement of project expenses up to the amounts of their award and a supply of long-life lithium battery powered smoke alarms.

II. BACKGROUND

Get Alarmed, North Carolina! is a program of the NC Division of Public Health, the Office of State Fire Marshal, the UNC Hospitals Jaycee Burn Center and the UNC Injury Prevention Research Center. The mission of *Get Alarmed, North Carolina!* is to reduce fire deaths and injuries to North Carolina residents. This mission is accomplished by providing fire safety education and installing smoke alarms in the homes of residents at greatest risk of fire injury. This project will target low-income residents in households with older adults, families with children under age six, and disabled persons.

III. SCOPE OF SERVICES

Get Alarmed, North Carolina! is funded by a five-year cooperative agreement from the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC). A request for applications under this agreement will be issued each year. Fire agencies may apply in any or all of the five years. New Fire Agencies to this project may only apply for one year of funding and should complete the year one application.

Fire Agencies eligible for the two-year award are only those that have been awarded previously by this project *and* have installed all the alarms awarded within the contract period. These agencies may complete either the year one or year two application. The Department of Health and Human Services (DHHS) will contract with the Fire Agency for one year, if the contract remains in good standing throughout the current year, DHHS will renew the contract to cover an additional year. If the contractor is not in good standing, DHHS will not renew the contract.

All awards are contingent upon the availability of funds from CDC.

Eligible recipients of awards are:

- 1) Fire Departments (public or private not-for-profit) or official representatives of Fire Agencies such as Fire Marshal's Offices or Fire Fighter's Associations in North Carolina counties with a population of 50,000 or fewer persons; or,
- 2) Fire Agencies in North Carolina counties with a population of greater than 50,000 may apply
 - o IF the Fire Agency's district has a population of 50,000 or fewer persons or,
 - o IF a Fire Agency's district has a population of greater than 50,000 persons, and targets a high-risk neighborhood with a population of 50,000 or fewer persons, This includes Fire Agencies in larger cities.

High-risk neighborhoods are defined as

- o low-income, or
- o a large proportion of older adults, or
- o a large population of families with young children, or
- o a large population of persons with disabilities.

Applications in categories 2 and 3 as define above must specify neighborhood boundaries, provide a credible population estimate, cite the source of the population estimate and describe the high-risk population in their application.

Based on the guidelines below, applicants may apply for smoke alarms only or a combination of funding and smoke alarms that best represents the work that can be accomplished in the funding period. If applying for the combination of smoke alarms and funds, applicants may apply for the maximum of funds for the level of smoke alarms or a minimum of \$1000 based on the guidelines below.

- 375 – 500 smoke alarms and a sum of not more than \$3,000
- 250 – 375 smoke alarms and a sum of not more than \$2,000
- 100 – 250 smoke alarms and at least \$1,000
- 100 – 500 smoke alarms and \$0 dollars

Funds should be used for smoke alarm installation activities such as outreach, fire safety publicity campaigns, audio-visual equipment for smoke alarm education, computers for tracking installations, installation expenses including supplies such as ladders and drills and reimbursement of the expenses of volunteer installers. Funds may also be used for incidental project expenses including telephone, postage and travel.

For counties with populations of less than 50,000 persons, preference will be given to countywide applications. Applications may be filed by public or not-for-profit fire agencies, the county fire marshal's office or another entity entitled to receive funds for local fire agencies. Applications for counties that include more than one fire department should include a letter of commitment or statement of support from each participating fire department stating their agreement to fully participate in the project. Include letters or statements in Attachment A.

All award recipients will be required to complete the following activities.

- ALL installers MUST attend training that will be provided in the funded site. Only those who have attended training will be eligible to participate in the intervention.
- Solicit referrals of eligible residents from local agencies including Health Departments, Social Services, Senior Centers and others.
- Visit residents' homes to complete a brief survey, provide fire safety education, and install smoke alarm(s). Examples of forms are included in Appendix A.
- Submit copies of all surveys to the Program Manager on a monthly basis.
- Report residential fire calls on the Office of State Fire Marshal form, Incident Reporting System throughout the project period. CDC requires that the Division of Public Health document lives saved and injuries avoided as a result of this project.
- Recipients of smoke alarms and funds will be required to submit monthly expenditure reports to the Program Manager.

At their option, the 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.

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 is deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by June 19, 2009.

2. Decline to Offer

Any agency or organization that receives a copy of the RFA but declines to make an offer is requested to send a written "Decline to Offer" to the funding agency by May 22, 2009. Failure to respond as requested may subject the agency or organization to removal from consideration of future RFAs.

3. 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.

4. 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.

5. 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.

6. 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.

7. Titles

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

8. 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).

9. 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 and 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).

10. Advertising

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

11. 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.

12. 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.

13. 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.

14. Subcontracting

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

15. 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.

16. 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.

17. Contract

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

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status. Also, the contract may include assurances that the successful applicant would be required to execute when signing the contract.

Agencies or organizations receiving Federal funds would be required to execute certifications regarding Environmental Tobacco Smoke, Lobbying, Debarment, and Drug-Free Workplace Requirements. See
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Attachment **D** to view these certifications. **They do not need to be signed for the application submission.**

Contracts with private non-profit agencies require a notarized conflict of interest policy statement, as well as a Certification of No Overdue Taxes. See the instructions on Attachments **F** and **G**, complete forms, and include in submission. (N/A if provided to DPH since 01/01/2009)

Private non-profit applicants must also be registered with the North Carolina Secretary of State to do business in North Carolina, or be willing to complete the registrations process in conjunction with the execution of the contract documents.
(see www.secretary.state.nc.us/corporations).

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. This RFA shall be released on April 22, 2009 and be posted on the North Carolina Injury and Violence Prevention Branch's website at <http://www.injuryfreenc.ncdhhs.gov/About/GetAlarmedNC.htm>.
2. Written questions concerning the specifications in this Request for Applications will be received until May 8, 2009. As an addendum to this RFA, a summary of all questions and answers will be mailed and posted on the website by May 15, 2009 to all agencies and organizations sent a copy of this Request for Applications. Please refer to *Appendix B* for Frequently Asked Questions.
3. Applicants shall submit **original and 5 copies** of the application. The original and five copies must include the required attachments. In addition, applicant organizations shall submit an electronic version of the application, line item budget and budget narrative on a rewriteable CD-RW disc, 3.5 inch disk either with the "hard" copies, or as an e-mail attachment to Sherri.Troop@ncmail.net. Electronic submission will not be accepted in lieu of an original. Faxed applications will not be accepted.
4. All applications must be received by the Department of Health and Human Services by the date and time on the cover sheet of this RFA. Faxed or e-mailed applications ***will not*** be accepted in lieu of the original and required number of hard copies. ***Original*** signatures are required. Note: If the US Postal Service is used, allow sufficient time for delivery to the Injury and Violence Prevention Branch by **5:00 PM on May 22, 2009**.
5. Applications from each responding agency and organization will be logged into the system and stamped with the date received on the cover sheet.
6. 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.
7. Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The 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.

8. 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. Application Process Summary Dates:
 - April 22, 2009: Request for applications mailed to eligible applicants.
 - May 8, 2009: Deadline for Questions
 - May 15 2009: The Questions and Answers will be posted to the website
 - May 22, 2009: Applications due to the Injury and Violence Prevention Branch by 5:00 PM.
 - June 19, 2009: Awards announced
 - December 1, 2009: Contract begins

Criteria for Evaluating Applications

The following criteria shall be used to evaluate applications submitted for funding:

Need — Did the applicant describe why these services are needed in their community?

Background — To what extent did the applicant describe prior experiences in smoke alarm distribution or installation?

Area Served – Has the applicant identified the county or portion of the county to be served? Has the applicant identified all participating fire departments? Did the applicant discuss changes to the service area from year 1 to year 2?

For applicants with county populations over 50,000:

Did the applicant describe the specific neighborhood boundaries? Did the applicant provide a credible population estimate with source cited? Did the application describe the high risk nature for the neighborhood for residential fire injury?

Outreach Plan – Did the applicant list agencies and organizations they will work with for referrals? Did the applicant discuss the advertising plan for the county? Did the applicant discuss changes to the outreach plan from year 1 to year 2?

Smoke Alarm Installation Process – Did the applicant describe how smoke alarms will get installed in homes? Did the applicant identify who (name and position) will be responsible for each activity of the program? Did the applicant discuss coordination efforts if multiple fire departments participate?

Program Budget/Justification Narrative — Does the budget reflect the proposed activities in the Scope of Work? Are the amounts budgeted reasonable and appropriate?

The Injury and Violence Prevention Branch shall facilitate a comprehensive review process. Each application shall be required to pass an initial screening process for completeness. Applications which do not pass this screening review shall be excluded from further review. The

screening procedures shall include a determination of whether all required documents, forms, and formats are included and completed properly. Applications passing this initial screening shall then be reviewed based on the following criteria:

Need	15 Points
Background	5 Points
Area Served	25 Points
Outreach Plan	15 Points
Smoke Alarm Installation Process	25 Points
Budget/Justification	<u>15 Points</u>
Highest possible score	100 Points



APPLICATION / SCOPE OF WORK
Get Alarmed, North Carolina!
One Year Application



Applicant agency or organization _____ 1

Please check the appropriate box:
 Agency status: Public Non Profit

Name and Title of Contract administrator _____

Street Address (include zip code + extended zip code) _____

Financial Reporting Yr. _____ - _____

Level of funding requested Please check the appropriate box and fill in the total amount of funds requested. 2

375 – 500 smoke alarms and \$ _____ (not to exceed \$3000)

250 – 375 smoke alarms and \$ _____ (not to exceed \$2000)

100 – 250 smoke alarms and \$ _____ (not to exceed \$1000)

100 – 500 smoke alarms and \$0 dollars. (Fill in the number of alarms requested with no funds) _____ smoke alarms

Need 3

Describe why these services are needed in your community.

Background

Describe any prior experiences in your county or district(s) in smoke alarm distribution or installation.

Area to be served

Identify county or portion of county. Identify all participating fire departments.

Additional information required *only for counties with a population over 50,000*

Describe the specific neighborhood boundaries that the project will serve. Provide a credible population estimate (cite the source of the population estimate) and describe why this neighborhood is a high risk for residential fire injury.

Outreach Plan

What agencies and organizations will you work with for referrals? How will you advertise the project in your community?

Smoke Alarm Installation Process

Describe how you will get smoke alarms installed in homes. Identify who (name and position) will be responsible for specific activities such as contacting residents, visiting homes, submitting survey forms, reports and other activities. If multiple fire departments will participate, explain how the work will be coordinated among them.



APPLICATION / SCOPE OF WORK

Get Alarmed, North Carolina!

Two Year Application



Applicant agency or organization _____ 1

Please check the appropriate box:
 Agency status: Public Non Profit

Name and Title of Contract administrator _____

Street Address (include zip code + extended zip code) _____

Financial Reporting Yr. _____ - _____

Year 1 Level of funding requested Please check the appropriate box and fill in the total amount of funds requested. 2

375 – 500 smoke alarms and \$ _____ (not to exceed \$3000)
 250 – 375 smoke alarms and \$ _____ (not to exceed \$2000)
 100 – 250 smoke alarms and \$ _____ (at least \$1000, but less than \$2000)
 100 – 500 smoke alarms and \$0 dollars. (Fill in the number of alarms requested with no funds) _____ smoke alarms

Year 2 Level of funding requested Please check the appropriate box and fill in the total amount of funds requested.

375 – 500 smoke alarms and \$ _____ (not to exceed \$3000)
 250 – 375 smoke alarms and \$ _____ (not to exceed \$2000)
 100 – 250 smoke alarms and \$ _____ (at least \$1000, but less than \$2000)
 100 – 500 smoke alarms and \$0 dollars. (Fill in the number of alarms requested with no funds) _____ smoke alarms

Need 3

Describe why these services are needed in your county or community.

Background

Describe any prior experiences in your county or district(s) in smoke alarm distribution or installation.

Area to be served

Identify county or portion of county. Identify all participating fire departments. Will the area you plan to serve change from Year 1 to Year 2? Explain.

Additional information required *only for counties with a population over 50,000*

Describe the specific neighborhood boundaries that the project will serve. Provide a credible population estimate (cite the source of the population estimate) and describe why this neighborhood is a high risk for residential fire injury.

Outreach Plan

What agencies and organizations will you work with for referrals? How will you advertise the project in your community? Will your outreach plan change from Year 1 to Year 2? Explain.

Smoke Alarm Installation Process

Describe how you will get smoke alarms installed in homes. Identify who (name and position) will be responsible for specific activities such as contacting residents, visiting homes, submitting survey forms, reports and other activities. If multiple fire departments will participate, explain how the work will be coordinated among them.

Year 1 Budget

Include all project costs for which funding is requested. Provide specific products, services to be procured, unit costs, and numbers of each product or service. For costs for which categories are not included, please use the "Other" category and explain in detail. The Budget total should equal the requested funding level.

\$ _____ Payment to volunteer fire dept. personnel for installing smoke alarms,
_____ # of smoke alarms x \$ _____ per smoke alarm.

_____ Supplies for installing smoke alarms – provide detailed costs, e.g. 10 cordless drills x \$30 per drill or 3 step ladders x \$25 per ladder. Explain in detail.

_____ Outreach and advertising supplies, e.g. paper, printing. Explain in detail. Example: Printing Flyers – 500 at a cost of .20 each for a total cost of \$100.

_____ Office supplies, e.g. paper, postage, file cabinets/storage for records, and educational materials. Explain in detail. Example: ten reams of paper at a cost of \$3 each for a total cost of \$30.

_____ Travel (# miles x rate per mile, not to exceed the state rate of \$0.55 per mile)

_____ Other (please give specific details and explanation)

\$ _____ Total Project Costs

Year 2 Budget

Include all project costs for which funding is requested. Provide specific products, services to be procured, unit costs, and numbers of each product or service. For costs for which categories are not included, please use the "Other" category and explain in detail. The Budget total should equal the requested funding level.

\$ _____ Payment to volunteer fire dept. personnel for installing smoke alarms,
_____ # of smoke alarms x \$_____ per smoke alarm.

_____ Supplies for installing smoke alarms – provide detailed costs, e.g. 10 cordless drills x \$30 per drill or 3 step ladders x \$25 per ladder. Explain in detail.

_____ Outreach and advertising supplies, e.g. paper, printing. Explain in detail. Example: Printing Flyers – 500 at a cost of .20 each for a total cost of \$100.

_____ Office supplies, e.g. paper, postage, file cabinets/storage for records, and educational materials. Explain in detail. Example: Ten reams of paper at a cost of \$3 each for a total cost of \$30.

_____ Travel (# miles x rate per mile, not to exceed the state rate of \$0.55 per mile)

_____ Other (please give specific details and explanation)

\$ _____ Total Project Costs

VI. APPLICATION CHECKLIST

Please be sure that all of the following items are included in your application. Assemble the application in the following order. Use a binder clip at the top left corner on each copy of the application. Number each page consecutively. Applications must be typed in 12 font, single-spaced with one inch margins, single sided.

___ Cover Letter: The application must include a cover letter, on agency letterhead (if available), signed and dated by an individual authorized to legally bind the Applicant. If said individual is not the corporate president, submit evidence showing the individual's authority to bind the Applicant. (See Attachment D: Letter from Board President/Chairperson Identifying individual(s) Authorized to Sign Contracts.) Include in the cover letter the legal name of the Applicant agency, the RFA number, the federal tax identification number and the closing date for applications.

___ Application Face Sheet (page #2) followed by a completed application.

___ Completed Application Form (20 pages maximum)

___ Attachment A: Memoranda of Agreement /Understanding and Letters of Support

___ Attachment B: 501 (c) (3) Letter (Private Non-Profit Agencies) -- Public organizations shall submit a document verifying their legal name and tax identification number. Private not-for-profit agencies shall submit a copy of their IRS 501 (c) (3) and a 501 (c) 3 verification letter. N/A if provided to the DPH since 01/01/09.

___ Attachment C: Letter from Board President/Chairperson Identifying Individual(s) Authorized to Sign Contracts. Local government agencies should obtain the signature of town manager, chair of county commissioners, etc. N/A if provided to the DPH since 01/01/09.

___ Attachment D: Federal Certifications – Included for reference only. Certifications are not to be signed at time of application.

___ Attachment E: Letter from Board President/Chairperson Identifying Individual(s) Authorized to Sign Expenditure Reports. Local government agencies should obtain the signature of town manager, chair of county commissioners, etc. N/A if provided to DPH since 01/01/09.

___ Attachment F: Notarized Conflict of Interest Policy (Applies to Private Non-Profits). N/A if provided to the DPH since 01/01/09.

___ Attachment G: Certification of No Overdue Taxes (Applies to Non-public entities and financial assistance contracts). N/A if provided to DPH since 01/01/09.

APPLICATION FACE SHEET

This form provides basic information about the applicant and the proposed project with Get Alarmed, North Carolina, 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-182 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:	Telephone Number:
▪ Name:	▪ Fax Number:
▪ Title:	▪ E-mail Address
7. Agency Status (check all that apply):	
<input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	
9. Agency’s Financial Reporting Year:	
10. Current Service Delivery Areas (county(ies) and communities):	
11. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
12. Amount of Funding Requested	
13. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #12) Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
14. Signature of Authorized Representative:	15. Date

Appendices

Appendix A

**Get Alarmed, North Carolina
Survey
including
Consent/ Release from Liability
and
Education Documentation**

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Fire Department Code

JXXXXX

STEP 3 – Informed Consent and Release from Liability

I agree to allow the North Carolina Department of Health and Human Services and the _____ Fire Department to install a lithium battery powered smoke alarm in my home. I understand and agree that the sole purpose of this program is to help reduce deaths and injuries from residential fire. I understand that the _____ Fire Department and the Injury Prevention Branch of the North Carolina Department of Health and Human Services are providing this free smoke alarm and fire safety education materials as a public service in the interest of encouraging safety and helping to prevent fire related injuries.

I understand that the _____ Fire Department and the Injury Prevention Branch of the North Carolina Department of Health and Human Services do not guarantee or endorse this brand of smoke alarm. I also understand that the _____ Fire Department and the Injury Prevention Branch of the North Carolina Department of Health and Human Services are not a seller, manufacturer, or dealer of smoke alarms, and that this program cannot fully evaluate the quality, safety, or condition of the smoke alarm or the manner in which it is installed.

In exchange for accepting the free smoke alarm(s) and the fire safety education materials, I agree not to make any claim or demand or to file any lawsuit against the _____ Fire Department and the Injury Prevention Branch of the North Carolina Department of Health and Human Services or any individual connected with this project for any present or future injuries, damages, costs, or expenses claimed to have resulted from the smoke alarm or this project.

I further agree that I will read the manufacturer's instructions, which are included with the smoke alarm.

This release from liability is binding on me and my family and all my heirs and successors.

Applicant's Signature

Fire Fighter/ Fire Safety Volunteer Signature

Number of smoke alarms installed today

Date

**If this smoke alarm starts "chirping" or does not "alarm" when tested, call the Fire Department that installed it for you or the North Carolina Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch at 919-707-5435. Please refer to the "Get Alarmed, North Carolina!" Smoke Alarm Installation Project of 2009.

IF YOUR FIRE DEPARTMENT IS PARTICIPATING IN THE SAIFE EVALUATION – PLEASE HAVE THE RESIDENT COMPLETE THE SAIFE SURVEY BEFORE MOVING ON. IF THE RESIDENT APPROVES, YOU MAY BEGIN INSTALLING FIRE ALARMS WHILE THE RESIDENT IS COMPLETING THE SAIFE SURVEY.

STEP 4 – Fire Safety Education Suggestions

NOT ALL OF THE SUGGESTIONS BELOW WILL BE APPLICABLE—USE ONLY THOSE THAT APPLY TO THIS RESIDENCE. PLEASE CHECK ALL OF THE SUGGESTIONS THAT YOU DISCUSSED WITH THE RESIDENT.

I. SMOKE ALARM MAINTENANCE

- [1] Test smoke alarms once a month using a broom handle to make sure the batteries are working correctly.
- [2] A smoke alarm may make a "chirping" sound to let you know that the battery is getting weak & a new battery is needed.
- [3] Never remove the battery to stop an unwanted alarm (e.g., Caused by steam from cooking) or to power another object.

II. FIRE ESCAPE PLANNING

- [4] Plan 2 escape routes from every room.
- [5] Choose an outside meeting place for all family members.
- [6] Never go into a burning building.
- [7] Go to a neighbor's home to call the fire department.

III. Heating Safety

- [8] Use Portable heaters with extra caution – especially around children.
- [9] Use heaters only in well-ventilated rooms.
- [10] Place heaters where they will not be knocked over easily.
- [11] Do not use heaters to dry clothing or other items.
- [12] Use only K-1 Kerosene to refill kerosene heaters. Never use gasoline or camp stove fuel to refuel heaters. Refuel heaters outdoors.
- [13] Plug heaters directly into the wall outlet and not into an extension cord.
- [14] Unplug electric heaters when not in use.
- [15] Keep people and all flammable materials at least three feet away from the heater.
- [16] Clean woodstoves and fireplaces yearly.
- [17] Do not use flammable liquids to start the fire.
- [18] Burn only seasoned firewood.
- [19] Never burn trash in the fireplace or woodstove.
- [20] Use a protective screen in front of woodstove or fireplace.
- [21] Clean clothes dryer lint screen after every use.

IV. Kitchen Safety

- [22] Don't leave food unattended on the stove.
- [23] Keep dangling or loose clothing away from the burner.
- [24] Keep stovetop clean and free of grease and crumbs.
- [25] If a grease fire starts, smother it with a tight fitting lid and turn the burner off. Do not try to move or carry the pan. Wait until the grease and the pan have cooled down before moving it.

V. Smokers

- [26] Use a large, deep ashtray and keep the ashtray away from upholstered furniture and curtains.
- [27] NEVER smoke in bed.
- [28] Keep matches and lighters away from children.
- [29] ALWAYS wet ashes before disposing in trash receptacle.

White – Department of Health and Human Services, Yellow – Fire Department, Blue – Resident.

Appendix B

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

- 1. If we apply for smoke alarms and no money, is there a deadline for when they all have to be installed?**

RESPONSE: Yes, the deadline is the last day of the contract.

- 2. Are you accepting applications from single Fire Departments?**

RESPONSE: We are accepting applications from all Fire Departments. You have a better chance of being awarded if you were to partner with other Fire Departments in your area.

- 3. Can you send me the application electronically?**

RESPONSE: Yes, the application can be sent. Please provide your email address.

- 4. Can a Fire Marshal's Office apply?**

RESPONSE: Yes, County Fire Marshal's Offices may apply. This can be done if the entire county has a population of less than 50,000 or if you plan to target only certain high risk areas of a more highly populated county and you describe it in your application.

- 5. Does everything have to be on the budget Sheet?**

RESPONSE: We do want to see as much detail as possible on the budget sheet. Start on the sheet we provide and use additional sheets if you need to.

- 6. Is the reporting year the same as the fiscal year?**

RESPONSE: The reporting year is your fiscal year.

- 7. Do we budget funds to purchase smoke alarms?**

RESPONSE: No, Get Alarmed, North Carolina! supplies the alarms. In doing so, all alarms used through this project are the same. Funds should be used to assist you to do the best smoke alarm installation project possible.

- 8. Do we have a good chance of being awarded if we partner with other Fire Agencies?**

RESPONSE: We like to see as much county-wide cooperation as possible, as long as each of the populations are under 50,000.

- 9. Can we apply for the grant for only those parts of the county that are rural, essentially leaving the city of "XYZ" out?**

RESPONSE: Yes, you may apply for only the rural parts of your county as long as you describe this in your application.

- 10. I have just received this, do I HAVE to have this in to your office by *date* - there is no way I can contact all my fire departments by then.**

RESPONSE: Applications are due in my office by 5:00 on the due date. I can send you an electronic version of the application to make it easier for you to complete.

- 11. The application assembly requires Verification of IRS status. What is that?**

RESPONSE: Your 501 C3 status is what we will be looking for. Your accountant should have it. We just want a copy of it.

- 12. Do we need to fill in the block concerning Counties with a population greater than 50,000 if we are only applying for our fire district even though our county is greater than 50,000?**

RESPONSE: Yes, you do have to complete the block about the counties with a population greater than 50,000 even if you are only applying for a portion of the county that is less than 50,000.

Attachments

Attachment A: Letters of Commitment or Statements of Support

Attachment B:

501 (c) (3) Letter (Private Non-Profit Agencies)

or

Document Verifying Legal Name (Public Agencies)

**Not required if previously submitted to the Division of Public Health in
response to general request for documentation made in January 2009**

Verification of 501 (C) (3) Status

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

Name of Agency

Signature of Chairman, Executive Director, or other authorized official

Title of above signed authorized official

Sworn to and subscribed before me this _____ day of _____, 2009.

Notary Signature and Seal

Notary's commission expires _____, 20 ____.

**Attachment C:
Letter from Board
President/Chairperson
Identifying Individual(s)
Authorized to Sign
Contracts**

**Not required if previously submitted to the Division of Public Health in
response to general request for documentation made in January 2009**

Attachment D: Federal Certifications

(for reference only – not for signature)

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Department of Health and Human Services
Division of Public Health

Certification for Contracts, Grants, Loans and Cooperative Agreements

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 per day and/or the imposition of an administrative compliance order on the responsible entity.

By signing and submitting this application, 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 which contain provisions for children's services and that all subgrantees shall certify accordingly.

Signature

Title

Agency/Organization

Date

Certification Regarding Lobbying
Department of Health and Human Services
Division of Public Health

Certification for Contracts, Grants, Loans and Cooperative Agreements

The undersigned 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 Federal, state or local government agency, a Member of Congress, a Member of the General Assembly, an officer or employee of Congress, an officer or employee of the General Assembly, an employee of a Member of Congress, or an employee of a Member of the General Assembly in connection with the awarding of any Federal or state contract, the making of any Federal or state grant, the making of any Federal or state loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal or state 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 Federal, state or local government agency, a Member of Congress, a Member of the General Assembly, an officer or employee of Congress, an officer or employee of the General Assembly, an employee of a Member of Congress, or an employee of a Member of the General Assembly in connection with the awarding of any Federal or state contract, the making of any Federal or state grant, the making of any Federal or state loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal or state contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
- (4) This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Notwithstanding other provisions of federal OMB Circulars A-122 and A-87, costs associated with the following activities are unallowable:

Paragraph A.

- (1) Attempts to influence the outcomes of any Federal, State, or local election, referendum, initiative, or similar procedure, through in kind or cash contributions, endorsements, publicity, or similar activity;
- (2) Establishing, administering, contributing to, or paying the expenses of a political party, campaign, political action committee, or other organization established for the purpose of influencing the outcomes of elections;
- (3) Any attempt to influence: (i) The introduction of Federal or State legislation; or (ii) the enactment or modification of any pending Federal or State legislation through communication with any member or employee of the Congress or State legislature (including efforts to influence State or local officials to engage in similar lobbying activity), or with any Government official or employee in connection with a decision to sign or veto enrolled legislation;
- (4) Any attempt to influence: (i) The introduction of Federal or State legislation; or (ii) the enactment or modification of any pending Federal or State legislation by preparing, distributing or using publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign; or
- (5) Legislative liaison activities, including attendance at legislative sessions or committee hearings, gathering information regarding legislation, and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in unallowable lobbying.

The following activities as enumerated in Paragraph B are excepted from the coverage of Paragraph A:

Paragraph B.

- (1) Providing a technical and factual presentation of information on a topic directly related to the performance of a grant, contract or other agreement through hearing testimony, statements or letters to the Congress or a State legislature, or subdivision, member, or cognizant staff member thereof, in response to a documented request (including a Congressional Record notice requesting testimony or statements for the record at a regularly scheduled hearing) made by the recipient member, legislative body or subdivision, or a cognizant staff member thereof; provided such information is readily obtainable and can be readily put in deliverable form; and further provided that costs under this section for travel, lodging or meals are unallowable unless incurred to offer testimony at a regularly scheduled Congressional hearing pursuant to a written request for such presentation made by the Chairman or Ranking Minority Member of the Committee or Subcommittee conducting such hearing.

- (2) Any lobbying made unallowable by subparagraph A (3) to influence State legislation in order to directly reduce the cost, or to avoid material impairment of the organization's authority to perform the grant, contract, or other agreement.
- (3) Any activity specifically authorized by statute to be undertaken with funds from the grant, contract, or other agreement.

Paragraph C.

- (1) When an organization seeks reimbursement for indirect costs, total lobbying costs shall be separately identified in the indirect cost rate proposal, and thereafter treated as other unallowable activity costs in accordance with the procedures of subparagraph B.(3).
- (2) Organizations shall submit, as part of the annual indirect cost rate proposal, a certification that the requirements and standards of this paragraph have been complied with.
- (3) Organizations shall maintain adequate records to demonstrate that the determination of costs as being allowable or unallowable pursuant to this section complies with the requirements of this Circular.
- (4) Time logs, calendars, or similar records shall not be required to be created for purposes of complying with this paragraph during any particular calendar month when: (1) the employee engages in lobbying (as defined in subparagraphs (a) and (b)) 25 percent or less of the employee's compensated hours of employment during that calendar month, and (2) within the preceding five-year period, the organization has not materially misstated allowable or unallowable costs of any nature, including legislative lobbying costs. When conditions (1) and (2) are met, organizations are not required to establish records to support the allowability of claimed costs in addition to records already required or maintained. Also, when conditions (1) and (2) are met, the absence of time logs, calendars, or similar records will not serve as a basis for disallowing costs by contesting estimates of lobbying time spent by employees during a calendar month.
- (5) Agencies shall establish procedures for resolving in advance, in consultation with OMB, any significant questions or disagreements concerning the interpretation or application of this section. Any such advance resolution shall be binding in any subsequent settlements, audits or investigations with respect to that grant or contract for purposes of interpretation of this Circular; provided, however, that this shall not be construed to prevent a contractor or grantee from contesting the lawfulness of such a determination.

Paragraph D.

Executive lobbying costs. Costs incurred in attempting to improperly influence either directly or indirectly, an employee or officer of the Executive Branch of the Federal Government to give consideration or to act regarding a sponsored agreement or a regulatory matter are unallowable. Improper influence means any influence that induces or tends to induce a Federal employee or officer to give consideration or to act regarding a federally sponsored agreement or regulatory matter on any basis other than the merits of the matter.

Signature	Title
Agency/Organization	Date

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY
AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS

Instructions for Certification

1. By signing and submitting this proposal, 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 originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to which the 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. You may contact the person to which 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 proposal that it will include this 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 of 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 Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

- (1) The prospective lower tier participant certifies, by submission of this proposal, 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.
- (2) 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.

Signature

Title

Agency/Organization
N. C. Division of Public Health
RFA# A-182
April 22, 2009

Date

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CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

Department of Health and Human Services
Division of Public Health

- I. By execution of this Agreement 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

Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

- II. The site(s) for the performance of work done in connection with the specific agreement are listed below:

1. _____
(Street address)

(City, county, state, zip code)

2. _____
(Street address)

(City, county, state, zip code)

Contractor will inform the Department of any additional sites for performance of work under this agreement.

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.

Signature

Title

Agency/Organization

Date

**Attachment E:
Letter from Board
President/Chairperson
Identifying Individual(s)
Authorized to Sign Expenditure
Reports**

**Not required if previously submitted to the Division of Public Health in
response to general request for documentation made in January 2009**

ATTACHMENT E

[Print on Agency Letterhead]

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

I, _____, Board President/Chairperson of
_____ [Agency/Organization's legal name] hereby identify the
following individual(s) who is (are) authorized to sign Contract Expenditure Reports for the organization/agency
named above:

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

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

Attachment F: Notarized Conflict of Interest Policy

(Private Non-Profits Only)

**Not required if previously submitted to the Division of Public Health in
response to general request for documentation made in January 2009**

Attachment F

Notarization of Conflict of Interest Policy

State of North Carolina, County of _____

I, _____, Notary Public for said County and State, certify that
_____ [Name of Board Chair or Authorized Official] personally
appeared before me this day and acknowledged that he/she is
_____ [Title] of
_____ [Agency/Organization’s full legal name] and
by that authority duly given and as the act of the Organization, affirmed that the foregoing Conflict of Interest Policy
was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the ____ day of
_____, _____.

Sworn to and subscribed before me this ____ day of _____, 2009.

Notary Signature and Seal

Notary’s commission expires _____, 20 ____.

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.

Legal Name of Organization

Signature of Organization Official

Conflict of Interest Policy

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

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

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

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

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

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

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

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

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

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

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

Approved by:

Legal Name of Organization

Signature of Organization Official

Title of Organization Official

Date

Attachment G: Certification of No Overdue Taxes

**(Non-Public Entities - financial assistance
contracts)**

**Not required if previously submitted to the Division of Public Health in
response to general request for documentation made in January 2009**

Attachment G

[Print on Agency Letterhead]

State Grant Certification – No Overdue Tax Debts¹

To: State Agency Head and Chief Fiscal Officer

Certification:

We certify that the _____ [Agency/Organization's full legal name] does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143C-6-23(c) is guilty of a criminal offense punishable as provided by N.C.G.S. 143-34(b).

Sworn Statement:

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

Signature Board Chair Title _____ Date

Signature Title of Second Authorizing Official _____ Date

Sworn to and subscribed before me this _____ day of _____, 2009.

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."