



Request for Applications

RFA # A-229

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: March 7, 2011

DEADLINE DATE: April 18, 2011

INQUIRIES and DELIVERY INFORMATION:

Direct all inquiries concerning this RFA to:

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

Applications will be received until 5:00 PM on April 18, 2011

Electronic copies of the application will be posted on the website on March 7, 2011. It can also be requested by contacting Sherri Troop at the address or phone number shown above.

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

Mailing Address: Sherri Troop, Program Manager
Injury and Violence Prevention Branch
1915 Mail Service Center
Raleigh, NC 27699-1915

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

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

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I. INTRODUCTION

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 and carbon monoxide detectors in homes within their jurisdictions and providing home-based fire safety education to residents. Special emphasis shall be placed on homes with deaf or hearing impaired residents. The total projected funding for this RFA is **\$283,670 depending on the availability of funds.** A maximum of approximately 25 agencies shall be funded under this RFA. Recipients will receive a contract for reimbursement of project expenses up to the amounts of their award in addition to a supply of long-life lithium battery powered smoke alarms, carbon monoxide detectors and upon request, smoke alarms systems for the deaf and hearing impaired.

II. BACKGROUND

Fire deaths vary across North Carolina's geographical regions, with the highest rates in more rural areas. While some of these higher rates may be an artifact of low numbers of deaths and small populations in any given time period, this pattern has continued over the past 30 years. Studies of fire deaths in North Carolina have documented risk factors including the younger and older age groups, low socioeconomic status and minority populations. Rural areas of the state in general have more risk factors for fire including older structures, large numbers of mobile homes, and widespread use of alternative heating sources, especially fireplaces and kerosene heaters.

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 (regular and hearing impaired) and carbon monoxide detectors 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 persons with disabilities with an emphasis on those with hearing impairment.

III. SCOPE OF SERVICES

Get Alarmed, North Carolina! is funded by a one-year cooperative agreement from the Federal Emergency Management Agency (FEMA).

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

Eligible recipients of awards are:

Applications may be submitted by public or not-for-profit fire agencies (from the 10 counties listed below), which includes the county fire marshal's office or another entity entitled to receive funds for local fire agencies. The project will have an approximate start date of September 30, 2011 and will end on July 31, 2012. The start and end dates are contingent upon the receipt of

FEMA funds by the state. The following ten counties will be targeted due to their high fire and carbon monoxide death rates as well as their rates of hospitalizations due to fire and carbon monoxide exposure.

1. Beaufort
2. Bladen
3. Cumberland
4. Martin
5. Pender
6. Randolph
7. Robeson
8. Rockingham
9. Scotland
10. Washington

Fire Agencies will target high-risk neighborhoods. High-risk neighborhoods are defined as:

- low-income, or
- a large proportion of older adults, or
- a large population of families with young children, or
- a large population of persons with disabilities especially those with hearing impairment.

Each applicant may apply for funds up to \$14,000.00. Applicants will also request a supply smoke alarms and carbon monoxide detectors in addition to the funding. When considering the number of smoke alarms to apply for Fire Agencies should consider that a smoke alarm should be installed in each bedroom, outside the sleeping area and there should be at least one smoke alarm on each level. Based on these guidelines, a 2 story, 3 bedroom home with a basement will require 6 smoke alarms. When considering the number of carbon monoxide detectors to apply for Fire Agencies should consider that not every home will need a carbon monoxide detector. Only those homes where combustible fuel is used to 1) heat the home, 2) fuel a dryer, or 3) fuel a cook stove/oven. Also those homes that have an attached garage will need a carbon monoxide detector. Hearing Impaired smoke alarm systems will be granted to each agency on a case by case basis. The state will work with the Division of Deaf and Hard of Hearing to identify needs in each county; therefore Fire Agencies will not need to apply for hearing impaired smoke alarm systems. Fire Agencies will make a formal request in writing by email to the Program Manager to request hearing impaired smoke alarms system on a case by case basis. Based on the installation guidelines above, applicants may apply for smoke alarms and carbon monoxide detectors only, or a combination of funding and smoke and carbon monoxide 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 \$1,000 based on the guidelines below.

- 800 – 1,000 smoke alarms, 533 – 667 carbon monoxide detectors and a sum of not more than \$14,000.
- 600 – 799 smoke alarms, 400 – 532 carbon monoxide detectors and a sum of not more than \$10,000.

- 400 – 599 smoke alarms, 267 – 399 carbon monoxide detectors and a sum of not more than \$8,000.
- 100 – 399 smoke alarms, 67 – 266 carbon monoxide detectors and a sum of not more than \$6,000 and at least \$1,000.
- 100 – 1,000 smoke alarms, 67 – 667 carbon monoxide detectors and \$0 dollars.

Funds may be used for smoke alarm and carbon monoxide detector installation activities such as outreach, fire safety public awareness campaigns, audio-visual equipment for smoke alarm education, computers for tracking installations and installation expenses such as ladders and drills. Funds may be used to pay for a part-time position that will be primarily responsible for installations and project protocols as well as for paying stipends to volunteer firefighters at a rate up to \$10 per installation. Funds may also be used for other project expenses including telephone, postage and travel.

Applications may be submitted by public or not-for-profit fire agencies, which includes 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.

Output

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

- ALL installers MUST attend training that will be provided at the funded site. Only those who have attended training will be eligible to participate in the program.
- Canvass high risk neighborhoods.
- Solicit referrals of eligible residents from local agencies including Health Departments, Social Services, Senior Centers, etc.
- At installation appointment, complete a brief survey, provide fire safety education, and install smoke alarm(s). (See Appendix F for survey form).
- 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. FEMA 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 contract expenditure reports to the Program Manager.

Outcome

The installation of smoke alarms and carbon monoxide detectors as well as the residential fire safety education will result in a reduction in the risk of fire injury, death and carbon monoxide poisoning in at least 5,333 homes in the 10 county target area.

Service Quality

Firefighters shall treat homeowners with courtesy and respect. They will exercise cultural sensitivity when working with different racial and ethnic groups. Fire agencies agree to respond to referrals or requests within 3 business days to set up a time for installation. Firefighters also agree to exercise neatness and cleanliness in the installation of alarms and detectors.

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 are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by 05/10/2011.

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. 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 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).

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.

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 are being sent to prospective agencies and organizations via direct mail, email, and/or Program website and will be posted at the following DHHS website on 03/07/2011:

<http://www.ncdhhs.gov/grantopportunities/currentopportunities.htm>

2. **Distribution of the RFA**

RFAs will be sent via email to interested agencies and organizations beginning 03/07/2011.

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

Written questions concerning the specifications in this Request for Applications will be received until 3/25/2011. As an addendum to this RFA, a summary of all questions and answers will be placed on the Injury and Violence Prevention Branch's website

<http://www.injuryfreenc.ncdhhs.gov> by 3/28/2011.

4. **Applications**

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

5. **Original Application**

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

6. **Copies of Application**

Along with the original application, submit 3 photocopies of the application in its entirety. Copies of the application should be clearly marked "copy" on the application face sheet.

7. **Format**

The application must be typed, single-sided on 8.5" x 11" paper with margins of 1". Line spacing should be single-spaced. The font should be Arial or Times New Roman and no smaller than an 11-point font.

8. **Application Deadline**

All applications must be received by the date and time on the cover sheet of this RFA. Faxed or emailed 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 funding agency by 5:00 PM, close of business, on 04/18/2011.

9. Receipt of Applications

Applications from each responding agency and organization will be logged into the system and stamped with the date received on the cover sheet.

10. 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.

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. 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.

11. 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.

12. Audit

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

13. 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.

14. Additional Documentation to Include with Application

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

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

In addition, those private non-profit agencies are to provide a completed, signed, and notarized page verifying continued existence of the agency's 501(c) (3) status. (An example of this page is provided in section *VII.7 Verification of 501(c) (3) Status.*)

15. Federal Certifications

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

16. Additional Documentation Prior to Contract Execution

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

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

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

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

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

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

17. Registration with Secretary of State

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

18. Application Process Summary Dates

03/07/2011: Request for Applications released to eligible applicants.

03/25/2011: End of Q&A period. All questions due in writing by 5pm.

03/28/2011: Answers to Questions released to all applicants, as an addendum to the RFA.

04/18/2011: Applications due by 5pm.

05/10/2011: Successful applicants will be notified.

09/30/2011: Contract begins.

VI. EVALUATION CRITERIA

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?

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

Area to be Served – Has the applicant identified the county or portion of the county to be served? Has the applicant identified all participating fire departments?

Smoke Alarm/Carbon Monoxide 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?

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?

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

Each section above will be scored based on the following point system:

NEED— Maximum 15 points

| Unsatisfactory | Marginal | Acceptable | Very Good | Outstanding |
|----------------|----------|------------|-----------|-------------|
| 0-3 | 4-6 | 7-9 | 10-12 | 13-15 |

ORGANIZATIONAL EXPERIENCE—Maximum 5 points

| Unsatisfactory | Marginal | Acceptable | Very Good | Outstanding |
|----------------|----------|------------|-----------|-------------|
| 0-1 | 2 | 3 | 4 | 5 |

AREA TO BE SERVED—: Maximum 25 points

| Unsatisfactory | Marginal | Acceptable | Very Good | Outstanding |
|----------------|----------|------------|-----------|-------------|
| 0-6 | 7-12 | 13-17 | 18-21 | 22-25 |

SMOKE ALARM/CARBON MONIXIDE INSTALLATION PROCESS

Maximum 25 points

| Unsatisfactory | Marginal | Acceptable | Very Good | Outstanding |
|----------------|----------|------------|-----------|-------------|
| 0-6 | 7-12 | 13-17 | 18-21 | 22-25 |

OUTREACH PLAN—Maximum 15 points

| | | | | |
|-----------------------|-----------------|-------------------|------------------|--------------------|
| Unsatisfactory | Marginal | Acceptable | Very Good | Outstanding |
| 0-3 | 4-6 | 7-9 | 10-12 | 13-15 |

PROGRAM BUDGET/JUSTIFICATION NARRATIVE— Maximum 15 points

| | | | | |
|-----------------------|-----------------|-------------------|------------------|--------------------|
| Unsatisfactory | Marginal | Acceptable | Very Good | Outstanding |
| 0-3 | 4-6 | 7-9 | 10-12 | 13-15 |

| | |
|--|-------------------|
| Need | 15 Points |
| Organizational Experience | 5 Points |
| Area to be Served | 25 Points |
| Smoke Alarm/Carbon Monoxide Installation Process | 25 Points |
| Outreach Plan | 15 Points |
| Program Budget/Justification Narrative | <u>15 Points</u> |
| Highest possible score | 100 Points |

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:

VII. APPLICATION

Application Checklist

The following items must be included in the application. Please use a binder clip at the top left corner on each copy of the application and assemble the application in the following order:

- ___ **Cover Letter** (item 1)
- ___ **Application Face Sheet** (item 2)
- ___ **Applicant's Response/Form** (item 3)
- ___ **Project Budget** (item 4)
Include a budget in the format provided.
Indirect costs are not allowed.
- ___ **Letters of Commitment or Statements of Support** (item 5)
- ___ *IRS Documentation:*
 - **IRS Letter Documenting Your Organization's Tax Identification Number** (item 6) (public agencies)
 - or
 - **IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax-exempt Status** (item 7) (private non-profits)
 - and
 - **Verification of 501(c)(3) Status Form** (item 7) (private non-profits) (An example of this page is provided in section VII.7)

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 DUNS number
- the closing date for applications.

2. 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-229* 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 DUNS Number: |
| 10. Agency’s URL (website): | |
| 11. Agency’s Financial Reporting Year: | |
| 12. Current Service Delivery Areas (county(ies) and communities): | |
| 13. Proposed Area(s) To Be Served with Funding (county(ies) and communities): | |
| 14. Amount of Funding Requested | |
| 15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #12) Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant. | |
| 16. Signature of Authorized Representative: | 17. Date |



APPLICATION / SCOPE OF WORK
3. *Get Alarmed, North Carolina!*
Application



Applicant Agency or Organization: _____

Please check the appropriate box:

Agency status **Public** **Non Profit**

Name and Title of Contract Administrator: _____

Street Address (include zip code + 4 digit extension): _____

Financial (Fiscal) Reporting Year: Mo/yr _____ - Mo/Yr _____

Level of Funding Requested (Maximum \$14,000): \$ _____

Number of Smoke Alarms Requested: _____

Number of Carbon Monoxide Alarms Requested: _____

Need:

Describe the county or area you will be serving: include information about the population(s) who lives there, the size and geographic diversity of the area, and any other factors that may impact your activities (e.g., urban/rural, industry and economic conditions, recent events, etc.).

Organizational Experience

Describe any prior experience your country or district(s) have with smoke alarm distribution or installation.

Area to be served

Identify county or area that will be served by your project. Also indentify all other participating fire departments.

Smoke Alarm and Carbon Monoxide Detector Installation Process

Describe how you will get smoke alarms and carbon monoxide detectors 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.

Outreach Plan

What agencies and organizations will you work with for referrals? How will you advertise the project in your community? Please discuss your plan for canvassing and how you will identify residents that are deaf/hard of hearing.

4. Project Budget

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.

| | |
|----------|---|
| \$ _____ | Salary. Ex: John Doe will be responsible for all alarm installations. Mr. Doe will work for the project 15 hours per week at \$15.00 per hour for 40 weeks = \$9,000. |
| \$ _____ | Payment to volunteer fire department personnel for installing alarms, _____ # of alarms x \$____ per 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. |
| \$ _____ | 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 \$30. |
| \$ _____ | Travel (# miles x rate per mile, not to exceed the state rate of \$0.50 per mile). |
| \$ _____ | Postage to mail monthly expenditure reports and survey forms to Get Alarmed Program Manager. \$__ x 8 months = \$____. |
| \$ _____ | Other (please give <u>specific</u> details and explanation) |
| \$ _____ | Total Project Costs |

5. Letters of Commitment

Include a description of the sort of letter desired, such as:

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

6. 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.

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

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 _____, 20__.

Notary Signature and Seal

Notary's commission expires _____, 20 ____.

The Appendices are provided as a reference only.

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

APPENDIX A: FEDERAL CERTIFICATIONS

The undersigned states that:

- 1. He or she is the duly authorized representative of the Contractor named below;
- 2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
 - a. The Certification Regarding Nondiscrimination;
 - b. The Certification Regarding Drug-Free Workplace Requirements;
 - c. The Certification Regarding Environmental Tobacco Smoke;
 - d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
 - e. The Certification Regarding Lobbying;
- 3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
- 4. [Check the applicable statement]

He or she **has completed** the referenced **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 referenced **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.

Reference only — Not for signature

Signature Title

Contracting Agency’s Legal Name Date

[This Certification must be signed by the same individual who signed the Contract.]

I. Certification Regarding Nondiscrimination

The Contractor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to

nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

II. Certification Regarding Drug-Free Workplace Requirements

1. The Contractor certifies that it will provide a drug-free workplace by:
 - A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - B. Establishing a drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The Contractor's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - C. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph A;
 - D. Notifying the employee in the statement required by paragraph A that, as a condition of employment under the agreement, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
 - E. Notifying the Department within ten days after receiving notice under subparagraph D(2) from an employee or otherwise receiving actual notice of such conviction;
 - F. Taking one of the following actions, within 30 days of receiving notice under subparagraph D(2), with respect to any employee who is so convicted:
 - (1) taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
 - G. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs A, B, C, D, E and F.

2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

Street Address No. 1:

City, State, Zip Code:

Street Address No. 2:

City, State, Zip Code:

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

III. Certification Regarding Environmental Tobacco Smoke

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

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

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

Instructions

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

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.

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

Certification

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

V. Certification Regarding Lobbying

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

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

APPENDIX B: LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS

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

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

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

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

Reference only — Not for signature

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

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

APPENDIX C: LETTER TO IDENTIFY INDIVIDUALS TO SIGN EXPENDITURE REPORTS

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

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

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

Reference only — Not for signature

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

APPENDIX D: NOTARIZED STATEMENT AND CONFLICT OF INTEREST POLICY

Notarization of Conflict of Interest Policy

State of North Carolina, County of _____

I, _____, Notary Public for said County and State,
certify that _____ [Name of Board Chair or
Authorized Official] personally appeared before me this day and acknowledged that he/she is
_____ [Title] of
_____ [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 _____, 20__.

Notary Signature and Seal

Notary's commission expires _____, 20 ____.

Instruction for Organization:

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

Reference only — Not for signature

Signature of above named Organization Official

Conflict of Interest Policy

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

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

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

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

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

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

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

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

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

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

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

Approved by:

Reference only — Not for signature

Legal Name of Organization

Signature of Organization Official

Title of Organization Official

Date

APPENDIX E: NO OVERDUE TAX DEBTS CERTIFICATION

State Grant Certification – No Overdue Tax Debts¹

To: State Agency Head and Chief Fiscal Officer

Certification:

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

Sworn Statement:

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

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

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

Reference only – Not for
signature

Board Chair

Reference only – Not for
signature

Title

Date

Signature

Title of Second Authorizing Official

Date

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

Reference only – Not for signature

Notary Signature and Seal

Notary’s commission expires _____, 20__.

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

Appendix F

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

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

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.
- 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 and carbon monoxide detectors?**
RESPONSE: No, Get Alarmed, North Carolina! supplies the alarms and detectors. In doing so, all alarms used through this project are the same. Funds should be used to assist you to do the best 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.
- 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 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.