



REQUEST FOR PROPOSALS

2023 Randolph County High Impact Opioid Abatement Strategies

Combating Opioid Overdose Through Community-Level Interventions

INQUIRIES and DELIVERY INFORMATION: Direct all inquiries concerning this RFP to opiodgrants@randolphcountync.gov.

ISSUE DATE: January 6, 2023

MANDATORY INTERESTED PARTY CONFERENCE: January 20, 2023 9:00 AM EST

QUESTIONS DUE DATE: February 3, 2023 4:00 PM EST

FINAL QUESTIONS ISSUED DATE: February 10, 2023 4:00 PM EST

APPLICATION DUE DATE: February 17, 2023 by 4:00 PM EST

If you would like to be considered for providing services to Randolph County, please mail or hand deliver **one print copy** and **one digital copy** of your Funding Proposal Application to:

Lisa Garner
Randolph County
Purchasing Officer
725 McDowell Road
Asheboro, NC 27205

Submitted with the printed application must be a USB drive/flash memory device with all required files, including the complete Funding Proposal Application (FPA) and required Attachments. Emailed applications will not be accepted. Incomplete applications and applications not completed in accordance with the instructions will not be reviewed. All proposals shall be physically delivered to the office address listed above regardless of the method of delivery. All risk of late arrival due to anticipated delay is on the applicant. Any proposal received after the proposal submission deadline will not be considered.

IMPORTANT NOTES:

1. Application file name saved to the USB drive/flash memory device should be as follows: ApplicantName_OPIOID_RFP1. If your organization submits more than one proposal, file names would be RFP2, RFP3, etc.
2. Indicate applicant name and RFP number on the footer of each page alongside the page number in the application (Ex: **Randolph County RFP1, Page 1**).
3. Include your applicant name and the RFP number in your **email subject line** when submitting questions to opiodgrants@randolphcountync.gov.

ADDITIONAL RESOURCES:

North Carolina Opioid Settlements: <https://ncopioidsettlement.org>

North Carolina Memorandum of Agreement Resource Center:

<https://www.morepowerfulnc.org/opioid-settlements/nc-memorandum-of-agreement> (please take a close look at the ‘Full Text of the NC MOA’, ‘FAQ about the NC MOA’, and ‘FAQ about Option A Strategies in the MOA’)

Randolph County Strategic Plan:

<https://www.randolphcountync.gov/DocumentCenter/View/1217/Strategic-Plan-May-2016>

North Carolina Opioid and Substance Use Action Plan Dashboard:

<https://www.ncdhs.gov/opioid-and-substance-use-action-plan-data-dashboard>

Table of Contents

I. AWARD OVERVIEW.....	3
II. BACKGROUND.....	5
III. REQUEST FOR PROPOSALS - SCOPE OF SERVICES	9
IV. PROGRAM BUDGET	16
V. PROPOSAL FORMAT - REQUESTED INFORMATION	18
VI. GENERAL PROPOSAL INFORMATION.....	23
VII. OTHER REQUIRED DOCUMENTATION	26
VIII. REQUEST FOR PROPOSALS PROCESS	28
IX. REPORTING AND REIMBURSEMENT	30
X. LEGAL PROVISIONS	32
XI. EVALUATION OF PROPOSALS	35
XII. ADDENDA ACKNOWLEDGEMENTS (IF APPLICABLE)	35
XIII. REQUEST FOR PROPOSALS CHECKLIST.....	36

I. AWARD OVERVIEW

PURPOSE

The purpose of this funding package is to build on the foundation established by the Randolph County Opioid Community Collaborative (See Section II BACKGROUND for more information.) by funding eligible organizations which deliver overdose prevention and other harm reduction services for people with opioid use disorder (OUD) and other co-occurring mental health conditions or substance use disorders and increase their linkages to care. The funds provided to Randolph County through the National Opioid Settlements will be used to achieve the following goals:

1. Enhance community efforts to develop and/or expand evidence-based programs and resources to address opioid use disorder.
2. Build capacity and infrastructure to measure the impact of programs and prevent fatal overdoses in Randolph County.
3. Strengthen community partnerships to improve access to care related to opioid use disorder.

All successful applicants will enhance local capacity to address opioid use disorder by participating in mandatory training as provided by (and by joining) the Randolph County Opioid-Drug Community Collaborative and its associated workgroup. All programs/projects will be required to participate in coordinated meetings with other organizations/agencies and projects funded by Randolph County through this RFP.

ELIGIBILITY CRITERIA

The County will fund approved Opioid Abatement strategies. All contracted services must qualify under the terms of the NC Memorandum of Agreement (MOA). This RFP is open to all established private organizations, non-profit organizations, and public or local governmental agencies licensed to conduct business in North Carolina that can clearly demonstrate a commitment to evidence-based strategies/practices (EBPs) addressing opioid use disorder (OUD) appropriate for the population(s) of focus (i.e., individuals with OUD).

Applicants may be individual organizations or a partnership/collaboration of multiple organizations, one of which must serve as the fiscal agent/organization that will take total responsibility for the fiscal, reporting, and grant-related compliance requirements.

PROGRAM PRIORITIES

Randolph County will fund services and programs that have a demonstrated evidence base appropriate for the population(s) of focus—individuals with OUD.

Proposals must identify the evidence-based practices and/or interventions (i.e., approaches to prevention, harm reduction, treatment, or recovery that are validated by some form of documented research evidence) that are appropriate or that can be adapted to meet the needs of the project's specific population(s) of focus. Proposals must also discuss and document the population for which the practices have been shown to be effective and how they are appropriate for the project, address how the proposed interventions are known to improve outcomes, and describe how the organization will monitor and ensure the fidelity of the proposed evidence-based program and other interventions.

See the [SAMHSA Evidence-Based Practice Resource Center](#) and [SAMHSA's National Network to Eliminate Disparities in Behavioral Health](#) to identify evidence-informed and culturally appropriate mental illness and opioid use prevention and treatment practices examples.

FUNDING CYCLE AND TERMS

Funding for selected opioid abatement strategies will be awarded to contracted agencies on the basis of reimbursement of actual expenses incurred for this purpose. Programs are expected to be approved by the Board of County Commissioners in March of 2023.

The initial term of the contract is one (1) year with a maximum funding period of up to three (3) years. Upon completion of year one of the contract period, recipients' progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of the award will be reviewed. Randolph County may, in its sole discretion, elect to renew this agreement for successive one (1) year periods upon year one review and may exercise its right ninety (90) days prior to termination of the then current period.

Applicants may request up to \$50,000 for each program year with up to \$150,000 for three program years. Cost sharing and/or matching funds are not required for the program period but may help support sustainability. No advance/startup funds will be provided to any program.

FUNDING RESTRICTIONS

Funds awarded through this RFP must be used in a manner consistent with the NC Memorandum of Agreement (MOA) on the use of opioid settlement funds in North Carolina. Funds awarded through this RFP may only be used to support the strategies outlined in **Section III: Scope of Services** of this document and will not be allowed for any of the following:

1. Any type of research;
2. Reimbursement of pre-award costs;
3. Lobbying (publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body); and/or
4. Capital expenses, new construction or renovation of facilities, vehicles or furniture/equipment.

For more information on allowable costs and funding restrictions, see **Section IV: Program Budget** of this RFP.

II. BACKGROUND

RANDOLPH COUNTY AND THE OPIOID OVERDOSE CRISIS

Randolph County is recognized as the 11th largest county in North Carolina with the 19th highest population in the state. The county is part of the Piedmont Triad region, an eleven-county area whose central location places it within 90 miles of the Blue Ridge Mountains to the west and within 200 miles of the Atlantic Ocean to the east.¹

The county is home to approximately 142,000 residents with 38% of residents concentrated within nine municipalities.² An estimated 13.1% of Randolph County residents are uninsured while 39.9% have government-sponsored health insurance (Medicaid, Medicare) and 57.4% have private health insurance.³

Utilizing the 2019-2020 National Survey on Drug Use and Health, the North Carolina Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch estimates a 12.73% prevalence of substance use disorders among Randolph County residents 12 years and older. Applying this prevalence rate to the population of residents 12 years and older, an estimated 15,823 residents have a substance use disorder.

Randolph County's 2016 Strategic Plan set a goal to save lives from overdoses as a result of substance use disorders. To achieve that goal, the county appointed Randolph County Public Health to serve as the lead to establish a community coalition to develop and implement an action plan. Randolph County Public Health assembled a large number of representatives spanning many sectors to launch the Randolph County Opioid Community Collaborative in 2017.

Between 2017-2020, the coalition implemented numerous strategies to address the opioid overdose crisis, including:

- Held informational community events to raise awareness and reduce stigma on substance use disorders
- Made materials available at the local library highlighting opioid use disorder, prevention, and treatment
- Implemented various overdose prevention campaigns utilizing multiple channels such as billboards and social media (Lock Your Meds)
- Established medication take back events and sites
- Increased access to naloxone, a life-saving opioid overdose-reversal first aid medication
- Secured grants to enable uninsured patients to receive behavioral health services
- Expanded access to substance use disorder treatment services and medications for addiction treatment via our local managed care organization, Sandhills Center
- Launched a syringe service program
- Offered Crisis Intervention Team training to local law enforcement
- Piloted a post-overdose response team

¹ <https://www.randolphcountync.gov/382/About-Us>

² www.randolphcountync.gov/DocumentCenter/View/1217/Strategic-Plan-May-2016

³ <https://data.census.gov/cedsci/table?g=0500000US37151&tid=ACSST5Y2020.S2701>

2017	39.1 per 100,000
2018	32.1 per 100,000
2019	40.4 per 100,000
2020	57.8 per 100,000

Figure 1⁴ - Rate of Overdose Associated Deaths, Randolph County, 2017-2020

Despite an increase in the overdose death rate (see Figure 1), Randolph County’s reported community naloxone reversals sharply increased (see Figure 2). This metric reflects the number of overdose reversals using naloxone reported by community members and does not include administration of naloxone by first responders.

2017	65.6 per 100,000
2018	63.5 per 100,000
2019	287.5 per 100,000
2020	427.4 per 100,000

Figure 2⁵ - Rate of Reported Community Naloxone Reversals, Randolph County, 2017-2020

During the same time frame, Randolph County residents diagnosed with opioid use disorder receiving services from treatment programs steadily increased (see Figure 3).

2017	413.9 per 100,000
2018	459.7 per 100,000
2019	463.6 per 100,000
2020	411.4 per 100,000

Figure 3⁶ - Rate of Uninsured Individuals and Medicaid Beneficiaries with OUD Served by Treatment Programs, Randolph County, 2017-2020

North Carolina’s Opioid and Substance Use Action Plan

In 2017, Governor Roy Cooper launched the NC Opioid Action Plan, which was updated as the NC Opioid Action Plan 2.0 in June 2019. The NC Opioid Action Plan advances various strategies for overdose prevention and response, including prevention, connections to care, and harm reduction. In May 2021, the plan was updated again to become Opioid and Substance Use Action Plan 3.0 (OSUAP). The latest update included a broader focus on polysubstance use as well as centering on equity and lived experiences.

One key evidence-based overdose prevention and response strategy is creating and/or expanding syringe service programs,⁷ which were legalized in NC in 2016 (G.S. 90-113.27) and are represented by the [NC Safer Syringe Initiative](#). These programs “distribute sterile syringes and other injection supplies and encourage the secure disposal of used syringes to reduce sharing, reuse, and public safety risks. Using a sterile syringe and new injection supplies for each injection can prevent infections, abscesses, and reduce transmission of hepatitis C and human immunodeficiency virus (HIV). Programs also provide overdose prevention and response education, including how to administer naloxone. These programs can help participants access other medical and social services,

⁴ <https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard>

⁵ <https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard>

⁶ <https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard>

⁷ <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

including treatment for substance use disorder and mental health conditions.”⁸ The NC Safer Syringe Initiative operates according to the practices and philosophies of harm reduction, which recognizes a spectrum of drug use behaviors and promotes ways for people to manage their use more safely.

Among populations of people who use drugs, those who are also involved with the justice system are a particularly vulnerable population. Since 1980, the number of people held in state and federal prisons for drug-law violations has increased from 25,000 to nearly 300,000. Research shows that despite these large increases in incarceration, the rates of drug use and overdose deaths have not decreased.⁹ In addition, there are gaping disparities among populations that are arrested for drug-related offenses. Nearly 80% of people in federal prison and almost 60% of people in state prison for drug offenses are black or Latino.¹⁰ Additionally, drug overdose is the leading cause of death among formerly incarcerated people worldwide. In a study done by the University of North Carolina at Chapel Hill, formerly incarcerated people were found to be 40 times more likely to die from an opioid overdose two weeks after being released as compared with all NC residents.¹¹ The CDC identifies naloxone distribution and medication-assisted treatment (MAT) or medications for opioid use disorder (MOUD) in detention centers and upon release as evidence-based strategies for prevention of opioid overdose.¹² The NC Opioid and Substance Use Action Plan encourages the use of prearrest diversion, jail-based overdose prevention education, and MAT access and comprehensive post-release support for justice-involved individuals.

In addition, to connect people who have survived an opioid overdose to care, some communities in NC have implemented post-overdose response teams (PORT), which are also called Quick Response, Rapid Response, or Community Response Teams. PORT is an overdose follow-up program where community service agency representatives visit a person who has recently overdosed (e.g., within 24-72 hours) and provide connections to care services. The North Carolina Harm Reduction Coalition (NCHRC) explains that “a follow-up visit conducted within days of a naloxone reversal provides multiple opportunities such as directing people to harm reduction services ... and treatment services for drug users looking to reduce or stop their substance use; providing naloxone, overdose prevention training and overdose prevention materials; and for stakeholders in the opioid response to work together to reduce overdose mortality.”¹³ PORT programs are also a great opportunity to build relationships with people who use drugs in the community and create connections to offer a variety of wraparound health and social services, even if that connection occurs at a later time. These programs can be a lifesaving touchpoint for people who are often marginalized by society.

Finally, the NC OSUAP focuses on addressing the non-medical drivers of health for people with substance use disorders and eliminating stigma. Socioeconomic status (SES), often defined as the combination of employment status, education, and income level for an individual, has been shown to be a predictive factor of health outcomes for people who use drugs. Lower SES often results in

⁸ <https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/syringe-and-naloxone-access>

⁹ <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems>

¹⁰ <https://www.drugpolicy.org/issues/race-and-drug-war>

¹¹ <https://ajph.aphapublications.org/doi/10.2105/AJPH.2018.304514>

¹² <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

¹³ <http://www.nchrc.org/law-enforcement/post-overdose-response-programs/>

greater morbidity and mortality for people who use drugs.¹⁴ Adequate access to employment and housing are key components in decreasing the harms that may come from substance use.

Fair Chance Hiring is one policy that local jurisdictions can implement to increase employment opportunities for people with a criminal record. As previously mentioned, people who use drugs who are also involved in the legal system are a particularly vulnerable population. By delaying the questions about criminal history until the interview, the applicant has a chance to show their qualifications and explain their criminal history to the employer before being automatically disqualified. In August 2020, Governor Cooper signed Executive Order 158 to implement Fair Chance Hiring practices at all state agencies in NC.¹⁵

To increase access to adequate housing, some communities have utilized the Housing First model. This strategy operates on the principle that people experiencing homelessness should have low-barrier access to housing regardless of their “readiness.” According to the Department of Housing and Urban Development, “Everyone is “housing ready.” Sobriety, compliance in treatment, or even criminal histories are not necessary to succeed in housing. Rather, homelessness programs and housing providers must be “consumer ready.”¹⁶

¹⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1913691/pdf/pubhealthrep00207-0140.pdf>

¹⁵ <https://files.nc.gov/governor/documents/files/EO158-Furthering-Fair-Chance-Policies-in-State-Government-Employment.pdf>

¹⁶ <https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

III. REQUEST FOR PROPOSALS - SCOPE OF SERVICES

In alignment with guidelines set by the NC MOA, Randolph County will consider funding qualified organizations to implement the following strategies:

2. Evidence-based addiction treatment.
3. Recovery support services.
4. Recovery housing support.
5. Employment-related services.
6. Early intervention.
7. Naloxone distribution.
8. Post-overdose response team.
9. Syringe Service Program.
10. Criminal justice diversion programs.
11. Addiction treatment for incarcerated persons.
12. Reentry Programs.

NOTE: The strategies listed above correspond to the NC Memorandum of Agreement (MOA) approved strategies under Option A of the agreement in the order they appear in the document (and numbered as such) with the omission of the first Option A strategy (collaborative strategic planning).

Applicants may apply to support more than one evidence-based strategy. **A separate proposal application is required for each strategy.** Each proposal application will have the same page limits and submission instructions as detailed in Section IV: Proposal Format - Requested Information. Multiple proposal applications from a single applicant do not have to be connected to the same project or strategy. Each application will be reviewed independently.

Applicants may propose one or a combination of eligible activities or programs within a single strategy. Selecting more than one activity does not increase the likelihood that the application will score higher than those who select only one. **Proposals should be focused, realistic, well-planned, detailed, and sustainable beyond the project period.**

All proposals are encouraged to include specific plans to promote linkages to care. Proposals should also clearly describe specific plans to incorporate equity throughout the program, such as defining a role and fair compensation strategy for people with lived experience for each selected strategy. In addition, applications **must** provide a plan to incorporate feedback from program participants to inform program delivery of the selected activity.

2. **Evidence-Based Addiction Treatment** - Develop or ensure access to evidence-based addiction treatment consistent with the American Society of Addiction Medicine’s national practice guidelines for the treatment of opioid use disorder—by including Medication-Assisted Treatment (MAT) with any medication approved for this purpose by the U.S. Food and Drug Administration—through Opioid Treatment Programs, qualified providers of Office-Based Opioid Treatment, Federally Qualified Health Centers, treatment offered in conjunction with justice system programs, or other community-based programs offering evidence based addiction treatment.

The following list of examples represents the type of eligible activities that could be included in your application and some guiding questions to consider when developing your application. Other related activities consistent with the NC MOA may also be proposed in your application.

- a. *Provide clinical assessment to determine diagnosis and appropriate care, including medications to improve health outcomes.*
 - i. *How will the referral process work? Describe how referrals to harm reduction services, Substance Use Disorder or Mental Health (SUD/MH) providers (including MOUD/MAT options), and other services will be made. Be sure to include names and contact information of these services/providers.*
 - ii. *How will your team ensure that treatment options and referrals are being presented to people in an unbiased, non-coercive, and nonjudgmental way?*
- b. *Ensure access to prescribed medications through patient assistance programs, community partnerships, etc.*

3. **Recovery Support Services** - Build or expand evidence-based recovery support services, including peer support specialists or care navigators based in local health departments, social service offices, detention facilities, community-based organizations, or other settings that support people in treatment or recovery, or people who use drugs, in accessing addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need to improve their health or well-being

The following list represents the type of eligible activities that could be included in your application; related activities consistent with the NC MOA may also be proposed in your application:

- a. *Hire recovery coaches, peer support specialists, outreach workers, and/or social workers to provide support to people in recovery.*
- b. *Provide training to staff to strengthen skills and expand recovery support services (e.g., motivational interviewing, wellness recovery action planning, naloxone training, successful engagement documentation, certification programs for peer support specialists).*
- c. *Utilize recovery capital assessment tools to assist participants in identifying assets to build on and measure growth.*
 - i. *What recovery capital does the individual have at initial engagement? What goals does the individual have for themselves to expand their recovery capital?*
 - ii. *How will you use tools to evaluate growth over time?*
- d. *Develop recovery support groups for people with opioid use disorder and loved ones directly impacted (e.g., Moderation-based support groups like Harm Reduction Works, Narcotics Anonymous, Alcoholics Anonymous, Parents of Addicted Loved Ones, Medication Assisted Recovery Anonymous).*
- e. *Develop processes and infrastructure to provide additional referral services, such as connections to communicable disease treatment providers, MAT providers, housing, transportation, employment, wound care, food, legal services, recovery, and related care services. Utilize [NCCARE360](#) to connect individuals to support resources and allow for a feedback loop on the outcome of that connection.*

4. **Recovery Housing Support** - Programs offering recovery housing support to people in treatment or recovery, or people who use drugs, such as assistance with rent, move-in deposits, or utilities.

The following list represents the type of eligible activities that could be included in your application; related activities consistent with the NC MOA may also be proposed in your application:

- a. *Provide move-in (deposit), rental, or utility assistance for those who use drugs, are in recovery, or are transitioning from residential treatment or incarceration.*
- b. *Fund recovery housing programs that provide housing to individuals receiving Medication-Assisted Treatment for opioid use disorder.*
- c. *Utilize NCCARE360 to connect participants to community housing resources and allow for a feedback loop on the outcome of that connection.*

5. **Employment-Related Services** - Assistance for people in treatment or recovery, or who use drugs and who may also have prior justice-involvement or other structural barriers to accessing gainful employment.

The following list represents the type of eligible activities that could be included in your application; related activities consistent with the NC MOA may also be proposed in your application:

- a. *Provide training and skills building opportunities for people with opioid use disorder focusing on topics such as resume writing, practicing interview skills, or how to address incarceration during the interview process.*
- b. *Support people with opioid use disorder to pursue education and job opportunities. Some examples of this include providing case management support, helping place job seekers with apprenticeship and internship opportunities, and hosting education and employment fairs. Consider opportunities for peer-based mentoring and case management.*
- c. *Fund programs offering transportation services or transportation vouchers to facilitate employment-related services/activities or similar services or supports.*
- d. *Communicate with, provide outreach to, and educate policy makers, county government officials, and employers on Fair Chance Hiring policies and practices.*
- e. *Promote and support implementation of Fair Chance Hiring policies and practices.*

6. **Early Intervention** - Develop or expand programs, services, or training to encourage early identification and intervention for children or adolescents who may be struggling with problematic use of drugs or mental health conditions. Training programs may target parents, family members, caregivers, teachers, school staff, peers, neighbors, health or human services professionals, or others in contact with children or adolescents.

The following list represents the type of eligible activities that could be included in your application; related activities consistent with the NC MOA may also be proposed in your application:

- a. *Implement use of evidence-based screening tools for youth to identify risk of developing opioid use disorder and link those youth at risk to appropriate services (e.g., Screening to Brief Intervention; Brief Screener for Alcohol, Tobacco, and other Drugs; Alcohol Screening and Brief Intervention for Youth).*

- i. *Develop protocol for linking youth to appropriate MH/OD services as needed.*
- ii. *Connect youth to peer support groups that strengthen recovery.*
- iii. *Connect families to support groups to enable strong support of their children.*
- b. *Provide training for parents, caregivers, school staff, peers, human service professionals, etc. in early identification of opioid use disorder and mental health disorders (e.g., Youth Mental Health First Aid).*
- c. *Provide evidence-based programs that strengthen families and communities to enhance support of youth (e.g., Strengthening Families).*

7. **Naloxone Distribution** - Programs or organizations that distribute naloxone to persons at risk of overdose or their social networks.

The following list represents the type of eligible activities that could be included in your application; related activities consistent with the NC MOA may also be proposed in your application:

- a. *Support programs such as Syringe Service Programs, post-overdose response teams, programs that provide naloxone to persons upon release from jail or prison, emergency medical service providers or hospital emergency departments that provide naloxone to persons at risk of overdose or others in a position to assist in case of an overdose, or community-based organizations that provide services to people who use drugs. Programs or organizations involved in community distribution of naloxone may, in addition, provide naloxone to first responders.*
- b. *Secure a distribution standing order from a medical provider to allow organization to distribute naloxone in the community.*
- c. *Purchase supplies to assemble naloxone rescue kits (e.g., naloxone, syringes, packaging, instructions).*
- d. *Train staff and volunteers to train lay persons in identifying signs and symptoms of overdose, naloxone administration, and follow-up care.*
- e. *Develop procedures to document naloxone units distributed and community reversals.*

8. **Post-Overdose Response Teams** - Develop community-based organizations that have experience working with people directly impacted by drug use to prevent repeat overdose and connect those who have had a non-fatal overdose to harm reduction and social/health services, including housing, employment, food access, treatment, and recovery supports. Although the response to the overdose event is expected to be prompt, proposals should indicate how initial interactions with people who have overdosed constitute the beginning of a supportive and ongoing relationship (e.g., light-touch case management). The parameters of these relationships should be dictated by the participant/person who has overdosed.

Letters of support/commitment must be included for each partner involved in the post-overdose response team process, such as the local EMS agency, emergency department, treatment provider, harm reduction organization, and anyone else that is part of this proposed strategy. The application should outline a specific protocol or plan used for post-overdose response and outreach.

The following list represents the type of eligible activities that could be included in your application; related activities consistent with the NC MOA may also be proposed in your application:

- a. *Meaningful involvement of people with lived experience, those in recovery, and other harm reduction specialists, such as being a key member of the response team and/or informing protocol development.*
- b. *Follow-up processes with patients who have experienced an overdose within 72 hours of the non-fatal overdose event, including the following details:*
 - i. *What happens following an overdose reversal? Provide a timeline of events from how the initial referrals are made to the team (e.g., first responders, emergency departments) leading up to and including making the first initial contact. Explain who is responsible for what action and from what agency.*
 - ii. *How will the referral process work? Please describe how referrals to harm reduction services (refer to NC Safer Syringe Initiative for partners in your area), Substance Use Disorder or Mental Health (SUD/MH) providers (including MOUD/MAT options), and other services will be made. Be sure to include names and contact information of these services/providers.*
 - iii. *How will your team ensure that treatment options and referrals are being presented to people who have overdosed in an unbiased, non-coercive, and nonjudgmental way?*
 - iv. *What factors determine how often follow-up visits are conducted? What will be the default suggestion?*
 - v. *Who will conduct the follow-up visits and what protocol will they follow on these visits?*
 - vi. *What parameters will dictate discontinuing services and/or disengaging with program participants?*

9. **Syringe Services Programs (SSPs)** - Assistance through any governmental or nongovernmental organization authorized by section 90-113.27 of the North Carolina General Statutes that provide syringes, naloxone, or other harm reduction supplies, that dispose of used syringes; that connect clients to prevention, treatment, recovery support, behavioral healthcare, primary healthcare, or other services or supports they need; or that provide any of these services or supports.

The following list represents the type of eligible activities that could be included in your application; related activities consistent with the NC MOA may also be proposed in your application:

- a. *Develop internal capacity to deliver SSP services:*
 - i. *Hire SSP staff, peers/outreach workers, administrative personnel, case managers, and other roles to support program services and operations.*
 - ii. *Train SSP staff and participants in first aid, CPR, wound care, safer use practices, naloxone administration, testing for communicable/blood-borne diseases, and related harm reduction and disease prevention practices.*
 - iii. *Purchase eligible SSP and wound care supplies, such as biohazard disposal containers, safer use supplies, alcohol swabs, gauze, bandages, hygiene*

products, barrier methods for sexual health, bags, and food. Drug testing strips or other forms of drug checking supplies or tools for the purpose of harm reduction and overdose prevention, such as mass spectrometers, are also allowed.

- iv. Develop comprehensive support programs within the SSP, such as harm reduction-based support groups, peer navigation to identify participant needs and enroll in local services accordingly, and other methods to ensure connection to appropriate care services.*
- b. Provide additional support or linkage to care for program participants and other people who use drugs:*
 - i. Develop processes and infrastructure to provide all required and recommended SSP services under North Carolina law (G.S. 90-113.27), including naloxone access and hepatitis/HIV testing services.*
 - ii. Develop processes and infrastructure to provide additional referral services, such as connections to communicable disease treatment providers, MAT providers, housing, transportation, employment, wound care, food, legal services, recovery, and related care services.*
 - iii. Build linkage to care or care management systems to include assistance with scheduling appointments or transportation to and from appointments.*

10. Criminal Justice Diversion Programs - Pre- and post-arrest diversion programs/pre-trial service programs connect individuals involved or at risk of becoming involved in the criminal justice system to addiction treatment, recovery support, harm reduction services, primary healthcare, prevention, or other services or supports they need or that provide these services or supports. Example 1: Orange County, Lantern Project: <https://www.orangecountync.gov/2825/Lantern-Project---Behavioral-Health-Dive>. Example 2: Law Enforcement Assisted Diversion programs (LEAD) <https://www.nchrc.org/programs/lead/>. **A letter of commitment from the partnering Sheriff's Office/applicable law enforcement agencies and court system are required for this strategy.**

The following list represents the type of eligible activities that could be included in your application; related activities consistent with the NC MOA may also be proposed in your application:

- a. Secure agreements with local district attorney and law enforcement agencies to support diversion program.*
- b. Develop eligibility criteria, policies, and procedures to divert individuals from justice system to receive needed support services.*
- c. Hire clinical social workers, forensic peer support specialists, and/or peer support specialists to facilitate the referral and screening processes and provide the necessary supports to enrolled individuals.*
- d. Provide training to law enforcement to support individuals that may need services (e.g., crisis intervention team, person-first language).*

11. **Addiction Treatment for Incarcerated Persons** - Support evidence-based addiction treatment, including Medications for Opioid Use Disorder (MOUD) with at least one FDA-approved opioid agonist to persons who are incarcerated in jail or prison. Applicants are recommended to demonstrate prior experience working with the justice-involved population or partner with an organization with experience working with justice-involved people and to provide an accompanying letter of commitment with your application. **A letter of commitment from the partnering jail/detention center or Sheriff's Office is required for this strategy.**

The following list represents the type of eligible activities that could be included in your application; related activities consistent with the NC MOA may also be proposed in your application:

- a. *Educate incarcerated people and their loved ones on harm reduction strategies before release, including but not limited to training on overdose prevention planning and on overdose recognition and response with naloxone.*
- b. *Develop and implement a program for take-home naloxone distribution for people upon release.*
- c. *Develop and implement a comprehensive medication-assisted treatment (MAT) or medications for opioid use disorder (MOUD) program in the jail/detention center setting.*

12. **Reentry Programs** - Support programs that connect incarcerated persons to addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need upon release from jail or prison, or that provide any of these services or supports.

The following list represents the type of eligible activities that could be included in your application; related activities consistent with the NC MOA may also be proposed in your application:

- a. *Provide culturally competent, person-centered services capable of addressing the complex needs of people returning to their communities after incarceration in institutional prisons or detention centers.*
- b. *Develop a relationship with the Department of Public Safety and local detention center to coordinate warm handoffs of care from incarceration to services in the community.*
- c. *Hire a community health worker, linkage-to-care navigator, clinical social worker, and/or forensic peer support specialist to assist incarcerated individuals to create comprehensive reentry plans and provide ongoing support.*
 - i. *Assist individuals with securing identification, connect to social and health services (housing, transportation, employment), navigate the court system, and related supports that reduce the likelihood of a drug overdose.*
- d. *Support people who were recently incarcerated to pursue education and job opportunities. Some examples of this include providing case management support, helping place job seekers with apprenticeship and internship opportunities, and hosting education and employment fairs for people with a history of incarceration. Consider opportunities for peer-based mentoring and case management.*

- e. *Establish reentry programs to link or refer people to care services once released from incarceration and provide care service referrals, focusing on individuals with opioid use disorder.*
- f. *Educate incarcerated people and their loved ones on harm reduction strategies before release, including but not limited to training on overdose prevention planning and on overdose recognition and response with naloxone.*
- g. *Develop a program for take-home naloxone distribution for people upon release.*

IV. PROGRAM BUDGET

BUDGET AND JUSTIFICATION

Applicants must submit a budget with a line-item projection for each full year of funding and a narrative justification. Use the Budget Worksheet to document your anticipated program budget. State the total amount requested. The maximum funding allowed is \$50,000 per year with a maximum of \$150,000 total over three years per application.

The budget and narrative pages should be printed out and made part of the application. The Budget Worksheet must be saved as a separate Excel document on the flash memory device/USB drive and named using the following naming convention: "ApplicantName_RFP1_Budget".

NARRATIVE JUSTIFICATION FOR EXPENSES

A narrative justification must be included for every expense category listed in the budget. Each justification should show how the amount on the line-item budget was calculated, and it should be clear how the expense relates to the project.

- ***Salary and Fringe Detail*** - All salary and fringe information should be entered into the "PersonnelDetail" tab. For each of the employees who will work on the proposed project, provide the title/role and name (or TBD) in column A and B. Provide the hourly rate or annual salary and number of months and percentage of time they will be working on the project, and the table will auto populate the total amount to be charged to this project budget. Enter the corresponding fringe amount for each employee receiving fringe benefits in the Fringe section. In the narrative, provide a description of the work they will be doing on the project. When estimating the FTE% allocation for new positions, consider the typical time lag between the start date of the grant and the new person actually being in place. If the project requires volunteer stipends or other contracted individuals who will be paid in lump sums, enter this amount in the Salary and Fringe section of the "ContractorBudget" tab in the "other" row and provide a detailed narrative.
- ***Operational Expenses*** - All operational expense information for the proposed project should be entered into the "ExpenseDetail" tab. For each of the line items in Operational Expenses, provide the name of the expense in column A. Provide the number of units and the unit price, and the table will auto populate the total amount to be charged. In the narrative, provide the breakdown of unit cost, number of units, and item descriptions. See **Allowable Costs** item 7 below for all state travel reimbursement rates. Any rate above the state allowable reimbursement rate will not be honored.

- **Contracted Services** - Fees for all outside entities with whom you expect to contract for professional services in order to accomplish the proposed program. These costs should be entered into the "ContractDetail" tab.
- **Administrative Costs** - Administrative costs, including any indirect costs, are limited to a maximum of 5% of the grant/contract. Any non-service costs charged to the program must be justified and documented. Indirect cost is the cost incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, audit costs (See **SECTION IX Reporting and Reimbursement** for limitations), depreciation, and administrative salaries. These costs should be entered into the "AdminDetail" tab. Applicants who do not wish to claim any indirect cost should enter "No indirect cost requested" in the indirect cost line item of the budget narrative.

Allowable Costs:

1. Salaries, stipends, and other wages for program staff and other supporting positions, such as peers, outreach workers, linkage-to-care navigators, case managers, administrators, contractors, and volunteers.
2. Costs associated with program implementation, linkage to care, and participant engagement, such as offering phone cards, cell phones, application fees, and related expenses.
3. Renting equipment, such as leasing vehicles, for mobile outreach and delivery of services and mileage reimbursement.
4. Transportation-related needs through items such as bus vouchers, rideshare services, cab gift cards, gas cards, or other partnerships to support linkages to care.
5. Housing-related needs, such as short-term move-in deposit, rental, hotel stays, or utility assistance for those who use drugs, are in recovery, or are transitioning from residential treatment or incarceration.
6. Syringe services program care supplies, such as alcohol swabs, syringes, gauze, band aids, hygiene products, bags, and food. Other forms of drug checking supplies or tools for the purpose of harm reduction and overdose prevention are allowed (e.g., fentanyl test strips).
7. Essential trainings and conferences related to implementing your program, including necessary travel reimbursement (e.g., mileage, lodging, and meals). Agencies are advised to visit the IRS website to confirm the annual mileage reimbursement rates: <https://www.irs.gov/tax-professionals/standard-mileage-rates>.
8. Subcontracts, developing memoranda of understanding (MOUs), and/or utilizing another form of demonstrated commitment with partners integral to program implementation.
9. Indirect costs are allowed on the portion of the sub-award funded by this grant.

Funding Restrictions:

- No more than 5% of total grant award for the budget period may be used for administrative costs, **including indirect costs**.
- Only U.S. Food and Drug Administration (FDA) approved medications that address opioid use disorder and/or opioid overdose may be purchased with grant funds.
- Funds may not be expended through the grant or a subaward by any agency which would deny any eligible client, patient, or individual access to their program because of their use

of FDA-approved medications for the treatment of opioid use disorder (e.g., methadone, buprenorphine products).

Unallowable Costs:

1. Purchasing vehicles or paying down existing mortgages and/or other loans.
2. Capital expenses, such as vehicles, new construction or renovation of facilities.
3. Any type of research.
4. Match funding on other federal, state, or private awards.
5. Lobbying activities (i.e., publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body).
6. Reimbursement of any pre-award costs.

V. PROPOSAL FORMAT - REQUESTED INFORMATION

AGENCY'S PROPOSAL APPLICATION

All applicants must use the **RANDOLPH COUNTY OPIOID ABATEMENT PROPOSAL APPLICATION** available with this RFP and posted online at: [Randolph County Solicitation/Quote List Page](#).

Page limit of the project narrative section is 10 pages. Suggested page limits are listed beside each section in this RFP and in the accompanying application. This limit does not include the budget with narrative nor letters of commitment. Be as **specific as possible** in the project narrative section. This will be the basis for evaluating applications and monitoring the selected organization's performance.

I. Proposal Summary (0 points) - Required, not scored

- Provide a brief (no more than 250 words) overview of the planned project. Summary must include a purpose statement describing how your application will address the needs of people who use drugs in the community with particular considerations for historically marginalized populations. Applications without a proposal summary will be deducted 2 points.

II. Organizational Readiness (20 total points) - Suggested page limit: 1 ½ pages

- Provide specific examples of the organization's capacity to deliver information in a culturally humble, sensitive, and appropriate manner. The applicant must demonstrate an understanding of issues specifically affecting people who use drugs (PWUD) and/or other intersecting historically marginalized populations. A successful applicant will have staff and/or volunteers with diverse backgrounds who are sensitive to drug user health issues.
- Describe your organization's history promoting the health and dignity of individuals and communities impacted by drug use or your plans to incorporate this mission into your core activities and how your organization will be delivering program activities in a culturally appropriate manner.
- If applicable, highlight if your organization serves the following prioritized groups:
 - Those experiencing homelessness and housing instability,
 - Black, Indigenous and People of Color (BIPOC),

- Federal or NC recognized tribal communities, or
- Those transitioning from correctional settings to the community.

III. Assessment of Community Need (16 total points) - *Suggested page limit: 1 ¼ pages*

- List the geographic area to be served by the proposed project and the overdose burden in that area according to DHHS poisoning data (<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>)
- Provide any pertinent and/or necessary information as it relates to the need for this work in your community. Identify any gaps in services you intend to address by identifying and/or defining current programs/providers.
- Describe the needs of the priority population that this proposal will serve and how those needs were determined (e.g., focus groups, survey, patient engagement).

NOTE: Provide citations/reference sources for any included community demographic or health status data. Current and relevant data is available at:

<https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard>
<https://injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>
<https://www.randolphcountync.gov/458/Opioid-Epidemic-Resources>
<https://www.randolphcountync.gov/251/Public-Health>
<https://nc211.org/data/>
<https://medicaid.ncdhhs.gov/reports/dashboards#annual>

IV. Proposal Description and Program Sustainability (28 points) - *suggested page limit: 2 ½ pages*

- Clearly identify which implementation strategies from the NC MOA’s Option A list of eligible strategies are included in the proposal, including the number (e.g., “Strategy 2: Evidence-Based Addiction Treatment”).
- Describe the proposed project in detail including its expected impact on preventing opioid overdose, increasing access and linkages to care for the most marginalized and underserved populations, and building local infrastructure to respond to the opioid overdose crisis.
- Explain how you will engage or have already engaged the priority population in developing this proposed project.
- Detail how this project will advance your organization’s goals.
- Include timelines for project implementation with specific program objectives as they relate to performance measures and budget (e.g., hiring staff or subcontractors, purchasing supplies, establishing policies and protocols, enrolling participants, etc.) including who is responsible for associated activities.
- Explain how the project will increase the capacity of your organization or your community over time to address opioid use disorder. **Note that applications must describe how the enhancements, improvements, or increases achieved during the project year may be sustained past the funding secured during the project period.**
- Describe obstacles that may affect your organization’s ability to sustain this program after the project cycle and potential solutions to identified challenges.

- Detail any other funding sources that will be used towards this project.

V. Evidence of Collaborations/Partnerships (24 points) - Suggested page limit: 2 pages

- Describe how you will collaborate on this project or initiative with other relevant organizations in the community and how this project will improve collaboration between local stakeholders and/or engage new ones.
- Describe how you will verify that projects or services are not being duplicated in the community and with the population served.

VI. Performance Measures and Program Evaluation (12 points) - Suggested page limit: 1 page

- Detail how you will evaluate your project.
- Describe how you will engage the priority population in the design and implementation of the evaluation of this project.
- Recipients providing direct services (e.g., behavioral healthcare) will be required to report client-level data on elements including but not limited to demographic characteristics, substance use, diagnosis(es), services received, and types of medications for opioid use disorder received. Explain how you will capture this data. (See <https://nctopps.ncdmh.net/dev/gettingstartedwithnctopps.asp> for a suggested tool.)
- Explain how you will monitor the project and capture metrics for each of the supported strategies included in your project. Consult suggested metrics provided below:

Suggested metrics:	
WORKFORCE	<ul style="list-style-type: none"> - Number of unduplicated providers (i.e., individuals) who provided SUD/ODU treatment services, mental health/behavioral health services, and/or recovery support services in target service area - Number of providers (i.e., individuals) who have a DATA waiver - Number of providers (i.e., individuals) who have prescribed medications used to treat OUD - Total number of providers (number of medical providers, number of non-medical counseling staff, number of peer recovery support specialists, other - specify) - Total number of providers, paraprofessional staff, and community members (non-providers) who participated in direct substance use disorder education and training activities as a result of grant funding (e.g., naloxone administration, mental health first aid, other - specify)
SERVICE DELIVERY	<ul style="list-style-type: none"> - Total number of unduplicated service delivery sites offering at least one prevention, harm reduction, treatment, and/or recovery service - Number of sites offering prevention services (not including naloxone) - Number of sites offering screening and/or assessment services - Number of sites offering medication-assisted treatment (with or without psychosocial) - Number of sites offering SUD/ODU treatment other than MAT - Number of sites offering recovery support services - Number of sites offering mental health treatment - Number of sites offering naloxone access

	<ul style="list-style-type: none"> - Number of sites offering syringe services - Number of unique individuals served by the program - Number of total contacts the program had with all participants - Number of individual supplies (syringe service program or other) distributed by the program - Number of naloxone kits distributed through the program - Number of referrals made to obtain naloxone from another source - Number of overdoses reversed with naloxone that have been reported to the program - Number of people the program referred to treatment for opioid use disorder and/or mental health services - Number of people connected to care or social determinants of health resources (e.g., housing, employment, education, healthcare)
DIRECT SERVICES (clinical providers utilizing evidence-based methods and validated tools)	<ul style="list-style-type: none"> - Number of individuals screened for OUD - Total number of individuals who screened positive for alcohol or substance use - Number of individuals who screened positive for alcohol overuse/misuse (or at risk of this) - Number of individuals who screened positive for psychostimulant overuse/misuse (or at risk of this) - Number of individuals who screened positive for other substance overuse/misuse (or at risk of this) - Total number of individuals diagnosed with OUD - Number of individuals diagnosed with alcohol use disorder - Number of individuals diagnosed with opioid use disorder - Number of individuals diagnosed with psychostimulant use disorder - Number of individuals diagnosed with other SUD - Number of patients with a OUD diagnosis who were screened for depression - Patients with OUD diagnosis who were tested for HIV/AIDS - Patients with OUD diagnosis who were tested for hepatitis C - Patients with OUD diagnosis who were referred to treatment - Number of patients with a OUD diagnosis who were referred to support services (childcare, employment, prenatal/postpartum care, recovery housing, transportation to treatment, other - specify) - Number of patients who received MAT AND psychosocial therapy - Number of patients who received MAT ONLY - Number of patients who have received MAT for three months or more without interruption - Number of individuals who received recovery support services
GENERAL	<ul style="list-style-type: none"> - Challenges to completing project goals - Strategies for overcoming these challenges - Lessons learned from engaging in the work

VII. **Financial and Other information (0 points) - Required, not scored**

- Submit an annual budget for each program year using the Budget Worksheet and include a detailed justification

VIII. **Certification (0 points) - Required, not scored**

- Attestation that application and all information provided is accurate demonstrated through signature from authorized representative (application Section VIII).

VI. GENERAL PROPOSAL INFORMATION

1. Format

The County's application form must be used. Additional pages can be inserted if necessary for the narrative sections. Use appropriate headings for each section. For the digital copy saved to the USB drive/flash memory device, the application file name should be as follows: ApplicantName_OPIOID_RFP1. If your organization submits more than one proposal, on the drive, name files RFP2, RFP3, etc. to distinguish between proposals.

2. Space Allowance

Page limit of the project narrative section is 10 pages. This limit does not include the budget with narrative nor letters of commitment. Page limit suggestions are provided in the application worksheet for each section of the application.

3. Award or Rejection

All qualified applications will be evaluated and awards 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 Randolph County Board of Commissioners reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified in April of 2023.

4. Cost of Application Preparation

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

5. Elaborate Applications

Applicants are encouraged to provide sufficient documentation to support its proposal. However, elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

6. Oral Explanations

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

7. Reference to Other Data

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

8. Titles

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

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 will 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 therefrom or as part of any news release or commercial advertising without prior written approval of the County.

11. Right to Submitted Material

All responses, inquiries, or correspondence relating to or in reference to the RFP, 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 RFP 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 an authorization form with the name, telephone number and email address 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. Agencies and organizations shall also ensure that subcontractors are not on the state's [Suspension of Funding List](#).

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. Minority Participation

Pursuant to N.C.G.S. 143-48, 143-128.4 and Executive Order #13, Randolph County invites and encourages participation in this Request for Proposals by businesses owned by minorities, women, disabled, disabled business enterprises, and non-profit work centers for the blind and severely disabled. Additional information may be found at www.doa.nc.gov/hub.

17. Registration with Secretary of State

Private non-profit applicants must be registered with the North Carolina Secretary of State to do business in North Carolina or be willing to complete the registration process in conjunction with the execution of the contract documents. (Refer to: https://www.sosnc.gov/divisions/business_registration)

18. Contract

The County will issue a contract to the successful recipient(s) of the Opioid Abatement funding. Expenditures cannot begin until the County's receipt of a completely executed contract and the selected applicant receives a formal Letter to Proceed from the County.

19. 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.

VII. OTHER REQUIRED DOCUMENTATION

1. **Letters of Commitment** (if applicable)

Letters of commitment must be included from any agency or community organization integral to the success of proposed activities. Additional letters that are relevant and descriptive will strengthen applications. Each key partner referenced in the application narrative and/or the budget should have an accompanying letter of commitment to demonstrate evidence of collaboration. The partnership highlighted in the letter of commitment should also be reflected in the application narrative.

Letters must be included with each application as an appendix and will not count toward the narrative page limit. Do not have letters sent separately to Randolph County. Letters not included with applications will not be read by reviewers.

The following are required letters of commitment:

- From each partner involved in the post-overdose response team process for organizations applying to **Strategy 8: Post-Overdose Response Teams**.
- From the partnering Sheriff's Office or relevant law enforcement agency and court system for organizations applying to **Strategy 10: Criminal Justice Diversion Programs**.
- From partnering jail/detention center or Sheriff's for organizations applying to **Strategy 11: Addiction Treatment for Incarcerated Persons**.

2. **Proof of Licensure, if applicable**

Applicants must maintain proper required licensure. If applicable, proof of licensure must be submitted along with all other required documentation. Selected applicants will be expected to provide annual updates to maintained licensure to the County.

3. **IRS Determination Letter**

For 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 (TIN).

4. **Verification of 501(c)(3) Status Form**

If applicable, an Authorized Representative must annually submit verification that the organization remains a qualified 501(c)(3) tax-exempt organization.

5. **Additional Documentation to Include with Application**

All applicants are required to include Tax Identification (TIN) documentation. 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.) If, during the project period, the recipient agency has any changes to its 501(c)(3) status, it must notify Randolph County immediately.

6. Authorization for Individuals to Sign Contracts and Submit Reporting

The organization’s Board President or Chairman must submit a form to authorize the individuals who will be signing contracts, filing Expenditure Reports, and/or submitting Performance Reports. Contact information must also be included.

7. Additional Documentation Prior to Contract

Agencies must provide the following additional documentation:

- a. A completed and signed statement which includes the agency’s Conflict of Interest Policy. (A reference version appears in Appendix C).
- b. Latest audited financial statement, including Management Letter. If unable to provide, please attach a written explanation.
- c. A completed, signed, and notarized page certifying that the agency has no overdue tax debts. (A reference version appears in Appendix B).
- d. For non-profit agencies:
 - a. Agency organizational chart.
 - b. Current Board of Directors Roster with names, addresses, office terms (with dates), and professional and/or community affiliations.
 - c. A completed and signed statement which includes a copy of the Agency’s adopted Code of Ethics.
 - d. A copy of the Agency’s Articles of Incorporation and Bylaws (if applicable).
 - e. A copy of Board minutes approving project/program goals (application Section VI).

VIII. REQUEST FOR PROPOSALS PROCESS

The following is a general description of the process by which opioid abatement proposals will be selected for funding for this upcoming year.

1. Announcement of the Request for Proposals (RFP)

The RFP and documentation for preparing the RFP will be posted at the following County website on January 6, 2023: [Randolph County Solicitation/Quote List Page](#).

2. Application Deadline

All applications must be received by 4:00 EST on Friday, February 17, 2023. Only mailed applications with accompanying digital copies saved to USB drives/flash memory devices will be accepted (scanned signatures are acceptable). Emailed applications will not be accepted. Randolph County is not responsible for nor will any allowances be made for proposals received after this time and ate for any reason, e.g., carrier delay.

3. Mandatory Interested Party Conference / Question & Answer Period

All prospective applicants are **required** to attend an informational conference on Friday, January 20, 2023 at 9:00 AM EST, held on the first floor of the Randolph County Office Building Conference Room A, 725 McDowell Road Asheboro, North Carolina, 27205.

AND

Written questions concerning the specifications in this Request for Proposals will be received until 4:00 PM on Friday, February 3, 2023. As an addendum to this RFP, a summary of all questions and answers will be posted online at [Randolph County Solicitation/Quote List Page](#) by 4:00 PM Tuesday, February 10, 2023. Acknowledgement of issued addenda via signature from an authorized representative is required to be submitted along with all other required documentation (See **Section XII: Addenda Acknowledgements**).

4. Proposal Submission

Separate applications are required for different program proposals submitted by a single organization. The original application must contain all requested information with signature completed by the agency's authorized representative. Applicants shall submit their printed application via mail or by hand-delivery with all required attachments, documents, and scanned signatures. Accompany print application with a digital copy including all files saved to a USB drive/flash memory device.

5. Review of Proposal Applications

The Review Committee will read, review, and evaluate the proposals based on the evaluation criteria. A weighted point formula system will be used to evaluate proposals. Applications will be reviewed by a multi-disciplinary committee who are familiar with the subject matter recommended by the County Manager and approved by the Board of County Commissioners. Staff from applicant agencies or departments will not participate as reviewers in the review of their agency's application.

Applications will be evaluated by the review committee according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The County reserves the right to conduct site visits as part of the application review and award process. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the County. Agencies and organizations are cautioned that this is a request for proposals, and the Board of Commissioners reserves the unqualified right to reject any and all proposals when such rejections are deemed to be in the best interest of the County.

6. Presentation of Proposals to Review Committee

Proposers **may** be asked to interview with the Review Committee. Interviews will be scored by using a specific set of questions that will be made available to all Proposers that are interviewed. Requests for interviews are not an indication of selection.

7. 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 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.

8. Application Process Summary Dates

01/06/2023: Request for Proposal Applications released to eligible applicants

01/20/2023: Mandatory Interested Party Conference

02/10/2023: End of Q&A period. All questions due in writing by 4:00 PM EST

02/14/2022: Answers to Questions released as an addendum to the RFP

02/17/2022: Applications due by 4:00 PM EST

03/27/2023: Recommendations Presented to Board of County Commissioners

04/2023: Successful applicants notified of selection

IX. REPORTING AND REIMBURSEMENT

1. Audit Requirements

Funds received through the National Opioid Settlements are not considered to be either federal or State financial assistance. However, as noted in the NC MOA, these funds are subject to G.S. Chapter 159, Article 3, the Local Government Budget and Fiscal Control Act (LGBFCA) and are subject to the audit requirements found in G.S. 159-34. Expenditures incurred are also subject to State Single Audit requirements. In accordance with the MOA, for expenditures for which no compliance audit is required under the Federal Single Audit Act of 1984, a compliance audit shall be required under a compliance supplement approved by the coordination group.

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. It is the responsibility of each applicant agency to determine and comply with all audit requirements.

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

Level 1: Less than \$25,000

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

Level 3: \$500,000 or more

Level 3 grantees are required to submit a "Yellow Book" Audit performed by an independent certified public accountant. Only Level 3 grantees may include audit expenses in the program budget. Audit expenses should be prorated based on the ratio of the opioid abatement grant to the total revenues received by the entity. Audit costs are considered part of the administrative cost limitation.

2. Program Reimbursement

Funds will be distributed to contracted agencies on the basis of reimbursement of actual expenses. No advance/startup funds will be provided to any programs/projects. Forms will be provided to successful applicants detailing reimbursement processes.

3. Travel and Lodging

Travel expenses for meals and lodging should be justified and documented. Copies of training and conference agendas should be attached to invoices/receipts. Actual documented costs will be reported for reimbursement.

4. Performance Reporting

Randolph County is responsible to the State of North Carolina for reporting and audit requirements for all use of Opioid Abatement grant funds which it has received. To ensure that the County has all supporting documentation for eligible disbursements, supporting

documentation must be submitted with any request to the County of Opioid Settlement grant funds. Subrecipients must submit actual invoices to the County to receive reimbursement. For salary reimbursement, payroll records must be provided in support of the time charged to the proposed program.

For each period that the program is funded, required quarterly performance status reports will be due by the 30th day following the end of a calendar quarter. Reports must contain information to describe progress, update program objectives on intended and actual impacts, and provide other performance data. For example, future deadlines for grants in 2023 may be:

Quarter Ending	Report Due Date
6/30/23	7/31/23
9/30/23	10/31/23
12/31/23	1/31/24
3/31/24	4/30/24

Reporting forms will be provided to successful applicants. Further information, including strategy resources, can be found at www.ncopioidsettlement.org.

X. LEGAL PROVISIONS

If selected, proposals will be fully incorporated as part of the contract.

1. Right to Reject Proposals

Randolph County reserves the right to accept or reject any or all Proposals for sound documented reasons.

2. Form of Application

Each proposal must be submitted on the application form provided by Randolph County, which will be incorporated into a successful agency's Performance Agreement (contract) that is negotiated between Randolph County and the successful agency.

3. Deviations

Randolph County reserves the right to allow or disallow minor deviations or technicalities should the County deem it to be to the best interest of the County. Randolph County shall be the sole judge of what is to be considered a minor deviation or technicality.

4. Preservation of Records

The successful applicant must maintain, for a period of at least five years, records of opioid abatement fund expenditures and documents underlying those expenditures, so that it can be verified that funds are being or have been utilized in an eligible and consistent manner.

5. Responsibility of Compliance with Legal Requirements

The Proposer's products, service and facilities shall be in full compliance with the North Carolina Memorandum of Agreement (MOA), any and all applicable state, federal, local, environmental and safety laws, regulations, ordinances and standards or any standards adopted by nationally recognized testing facilities regardless of whether or not they are referred to in the Proposal documents.

6. Non-Collusion

By executing and submitting their proposal, the Proposer certifies that this proposal is made without reference to any other proposal and without any agreement, understanding, collusion or combination with any other person in reference to such proposal.

7. Indemnity

Proposer shall indemnify and hold the County, its agents and employees, harmless against any and all claims, demands, causes of action, or other liability, including attorney fees, on account of personal injuries or death or on account of property damages arising out of or relating to the work to be performed by Proposer hereunder, resulting from the negligence of or the willful act or omission of Proposer, his agents, employees and subcontractors.

8. E-Verify

Contractor hereby attests that it currently complies with and shall continue to comply with, for the duration of this Agreement, Article 2 of Chapter 64 of the North Carolina General

Statutes (commonly referred to as “E-Verify”) and further attests that it ensures and continues to ensure that any subcontractors utilized by Contractor also comply with said Article.

9. State Debarment

The selected applicant certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible from covered transactions by any State department or agency. The successful applicant further certifies that neither it nor its principals, including subcontractors, are presently listed on the Department of State Treasurer’s Final Divestment List as per N.C.G.S 147-86.55-69. See <https://ncadmin.nc.gov/documents/nc-debarred-vendors>.

10. Federal Debarment

The selected applicant agrees that it will refrain from entering into any contract or contract modification subject to Executive Order 11246 of September 24, 1965, with a contractor debarred from, or who has not demonstrated eligibility for, Government contracts. The successful applicant further agrees it shall ensure that subcontractors refrain from entering into any contract or contract modification subject to Executive Order 11246 of September 24, 1965, with a contractor debarred from, or who has not demonstrated eligibility for, Government contracts. Instructions to search for an entity to ensure compliance can be found here: [OFCCP Debarred Companies | U.S. Department of Labor \(dol.gov\)](https://www.dol.gov/eis/whistleblowers/).

11. Boycott Israel Clause

Contractor certifies that it is not identified on any list created by the North Carolina State Treasurer pursuant to North Carolina General Statute 147-86.80 et al (Divestment from Companies Boycotting Israel). This includes but is not limited to the Final Divestment List and the Iran Parent Subsidiary Guidance List located at <https://www.nctreasurer.com/inside-the-department/OpenGovernment/Pages/Iran-Divestment-Act-Resources.aspx>. Contractor further certifies that it will not subcontract with any entity identified on any such list.

12. Iran Divestment

Contractor certifies that it is not identified on any list created by the North Carolina State Treasurer pursuant to North Carolina General Statute 147-86.55 et al (the Iran Divestment Act). This includes but is not limited to the Final Divestment List and the Iran Parent and Subsidiary Guidance List located at <https://www.nctreasurer.com/inside-the-department/OpenGovernment/Pages/Iran-Divestment-Act-Resources.aspx>. Contractor further certifies that it will not, during the term of this Agreement, subcontract with any entity identified on any such list.

13. Insurance

Upon award, the Agency is to provide proof of commercial insurance with, at a minimum, the following coverage and limits:

- a. **Workers’ Compensation**—The Agency shall provide and maintain Worker’s Compensation insurance, as required by the laws of the State of North Carolina, as well as employer’s liability coverage with minimum limits of \$1,000,000 for bodily injury per accident. This insurance must cover all of Agency’s employees who are engaged in any work under this Contract.

b. **General Liability**—The Agency shall provide and maintain General Liability Coverage at a minimum of \$1,000,000 per occurrence for bodily injury, personal injury and property damage. Non-owned vehicle coverage may be included in General Liability Coverage with proof of a minimum combined single limit of \$1,000,000 bodily injury and property damage; \$1,000,000 uninsured/under-insured motorist; and \$1,000,000 medical payment.

c. **Automobile Liability**—The Agency shall provide and maintain Automobile Liability Insurance covering all owned, hired, and non-owned vehicles used in connection with this Contract. The minimum combined single limit shall be \$1,000,000 bodily injury and property damage; \$1,000,000 uninsured/under-insured motorist; and \$1,000,000 medical payment.

XI. EVALUATION OF PROPOSALS

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

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

Each content area will be weighted and the score of 1 to 4 will be multiplied by the assigned weight of the content area. The following represents the evaluation criteria and relative importance of each criterion (criteria weight):

Evaluation Criteria		Score Distribution	Weight
1.	Proposal Summary (Required, not scored)	Pass/Fail	0
2.	Organizational Readiness	5-20 pts.	5
3.	Assessment of Need	4-16 pts.	4
4.	Project Description and Sustainability	7-28 pts.	7
5.	Evidence of Collaborations/Partnerships, Letters of Commitment	6-24 pts.	6
6.	Evaluation Plan	3-12 pts.	3
7.	Project Budget (Required, not scored)	Pass/Fail	0
8.	Certification (Signature on application)	Pass/Fail	0

XII. ADDENDA ACKNOWLEDGEMENTS (IF APPLICABLE)

Each Proposer is responsible for determining that all addenda issued have been received before submitting a proposal. [signature here and printed for each addendum issued]

Addenda	Date Issued	Date Proposer Received
“A”		
“B”		
“C”		

XIII. REQUEST FOR PROPOSALS CHECKLIST

The following check list is required to be submitted to be considered for funding.

- Filled application
- No Overdue Tax Debts (**requires notarization**) (Appendix B)
- Signed Code of Conduct Policy (Appendix C)
- Signed Conflict of Interest Policy (Appendix D)
- e-Verify form (**requires notarization**) (Appendix E)
- Letters of Commitment, if applicable
- Proof of Licensure, if applicable
- Budget sheet with justification
- Latest audited financial statement, if applicable, with Management Letter
- Business Association Addendum (Appendix F)
- Individuals Authorized to Submit Forms (Appendix G)
- Signed certification (application Section VIII)
- Signed Addenda Acknowledgements, if applicable (Section XII)

ADDITIONAL CHECKLIST FOR NONPROFIT AGENCIES:

- Verification of 501(c)3 Status Form (Appendix A)
- Board of Directors list (names, addresses, office terms, and professional and/or Community Affiliations).
- Copy of Articles of Incorporation and Bylaws, if applicable
- Adopted Code of Ethics
- Organizational Chart
- IRS Form 990 (must be most recent fiscal year's form)
- Board minutes approving program goals for the grant project, if applicable (application Section VI)

Appendix A: Verification of 501(c)(3) Status Form

IRS Tax Exemption Verification Form (Annual)

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

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

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

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

(Signature)

Appendix B: Certification of No Overdue Tax Debts

Instructions: Grantee/Contractor should complete this certification for all state funds received. Entity should enter appropriate data in the yellow highlighted areas. The completed and signed form should be provided to the state agency funding the grant to be attached to the contract for the grant funds. A copy of this form, along with the completed contract, should be kept by the funding agency and available for review by the Office of State Budget and Management.

Note: If you have a contract that extends more than one state fiscal year, you will need to obtain an updated certification for each year of the contract.

Entity's Letterhead

[Date of Certification (mmddyyyy)]

Certification:

We certify that the [insert organization's name] does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143C-6-23(c) is guilty of a criminal offense punishable as provided by N.C.G.S.) 143C-10-1b.

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 the Second Authorizing Official], respectively, of [insert name of organization] of [City] in the State of [Name 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.

Board Chair

[Title of Second Authorizing Official]

Sworn to and subscribed before me on the day of the date of said certification.

My Commission Expires: _____

(Notary Signature and Seal)

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 C: CODE OF CONDUCT

Each recipient of award shall maintain a written Code of Standards of Conduct which shall govern the performance of its officers, employees or agents in contracting with and/or expending Older Americans Act funds and State appropriations.

The recipient Agency's officers, employees or agents shall neither solicit nor accept gratuities, favors or anything of monetary value from contractors or potential contractors. To the extent permissible under state or local laws, rules or regulations, such standards shall provide for appropriate penalties, sanctions, or other disciplinary actions to be applied for violations of such standards either by the officers, employees or agents of the recipient Agency or by contractors or their agents.

Awards will be made only to responsible Agency(ies) possessing the ability to perform successfully under the terms and conditions of a proposed procurement. Consideration will be given to such matters as Agency's integrity, compliance with public policy, record of past performance, and financial and technical resources.

I have read and fully understand the context of the information above.

Signature

Title

Date

Appendix D: 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.

I have read and fully understand the context of the information above.

Signature	Title	Date

Appendix E: E-Verify

STATE OF NORTH CAROLINA

AFFIDAVIT

COUNTY OF RANDOLPH

I, _____ (the individual attesting below), being duly authorized by and on behalf of _____ (the entity contracting with Randolph County hereinafter "Employer") after first being duly sworn hereby swears or affirms as follows:

1. Employer understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with NCGS §64-25(5).

2. Employer understands that Employers Must Use E-Verify. Each employer, if employing 25 or more employees in this State, after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with NCGS§64-26(a).

3. Employer is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in this State. (Mark Yes or No)

a. YES _____, or

b. NO _____

4. Employer's subcontractors comply with E-Verify, and Employer will ensure compliance with E-Verify by any subcontractors subsequently hired by Employer during the term of its contract with Randolph County.

This _____ day of _____, 20____.

Signature of Affiant _____

Print or Type Name _____

NORTH CAROLINA NOTARY ACKNOWLEDGEMENT

THE STATE OF NORTH CAROLINA

COUNTY OF _____

Signed and sworn to (or affirmed) before me, this ____ day of _____, 20__.

My Commission Expires: _____

Notary Public, _____

Notary Public Signature: _____

[Official Seal]

Appendix F: Authorization for Individuals to Sign Contracts and Submit Reporting

Letter from Board President/Chairperson Identifying Individuals as Authorized to Sign Contracts, Expenditure Reports, and Performance Reports

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

Contracts:

<u>Printed Name</u>	<u>Title</u>
1. _____	_____
2. _____	_____
3. _____	_____

Expenditure Reports:

<u>Printed Name</u>	<u>Title</u>
4. _____	_____
5. _____	_____
6. _____	_____

Performance Reports:

<u>Printed Name</u>	<u>Title</u>
7. _____	_____
8. _____	_____
9. _____	_____

Signature

* Title

Date

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

Authorization For Individuals to Sign Contracts and Submit Reporting

Contact Information:

Name	Telephone Number	Email Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____

Appendix G: BUSINESS ASSOCIATE ADDENDUM

THIS ADDENDUM is made this ____ day of _____, 2022 to a contractual arrangement between the parties (“Agreement”).

WHEREAS Randolph County is itself a Covered Entity, as that term is defined in HIPAA and will be referred to as “Covered Entity”; and

WHEREAS, _____ is, or may be, a Business Associate of Covered Entity and will be referred to as “Business Associate”; and

WHEREAS, Business Associate performs certain services on behalf of or for Covered Entity that require the exchange of information about patients that is protected by the Health Insurance Portability and Accountability Act of 1996, as amended, and the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164 (collectively “HIPAA”).

NOW, THEREFORE, the parties to the Agreement are entering into this Addendum to establish the responsibilities of both parties regarding HIPAA-covered information and to bring the Agreement into compliance with HIPAA.

I. DEFINITIONS

Except as otherwise defined herein, terms used in this Addendum shall have the same meaning as the terms are defined in HIPAA.

II. OBLIGATIONS OF BUSINESS ASSOCIATE

To comply with the Privacy, Security, and Breach Notification obligations imposed by HIPAA, Business Associate agrees to:

- A. Privacy and Security Obligations:
 1. Not use nor disclose information other than as permitted or required by the Agreement, this Addendum or as required by law.
 2. Use appropriate safeguards to prevent use or disclosure of the information other than as provided for by the Agreement and this Addendum.
 3. Comply with Subpart C of 45 CFR Part 164 with respect to electronic PHI (protected health information) to prevent use or disclosure of PHI other than as provided for by the Agreement.
 4. Report to Covered Entity any use or disclosure of the information not provided for by the Agreement of which Business Associate becomes aware, including breaches of Unsecured PHI as required by 45 CFR 164.410.
 5. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any agents or subcontractors that create, receive, maintain, or transmit PHI on behalf of Business Associate agree, in writing, to the same restrictions, conditions, and requirements that apply to Business Associate with respect to such information.

6. Make available PHI in a designated set record set to Covered Entity upon request within three (3) working days as necessary to satisfy Covered Entity's obligations under 45 CFR 164.524. If Business Associate receives a request for access directly from the individual, then Business Associate will forward the individual's request to Covered Entity within three (3) working days to be fulfilled by Covered Entity.
7. If Business Associate receives a request pursuant to 45 CFR 164.526 to make any amendment(s) to PHI in a designated record set directly from the individual, then Business Associate will forward the individual's request to Covered Entity within three (3) working days to be fulfilled by Covered Entity.
8. Maintain and make available upon request within three (3) working days the information required to provide an accounting of disclosures to Covered Entity as necessary to satisfy Covered Entity's obligations under 45 CFR 164.528. If Business Associate receives a request to provide an accounting of disclosures directly from the individual, then Business Associate will forward the individual's request to Covered Entity within three (3) working days to be fulfilled by Covered Entity.
9. Make its internal practices, books, and records relating to the use of PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity, available to the Secretary of DHHS and Covered Entity for purposes of determining compliance with HIPAA.
10. To the extent practicable, mitigate any harmful effects that are known to Business Associate of a use or disclosure of PHI or a breach of Unsecured PHI in violation of this Addendum.
11. Use and disclose an individual's PHI only if such use or disclosure is in compliance with the applicable requirements of 45 CFR 164.504(e) and the terms of this Addendum.
12. Refrain from exchanging any PHI with any entity of which Business Associate knows of a pattern of activity or practice that constitutes a breach as defined by North Carolina State Law, HIPAA, or this Addendum.
13. To the extent Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to Covered Entity in the performance of such obligation(s).

B. Breach Notification:

In the event that Business Associate discovers any use or disclosure of PHI not provided for by the Agreement, including breaches of Unsecured PHI as required at 45 CFR 164.410, and any security incident of which it becomes aware, Business Associate agrees to take the following measures within three (3) working days after Business Associate first becomes aware of the incident:

1. To notify Covered Entity of any incident involving the acquisition, access, use or disclosure of Unsecured PHI in a manner not permitted under 45 CFR Part E. Such notice by Business Associate shall be provided without unreasonable delay, except where a law enforcement official determines that a notification would impede a criminal investigation or cause damage to national security. For purposes of clarity for this provision, Business Associate must notify Covered Entity of any such incident within the above timeframe even if Business Associate has not conclusively determined within that time that the incident constitutes a breach as defined by HIPAA. For purposes of this Addendum, Business Associate is deemed to have become aware of the breach as of the first day on

which such breach is known or reasonably should have been known to such entity or associate of Business Associate, including any person, other than the individual committing the breach, that is an employee, officer or other agent of Business Associate or an associate of Business Associate.

2. To include in the above-described notification the names of the individuals whose Unsecured PHI has been, or is reasonably believed to have been, the subject of a breach.
3. To provide a draft letter to Covered Entity to utilize to notify the individuals that their Unsecured PHI has been, or is reasonably believed to have been, the subject of a breach. The draft letter must include, to the extent possible:
 - a. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;
 - b. A description of the types of Unsecured PHI that were involved in the breach (such as full name, Social Security Number, date of birth, home address, account number, disability code, or other types of information that were involved);
 - c. Any steps the individuals should take to protect themselves from potential harm resulting from the breach;
 - d. A brief description of what Covered Entity and Business Associate are doing to investigate the breach, to mitigate losses, and to protect against any further breaches; and
 - e. Contact information for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an email address, web site, or postal address.

III. TERMINATION

- A. This Addendum will terminate automatically, without further action by either party, upon termination of the Agreement to which it is attached.
- B. Covered Entity may terminate this Addendum if Covered Entity determines that Business Associate has violated a material term of the Agreement or this Addendum.
- C. Upon Covered Entity's gaining knowledge of a breach, as defined by North Carolina State Law or HIPAA, by Business Associate or any of its agents or subcontractors, of the Agreement or this Addendum, Covered Entity shall either:
 1. Provide an opportunity for Business Associate to cure the breach or end the violation, and if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity, terminate this Addendum and the attached Agreement; or
 2. Immediately terminate this Addendum and the attached Agreement if either has been breached by a Business Associate, and a cure is not possible.
- D. In situations where it is not practicable to terminate this Agreement, Covered Entity shall report Business Associate's breach as defined by North Carolina State Law or HIPAA to the Secretary of DHHS, and continue under the existing arrangement with Business Associate until a reasonable alternative becomes available, or until directed by the Secretary of DHHS to terminate the Agreement.
- E. At termination of the attached Agreement and this Addendum, or upon request of Covered Entity, whichever occurs first, Business Associate shall:
 1. If feasible, return or destroy all PHI that Business Associate still maintains in any form, received from Covered Entity or created, maintained or received by Business Associate on behalf of Covered Entity. Business Associate shall only destroy PHI with the written

approval of Covered Entity. After return or destruction, Business Associate shall retain no copies of such information.

2. If return or destruction is not feasible, Business Associate will provide Covered Entity with documentation explaining the reason it is not feasible. If the PHI is not returned or destroyed, Business Associate will extend the protection of this Addendum to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information not feasible.
- F. The obligations of Business Associate under this Addendum shall survive the expiration, termination or cancellation of the attached Agreement and this Addendum, and shall continue to bind Business Associate, its agents, employees, contractors, successors and assigns, as set forth herein.
- G. Business Associate shall indemnify Covered Entity for costs associated with any incident involving the acquisition, access, use or disclosure of Unsecured PHI by Business Associate, any agent or subcontractor, in a manner not permitted under 45 CFR Subpart E.

IV. MISCELLANEOUS

- A. All PHI that is created or received by Covered Entity and disclosed or made available in any form, including paper record, oral communication, audio recording and electronic display by Covered Entity or its operating units to Business Associate, or is created or received by Business Associate on Covered Entity's behalf, shall be subject to this Addendum.
- B. In the event of an inconsistency between the provisions of this Addendum and the mandatory provisions of HIPAA, as amended, HIPAA shall control. Where provisions of this Addendum are not included as mandated provisions in HIPAA, but are nonetheless permitted by HIPAA, the provisions of this Addendum shall control.
- C. Except as expressly stated herein or in HIPAA, the parties to this Addendum do not intend to create any rights in any third parties.
- D. This Addendum may be amended or modified only in writing signed by the parties. No party may assign its rights or obligations under this Addendum without the prior written consent of the other party. None of the provisions of this Addendum are intended to create, nor will they be deemed to create, any relationship between the parties other than that of independent parties, contracting with each other solely for the purpose of effecting the provisions of this Addendum and any other agreements between the parties concerning their business relationship.
- E. This Addendum will be governed by the laws of the State of North Carolina, venue Randolph County.
- F. No change, waiver, or discharge of any liability or obligation hereunder on any one or more occasion shall be deemed a waiver of performance of any continuing obligation, or prohibit enforcement of any obligation, on any other occasion.
- G. In the event that any documentation of the arrangement pursuant to which Business Associate provides services to Covered Entity contains provisions relating to the use or disclosure of PHI that are more restrictive than the provisions of this Addendum, the provisions of the more restrictive documentation will control.
- H. In the event that any provision of this Addendum is held by a court of competent jurisdiction to be invalid or unenforceable, the remaining provisions of this Addendum shall remain in full force and effect.

- I. Headings in this Addendum are for convenience of reference only and shall not define or limit any of the terms or provisions hereof.
- J. A reference in this Addendum to a section in HIPAA means the section as in effect or as amended.
- K. Any ambiguity in this Addendum shall be interpreted to permit compliance with HIPAA.
- L. Business Associate will not use an agent or subcontractor without written agreement by Covered Entity.

IN WITNESS WHEREOF, the parties have hereunto executed this Business Associate Addendum on the day and year first written above.

RANDOLPH COUNTY

By: _____
Hal C. Johnson, Randolph County Manager

ATTESTED: _____

BUSINESS ASSOCIATE

By: _____

Title: _____

ATTESTED: _____