



Request for Applications

RFA # # A-178



Saving Tomorrows Today: Supporting Schools to Address Youth Suicide Prevention

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

ISSUE DATE: March 25, 2009

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

Applications will be received until 5:00pm on May 1st, 2009.

Electronic copies of the application will be posted on our web site after March 31st, 2009.

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

Mailing Address:

Jane Ann Miller
Injury and Violence Prevention Branch
NCDHHS-Division of Public Health
1915 Mail Service Center
Raleigh, NC 27699-1915

Street/ Hand Delivery Address:

Jane Ann Miller
Injury and Violence Prevention Branch
NCDHHS- Division of Public Health
5505 Six Forks Road, 1-3-A4
Raleigh, NC 27609

Direct all inquiries concerning this RFA to:

Jane Ann Miller, Program Manager
(919) 707-5430, jane.miller@ncmail.net

Stephania Sidberry, Unit Manager
(919) 707-5429, stephania.sidberry@ncmail.net

I. INTRODUCTION

The North Carolina Department of Health and Human Services, Division of Public Health, N.C. Injury and Violence Prevention Branch in cooperation with the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services is soliciting applications for youth suicide prevention proposals under the Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention (Short Title: State/Tribal Youth Suicide Prevention Grants).

Currently, the State Youth Suicide Prevention Grant is in year one of funding. Activities for the first year are development of the communications campaign, building the state's cadre of gatekeeper trainers and establishing an evaluation approach. This RFA will operate in project years two and three of the total grant project.

Organizations eligible to apply are school based/linked health centers that serve middle and high schools and are part of the North Carolina School Community Health Alliance. If a health center serves multiple schools within a community, focus on only one school for the purposes of this RFA. This RFA will target students between the ages of 10-18 years old.

The total projected funding for this RFA is **\$225,000 depending on the availability of funds**. A maximum of 8 projects shall be funded under this RFA. Applicants will be selected by a review team chosen by the Injury and Violence Prevention Branch. The maximum award for each applicant will be \$28,125 for each year. The final amount of each award will depend upon the proposal submitted by the applicant and the total funds received from SAMHSA. Successful applicants will enter into a two-year project period, renewable for contract the second year based on performance. No assurances can be provided at this time about continued availability of funds beyond September 30th, 2011.

An additional 8 school health centers will be selected to participate in a comparison group for evaluation purposes only. Each of these 8 school-based/school-linked health centers will receive \$1,000 for participation in the evaluation of the project. These health centers will only collect and submit data.

II. BACKGROUND

The N.C. Injury and Violence Prevention Branch envisions North Carolina free from injuries and violence where people can live to their full potential.

Our programs provide funding, training, and/or technical assistance to local fire departments, local rape prevention agencies, school-based or linked health centers, and others to reduce the incidence of injury and violence in communities across the state.

In 2007 legislation was passed designating the Division of Public Health as the lead agency for injury prevention in North Carolina and instructing the Division to develop a statewide plan for

injury prevention and conduct other injury prevention activities. The Injury and Violence Prevention Branch shall carry out these plans to ensure injury prevention is addressed comprehensively in North Carolina.

In September 2008, North Carolina was awarded the Garrett Lee Smith Memorial Grant to address youth suicide prevention in the state. The purpose of the grant is to address the public health problem of youth suicide among 10-24 year olds.

The purpose of this grant is to support States and tribes in developing and implementing Statewide or tribal youth suicide prevention and early intervention strategies, grounded in public/private collaboration. Such efforts must involve public/private collaboration among youth-serving institutions and agencies and should include schools, educational institutions, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child and youth supporting organizations.

The Division of Public Health and the Division of MH/DD/SAS are the designated co-leads to implement *Saving Tomorrows Today: North Carolina's Plan to Prevent Youth Suicide*. The Garrett Lee Smith grant is being administered through the state's Division of Public Health's Injury and Violence Prevention Branch.

North Carolina's proposal contains a focus on reaching youth ages 10-18 within the state's public education system. School personnel and school health center staff are in a unique position to make daily observations of students and engage in direct interaction. They can be witnesses to suicide warning signs and symptoms which are manifested through cognitive, social, behavioral and emotional indicators. Students operate in all these domains within the course of a school day.

The 2006 School Profiles report indicated that 69% of middle and high school teachers would like more education on suicide prevention.

According to a survey completed by school nurses attending the North Carolina School Nurse Conference in October 2007, the nurses reported that they rendered 7,958 individual health counseling sessions to students regarding issues about depression and/or suicide.

Students self reported in the 2007 Youth Risk Behavior Survey that nearly 27% reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months. Overall, 12.5% of high school students reported seriously considering a suicide attempt and 9.5% of high school students reported making a plan about how they would attempt suicide during the past 12 months. Overall, 13% of high school students reported actually attempting suicide one or more times during the past 12 months.

These documents support the education system's interest in learning about and addressing distressed students. Additionally, it supports recognition that mental health issues are impacting provision of services by school staff more frequently.

Growing recognition that a student's academic achievement is contingent upon good physical

and mental health has fostered growth in such programs as Healthy Schools Initiative, the School Mental Health Project, the NC Collaborative and the Child and NC's School Based Family and Child Support Team Initiative.

The Garrett Lee Smith Grant Proposal

North Carolina's grant proposal to SAMHSA covers three of the goals of *Saving Tomorrows Today: North Carolina's Plan to Prevent Youth Suicide*. These goals are:

1) Promote awareness that suicide is a public health problem that is preventable

A portion of grant funds shall be used to develop a communications campaign formulated from youth focus groups with the objective of reducing the stigma of mental illness and encouraging help-seeking behavior.

The campaign shall create appropriate messages for youth between the ages of 10-24 utilizing media styles preferred by this age group such as electronic and web based communications. The media shall be in a format that could be used within a school system. Additionally, social marketing tools to identify other community-based channels of communications shall be used to further enhance this objective.

The awarded centers shall receive the developed communications materials to promote among their student population.

2) Implement training for recognition of at-risk behavior and delivery of effective treatment

LivingWorks is an organization founded in 1991 to develop suicide intervention training programs for front-line caregivers/gatekeepers of all disciplines and occupational groups. Grant funds shall be used to create more trainers in the state who are qualified to provide the *LivingWorks* suicide intervention programs: Applied Suicide Intervention Skills Training (ASIST) and SafeTALK. These trained individuals are known as gatekeepers.

A gatekeeper is defined as any individual who may be in a position to observe suicide signs and symptoms. Within a school setting this can represent a variety of personnel, from teachers, counselors and coaches to school resource officers and cafeteria workers. *LivingWorks* trains gatekeepers to recognize signs and symptoms of suicide.

ASIST is a skills-building workshop that prepares individuals of all kinds to provide suicide first aid interventions. ASIST-trained individuals will be better able to:

- Identify people who have thoughts of suicide;
- Understand how your beliefs and attitudes can affect suicide interventions;
- Seek a shared understanding of the reasons for thoughts of suicide and the reasons for living;
- Review current risk and develop a plan to increase safety from suicidal behavior for an

agreed amount of time;

- Follow up on all safety commitments, accessing further help as needed.

SafeTALK is a training that prepares anyone over the age of 15 to identify persons with thoughts of suicide and connect them to suicide first aid resources. Individuals trained in SafeTALK- will be better able to:

- Move beyond common tendencies to miss, dismiss or avoid suicide;
- Identify people who have thoughts of suicide;
- Apply the TALK steps (Tell, Ask, Listen and KeepSafe) to connect a person with suicide thoughts to suicide first aid, intervention caregivers.

ASIST and SafeTALK trainings is not intended to create a mental health professional out of a trainee but rather provide an approach for an individual to detect warning signs, engage the at-risk person in discussion of whether they feel in danger of self harm and refer them to a mental health professional.

The state grant funds shall be used to increase the number of LivingWorks trainers in the state. It is the grant's plan to extend this training opportunity to the professional trainers from the North Carolina School Health Training Center based at Appalachian State University. The Center's existing training structure, designed to support effective health education and trainings for school personnel in North Carolina, is ideal in that the trainers are counseling and health education professionals, and the School Health Training Center is a respected health education resource for school systems across the state.

In turn, these trainers from the School Health Training Center shall train staff at the school health centers and the school to which the center is linked to become gatekeepers. This shall increase the center's capacity to identify youth at-risk of suicidal behavior while simultaneously increasing the ability of teachers, administrators and student support staff to recognize signs and symptoms of suicidal behavior.

3) Improve access to and community linkages with mental health and substance abuse services

Most school health centers have the capacity to provide mental health services to students. However, if a student presents with needs that are beyond the capacity of the health center, he or she should be referred to the appropriate community-based agency for further evaluation and treatment. School health centers shall be required to work collaboratively with community mental health substance abuse services to provide these needed services. These agencies shall be identified within the proposal and a Memorandum of Understanding (also known as a Memorandum of Agreement) shall be required from each agency outlining the duties and responsibilities of both parties.

III. SCOPE OF SERVICES

School Health Center applicants will be required to:

1. Implement a youth suicide prevention program over the two year grant period which includes utilizing one of two school-based youth suicide prevention curricula, *RESPONSE* or *Lifelines*;
2. Train school health center and school staff in Applied Suicide Intervention Skills Training (ASIST) and SafeTALK respectively;
3. And participate in a communications campaign (which is of no cost to the schools).

RESPONSE is a high school-based program that increases awareness about suicide among high school staff, students and parents. Components include (1) a two-hour awareness training for staff, (2) a four-hour student curriculum (spread across four class periods), and parent awareness materials. Before implementing the awareness components, participating schools must identify key staff to serve on a suicide prevention team. Key school-based staff should include the principle or vice-principal, a school-based *RESPONSE* coordinator, two "suicide contacts" (specifically people who had ASIST training) responsible for handling referrals, and a counselor.

The cost of *RESPONSE* ranges from \$500 to \$1,000. Mandatory components of the curriculum are \$500, optional parental components are an additional \$500.

Lifelines is a school-based suicide prevention curriculum for middle and high school students comprised of four 45-minute lessons. Lesson content includes:

- Information and attitudes about suicide, help seeking, and school resources;
- A discussion of warning signs of suicide and role-playing exercises for students who may encounter a suicidal peer, (including an emphasis on seeking adult help); and,
- Two videos: one that depicts appropriate and inappropriate responses to a suicidal peer, and one that documents an actual response of 3 eighth-grade boys to a suicidal peer after they had participated in *Lifelines*.

The program also includes school-based model policies and procedures for responding to at-risk youth, suicide attempts, and completions; presentations for educators and parents; and a one-day workshop to train teachers to provide the curriculum.

The cost of *Lifelines* is \$150 for *Lifelines* materials.

More information on *RESPONSE* and *Lifelines* and can be found in *Appendices D* and *E* respectively. This information can also be found in the Best Practices Registry on the Suicide

Prevention Resource Center's website at www.sprc.org.

Priority shall be given to applicants that:

- Demonstrate the need for youth suicide prevention services in their community.
- Demonstrate strong collaboration among community partners, particularly in early intervention and prevention services.
- Ensure that the appropriate foster care, juvenile justice, law enforcement, childcare professionals and other community partners participate in the ASIST and SafeTALK trainings so they are trained to effectively identify youth who are at risk for suicide.
- Identify schools that have not previously sponsored or required ASIST or SafeTALK trainings for their staff.

Successful grantees shall obtain prior written, informed voluntary consent from the child's parent or legal guardian for assessment services, school sponsored programs and treatment involving medication related to youth suicide conducted in secondary schools except:

- In an emergency, where it is necessary to protect the immediate health and safety of the student or other students, or
- Other instances, as defined by the State, where parental consent cannot be reasonably obtained.

[Note: These requirements do not supersede section 444 of the General Education Provisions Act, including the requirement of prior voluntary parental consent for the disclosure of any educational records. These requirements also do not modify or affect parental notification requirements for programs authorized under the Elementary or Secondary Education Act of 1965 (as amended by the No Child Left Behind Act of 2001).]

Suicide assessment, early intervention, and treatment services may not be provided for youth whose parents or legal guardians object based on their religious beliefs or moral objections. School personnel may not require that a student obtain any medication as a condition of attending school or receiving services.

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection

All qualified applications shall be evaluated and award made to that agency or organization whose combination of budget and service capabilities is deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants shall be notified by June 5th, 2009.

2. Decline to Offer

Any agency or organization that receives a copy of the RFA but declines to make an offer is requested to send a written "Decline to Offer" to the funding agency by April 23, 2009. Failure to respond as requested may subject the agency or organization to removal from consideration of future RFAs.

3. Cost of Application Preparation

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

4. Elaborate Applications

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

5. Oral Explanations

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

6. Reference to Other Data

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

7. Titles

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

8. Form of Application

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

9. Exceptions

All applications are subject to the terms and conditions outlined herein. All responses shall be controlled by such terms and conditions. The attachment of other terms and conditions by any agency and organization may be grounds for rejection of that agency or

organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract).

10. Advertising

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

11. Right to Submitted Material

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

12. Competitive Offer

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

13. Agency and Organization's Representative

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

14. Subcontracting

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

15. Proprietary Information

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

16. Participation Encouraged

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

17. Contract

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

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

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

Contracts with private non-profit agencies require a notarized conflict of interest policy statement, as well as a Certification of No Overdue Taxes. See the instructions on Attachments G and H, complete forms, and include in submission if applicable.

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

V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

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

1. This RFA will be released to school based and school linked health centers on March 25, 2009. The RFA shall also be posted after March 25, 2009 on the North Carolina Injury and Violence Prevention Branch's website: <http://www.injuryfreenc.ncdhhs.gov/>.
2. **All prospective applicants are ENCOURAGED to participate in a BIDDER'S CONFERENCE CALL on April 7, 2009, 3pm to 5 pm.** As an addendum to this RFA, a summary of all questions and answers will be mailed and posted to the website, by 04/17/09, to agencies and organizations sent a copy of this Request for Applications.
3. Applicants shall submit an original and two (2) copies of the application including the required attachments. In addition, applicant organizations shall submit an electronic version of the application, line item budget and budget narrative on a rewriteable CD-RW disc, 3.5 inch disk with the "hard" copies. Electronic submission shall not be accepted in lieu of an original. ***Faxed applications will not be accepted.***

4. All applications must be received by the Department of Health and Human Services by the date and time on the cover sheet of this RFA. Faxed or e-mailed applications ***will not*** be accepted in lieu of the original and required number of hard copies. Original signatures are required. Note: If the US Postal Service is used, allow sufficient time for delivery to the Injury and Violence Prevention Branch by **5:00 PM on May 1, 2009.**
5. Applications from each responding agency and organization shall be logged into the system and stamped with the date received on the cover sheet.
6. At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the reviewers are not required to request clarification: therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.
7. Applications shall be evaluated by a committee according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State.
8. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.
9. Application Process Summary Dates:

03/25/2009: Request for applications mailed to eligible applicants & posted on website
04/17/2009: Questions and Answers posted to website
05/01/2009: Applications due to Injury and Violence Prevention Branch by 5:00 pm
06/05/2009: Awards announced
09/30/2009: Contract begins

VI. COMPLETED APPLICATION FORM

Cover Letter

A cover letter on agency letterhead should be signed by the head administrator of the health center submitting the application and the principal of the school the health center intends to partner with. It should include the following:

- A strong commitment to the proposed youth suicide prevention activities
- A statement that the proposed project is not an existing set of activities supported by other funds.

Application Face Sheet

This form serves as the cover page of the application. It provides basic information about the applicant and the proposed project, including the signature of the individual authorized to sign official documents for the health center. Complete the application face sheet with the information requested. The Application Face Sheet should have original signatures.

Abstract

Include a one page maximum abstract that briefly describes your application. The abstract should include the following:

- Characteristics of the population to be served
- Which youth suicide prevention model shall be used
- Number of youth that shall be served
- Services that shall be offered (i.e., what, when, where, how often, how many)
- Any collaborative partners

Section 1: Needs Assessment

Level of Need

This section shall be evaluated according to the appropriateness of the target audience, the relevance of the data presented in relation to the needs of the population to be served, and the thoroughness of the processes used to collect the information. Please note that it is not sufficient to state that the potential participants are at “high risk”. Application must describe what characteristics the potential participants possess and how those characteristics place them at high risk for youth suicide.

Resources for Information and Statistics

Applicants are encouraged to visit the CDC’s suicide prevention website at <http://www.cdc.gov/ViolencePrevention/suicide/prevention.html>, the Suicide Prevention Resource Center at www.sprc.org, and the North Carolina Youth Risk Behavior Survey at <http://www.nchealthyschools.org/data/yrbs>. These organizations can provide the information and statistics that are necessary to develop a strong application, particularly the Needs Assessment.

Risk & Protective Factors That Affect Youth Suicide

In order to reduce the rates of youth suicide in North Carolina, applicants should understand the factors that influence youth suicide and which of these factors can be impacted by youth suicide prevention programming. Applicants should also assess which of the factors are most relevant for the population they intend to serve. A list of risk and protective factors can be found in *Appendix B*.

Section 2: Program Plan

ASIST and SafeTALK trainings

School health center staff shall be required to be trained using the 2-day ASIST training. This training should also be taken by local law enforcement and other community partners. School personnel shall be required to be trained using the ½ SafeTALK. This training is for administrators, teachers and student support staff. **Project funds can be used to pay for substitutes to allow school and health center staff to attend trainings.**

School health centers shall designate members of their staff who will become Gatekeepers. These staff members shall receive the 2 day ASIST training. A minimum of 15 participants are needed to have an ASIST training. If the health center has difficulty filling the training internally, health centers are strongly encouraged to invite school staff and community partners to be trained as Gatekeepers. Since centers operate within and interact with a larger community of organizations that provide youth services (e.g. social services, foster care, juvenile justice, recreational clubs) extending suicide prevention education to community partners are well within the scope of the grant. Only one Gatekeeper training is required, however, a health center may opt to hold more trainings as needed.

The school administrator, superintendent or other designated school authority shall select teachers, administrators and student support staff to receive the ½ day SafeTALK training. A maximum of 30 people are can participate in a ½ day SafeTALK training. The school should include other community partners in this training as well.

Under federal requirements, all individuals receiving Gatekeeper training must provide informed consent. Please refer to *Appendix F* for the informed consent form.

Funded school health centers should begin scheduling their ASIST and SafeTALK trainings immediately after receipt of an executed contract with the state. To schedule the ASIST and SafeTALK trainings, please contact:

Romaine E. Riddle, Director of Community Outreach & Education
Mental Health Association in North Carolina
1331 Sunday Drive
Raleigh, NC 27607
919-866-3272

Communications campaign

All funded schools shall participate in the communications campaign. Communication Campaign materials are of no cost to the school. The communications campaign will increase the awareness of youth suicide, promote help seeking behavior by reducing stigma and direct students where they can go for more information and assistance. Applicants will be expected to distribute campaign materials throughout the target school. These materials will be distributed to schools in year one.

School-based prevention curriculum

Applicants shall be required to implement one school based curriculum to increase identification of youth who may be at high risk for suicide. The two curricula that applicants shall choose between are *Lifelines*, a school based suicide prevention curriculum, or *RESPONSE*, a comprehensive high-school based suicide awareness program.

Applicants should demonstrate a clear understanding of the chosen program model by explaining how it shall be used. Document any experience that the program staff have with the program model or any training that they have received or plan to receive if awarded funding. Applicants are expected to implement a program model in its entirety rather than an abbreviated version of a model or pieces of various models.

Program Timeline

Applicants must include a timeline of events for the first year of the program. A sample program timeline is below. Please make sure that the timeline is specific and realistic for your youth suicide prevention program.

Sample Project Timeline 2009-2010												
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Hire staff support	X											
Select staff/community partners for ASIST training	X											
Select staff/community partners for safeTALK training	X											
Schedule trainings	X											
Conduct trainings		X	X									
Implement Communications Campaign				—————→								
Select classroom/grade to receive suicide prevention curriculum		X	X									
Identify curriculum teacher(s)			X									
Obtain curriculum materials		X										
Teach curriculum				X	X							
Program data collection												

School Reentry plan

Schools that will be working with school health centers should include in the application their reentry plan policies for any youth who has to leave school for a period of time to seek treatment.

Section 3: Data Collection

The information below provides general guidelines about this section of the application.

Both the funded and comparison school-based/school-linked health center sites will participate in evaluation of the overall North Carolina youth suicide prevention program by agreeing to periodic data collection activities. These data collection activities will include a survey of school health center staff and selected personnel in the school associated with each health center who could serve as “gatekeepers” for identifying and referring at-risk youth to the health centers (e.g., principals, teachers, counselors, bus drivers, security personnel). Surveys will be conducted three times: in early fall of 2009, spring of 2010, and spring of 2011. Each of the selected sites shall agree to facilitate the data collection activities by working with the evaluator on identifying survey respondents, distributing surveys, and responding to any requirements for review and approval of the evaluation process.

Section 4: Organizational Capacity

The applicant should describe the organization’s philosophy and mission statement. The applicant should also describe the agency’s current activities, services, and its experience providing these services. Subcontractor organizational capacity should be included in this section if applicable. Provide a brief description of the applicant’s organization/agency history, including any changes in mission and the reasons for these changes. An organizational chart should be included as *Attachment I*.

Management and Staffing Plan

This section should contain a description of how the applicant shall manage the program, including information on the skills and experiences of the program staff. The applicant should provide a complete staffing plan describing each existing or proposed position by title, percentage of time/effort on the project, and a brief job description for the position. If the identity of the individual who shall fill a position is known, his or her name should be listed in the budget and budget justification narrative. In addition, a copy of all program staff resumes should be included in the application. In all cases it should be clearly described whom the staff member shall supervise and/or report to. The applicant is required to include in the Attachments a Board of Directors list (if applicable).

Section 5: Community Support

Memorandum of Agreement/Understanding

If the applicant shall be relying on other agencies to implement any proposed activities or to provide any resources, a Memorandum of Agreement (MOA), also known as a Memorandum of

Understanding (MOU) must be included. Applicants shall identify entities in the community that will potentially provide services to the program (mental health and substance abuse agencies, academic assistance, etc.) and how the proposed program shall interact with these existing entities serving the target population. **All services shall be documented with the Memoranda of Agreement, which details the exact responsibilities of both parties in relation to the proposed program.** A sample Memorandum of Agreement/Understanding is provided in *Appendix A*. Letters of support are not an acceptable substitute for an MOA/U.

Letters of Support

Applications should include evidence of program support from the community such as support from city/town or county leadership, citizens, law enforcement and other community agencies not providing direct services to the program. All letters of commitment/statements of support should be included in Attachment A. **A letter of support must be included from the school system superintendent showing support for this program.**

All agencies that submit MOA/U’s and Letters of Support should be listed in the following grid:

Name of Agency	Type of Agency
ABC Plains, Inc.	Substance Abuse Treatment Center
Acme Health Inc.	Mental Health Agency
Tutor World	Academic Assistance
Others (please list)	

Section 6: Budget

Applicants must complete a budget and budget justification narrative listing all expenses for the proposed project. A sample budget and budget justification narrative are provided in *Appendix C*. Please be aware that this is only a sample budget. Budgets will vary greatly from agency to agency. Please include your completed program budget and narrative under Attachment B. Line items within budgets should include whole numbers only. If necessary, round up or down to reach the nearest whole number. In-kind or matching funds are not required for this program. Budgets for this project will have five main categories, Personnel, Travel, Equipment, Office Supplies and Contract Services.

Personnel

Salary and fringe for program staff should be calculated in the budget section of the application and need to reflect each employee’s name, position title and percent of time on the program, called FTE for Full Time Equivalency . Refer to *Appendix C* for an example.

Travel

Mileage should be based on rates located on the North Carolina Office of State Budget and Management’s (OSBM) web page under the “Memorandums” link. Mileage rates fluctuate with the price of fuel, thus the OSBM will release a memorandum entitled “IRS Mileage Rate

Change” when there is a change in this rate. This memorandum can be found at http://data.osbm.state.nc.us/pls/pbis/dyn_osbmweb_libmemos.show?p_arg_names=context&p_arg_values=res. Effective January 1, 2009, the business standard mileage rate is .55 cents per mile.

For other travel related expenses, please refer to the OSBM’s North Carolina Budget Manual, pages 130 – 140. This manual can be found at the following address: http://www.osbm.state.nc.us/files/pdf_files/2007BudgetManual.pdf.

Operating Expenses

Operating expenses generally include costs for rental space (must include the square footage of the space) and should be comparable to prevailing rents in the surrounding geographic area. Applicants should add in the costs of utilities and telephone services when directly related to grant activities. Program cost for the purchase or rental, lease and maintenance of equipment should be included. Supply costs such as paper, stationary, pens, file storage, etc. should be estimated.

Equipment

Includes major equipment such as computer, copiers, etc. in excess of \$500 per unit. Any equipment purchases less than \$500 should be budgeted under Operating Expenses. Expenses for any equipment to be purchased may not exceed \$5,000.

Contracted Services

These costs generally include services that are outsourced such as bookkeeping and/or accounting services, training, etc.

The program budget should contain detailed, itemized budget information that reflects personnel and other direct costs, and the amount to be spent in each category and line item. The budget must be completed using Microsoft Excel. The justification narrative should contain a written justification for each budget line item and must be completed in Microsoft Word. The justification shall include sufficient detail to clearly reflect how the applicant arrived at the budget figures. The budget and justification narrative should match each other line by line.

Applicants are required to ensure training for their staff in ASIST and school staff in SafeTALK. Trainers are provided by the North Carolina School Health Training Center. The current rate is \$750 per day per trainer. This rate includes travel and lodging for the trainer. ASIST trainings require two trainers for the two-day training, SafeTALK requires one trainer for the ½ day training. Thus, applicants must budget \$3,000 for the 2-day ASIST training and \$750 for the ½ day SafeTALK training. Applicants that are in close proximity to each other may collaborate to hold combined trainings to decrease the training expenses by each applicant. The maximum number of participants for an ASIST training with two trainers is 24. From 25 to 36 participants will require an additional trainer at a cost of \$750, however, this option is still more economical versus two separate trainings.

Note: Funds may not be used for direct treatment/clinical services or for students who are currently institutionalized (i.e. hospitalized, in juvenile justice facilities).

Criteria for Evaluating Applications

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

- **Needs Assessment** — Has the applicant demonstrated that sufficient need exists for these services in their community? Has the applicant discussed risk and protective factors that affect youth suicide?
- **Program Plan** — Has the applicant submitted an appropriate program plan? To what extent is the applicant’s approach and activities appropriate for achieving each stated outcome? Are all program requirements satisfactorily addressed? Are the planned approaches logical and sequential? Are the outcomes stated in measurable terms and include timeframe?
- **Organizational Capacity** – How well does the applicant demonstrate its ability to successfully conduct the project in the stated time as determined by: its management and staffing capability and experience; educational qualifications and experience of proposed staff or requirements for them to be hired for proposed positions; and staff level of effort? Is a chart provided which clearly indicates the structure of the organization? Are lines of authority and accountability among the proposed staff and any proposed contractors clearly delineated and appropriate?
- **Community Support** – Has the applicant submitted a valid process for identifying all of the participants in that region? How has the applicant identified itself to that region? How many (number and percentage) of those organizations have provided Memoranda of Agreement/Understanding? Signed memoranda must be included in the attachments. What arrangements have been made to obtain such documentation from participants who were unable to submit by the RFA due date?
- **Program Budget/Justification Narrative** — Does the budget reflect the proposed activities in the Scope of Work? Are the amounts budgeted reasonable and appropriate?

The Injury and Violence Prevention Branch shall facilitate a comprehensive review process. Each application shall be required to pass an initial screening process for completeness. Applications which do not pass this screening review shall be excluded from further review. The screening procedures shall include a determination of whether all required documents, forms, and formats are included and completed properly. Applications passing this initial screening shall then be reviewed based on the following criteria:

Needs Assessment	25 Points
Program Plan	20 Points

Organizational Capacity
Community Support
Budget/Justification Narrative
Highest possible score

20 Points
20 Points
15 Points
100 Points

VI. APPLICATION CHECKLIST

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

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

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

___ Completed Application Form (20 pages maximum)

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

___ Attachment B: Project Budget-include a budget in the format provided. Indirect Costs are not allowed.

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

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

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

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

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

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

___ Attachment I: School Health Center Organizational Chart.

VII. APPLICATION FACE SHEET

This form provides basic information about the applicant and the proposed project with **Saving Tomorrows Today: Supporting Schools to Address Youth Suicide Prevention**, including the signature of the individual authorized to sign “official documents” for the agency. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA # A-178 are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator:	<ul style="list-style-type: none"> ▪ Telephone Number: ▪ Fax Number: ▪ E-mail Address
<ul style="list-style-type: none"> ▪ Name: ▪ Title: 	
7. Agency Status (check all that apply):	
<input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	
9. Agency’s Financial Reporting Year:	
10. Current Service Delivery Areas (county(ies) and communities):	
11. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
12. Amount of Funding Requested	
13. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #12) Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
14. Signature of Authorized Representative:	15. Date

APPENDICES

APPENDIX A
SAMPLE MEMORANDUM OF AGREEMENT/UNDERSTANDING

(The following is just an example, and should be tailored for the specific relationship)

MEMORANDUM OF AGREEMENT/UNDERSTANDING

DATE:

TO: (Organization Name)

FROM: (Provider Name)

RE: Memorandum of Understanding/Agreement

AGREEMENT PERIOD: (Date From.....Date To)

It is understood and agreed, based on the terms of the award provided by the State of North Carolina, Injury and Violence Prevention Branch, that:

- The (School Based/Linked Health Center) shall:
 - 1.
 - 2.
 - 3.

- The (agency/organization name) shall:
 - 1.
 - 2.
 - 3.

- (Any other particulars which the parties may wish to include).

(School Based/Linked Health Center) Date

(Agency/Organization Representative) Date

Appendix B

Risk and Protective Factors for Youth Suicide

Risk and Protective Factors for Youth Suicide

Suicidal behavior is a complex interplay between genetic, biological, psychological and social factors. Organizations and researchers that study suicide identify factors that can increase an individual's risk for self-injurious behavior as well as factors that can serve to protect the individual.

Risk factors include:

- Previous suicide attempt
- Mental disorders—particularly mood disorders such as depression and bipolar disorder
- Co-occurring mental and alcohol and substance abuse disorders
- Family history of suicide
- Hopelessness
- Impulsive and/or aggressive tendencies
- Barriers to accessing mental health treatment
- Relational, social, work, or financial loss
- Physical illness
- Easy access to lethal methods, especially guns
- Unwillingness to seek help because of stigma attached to mental and substance abuse disorders and/or suicidal thoughts
- Influence of significant people—family members, celebrities, peers who have died by suicide—both through direct personal contact or inappropriate media representations
- Cultural and religious beliefs—for instance, the belief that suicide is a noble resolution of a personal dilemma
- Local epidemics of suicide that have a contagious influence
- Isolation, a feeling of being cut off from other people

Protective factors include:

- Effective and appropriate clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Restricted access to highly lethal methods of suicide
- Family and community support
- Support from ongoing medical and mental health care relationships
- Learned skills in problem solving, conflict resolution, and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation instincts

In addition to these factors, the National Institute of Mental Health has identified the following community risk factors. These factors may help guide your school to identify your community suicide prevention needs.

What is a community risk factor* for suicide?

Community risk factors are characteristics associated with a health risk (suicide). These community risk factors may indicate suicide risk, as well as risk for a variety of other health problems, including depression and substance abuse. Just as each individual or family have their own unique risk factors, each community also has its own unique risk factors that have the potential to harm youth or break down the fabric of the community. This is by no means a comprehensive list, rather it is an attempt to begin thinking about what factors are in your community that present problems for youth and are likely to increase their risk of suicide. Many of the risk factors listed are systemic and require a whole community/county or region to address.

*Although these community risk factors are primarily youth-specific, positively changing the culture of a community benefits all community members, and can therefore be beneficial for adults who may be at risk, too.

Please note that (unlike the individual risk factors) these risk factors do not necessarily statistically increase the risk of suicide, rather they are gathered from more anecdotal beliefs of how negative factors in a community can increase risk.

Community Risk Factors for Suicide

- History of youth suicide
- Other high profile traumatic deaths or incidents

- Public incidents of self injurious behavior
- High levels of unemployment
- High number of families on Medicaid
- Uninsured families/youth
- Single parent homes
- Property tax base inadequate to support town/schools
- Non-diversified job force
- Potential loss of jobs/major employers
- Lack of availability of health care/pediatricians
- Easy access to illicit drugs
- Easy access to alcohol for minors
- Lack of substance abuse prevention programs
- Lack of substance abuse treatment services
- Elevated school drop out rates
- Lack of a comprehensive health education curriculum in schools
- Poor or no public transportation
- High rate of juvenile delinquency
- High rate of domestic violence
- High rate of violent crime
- Primary care providers who fail to screen for mental illness, substance abuse
- Low rate of parental involvement at school (or at home with youth)
- Few or no afternoon or weekend social recreational opportunities for youth
- Sensational media coverage of violence and negative community attributes
- Negative perception/trust of law enforcement agencies
- Lack of available mental health services
- Easy access to lethal weapons
- Lack of culturally/linguistically appropriate services to minorities or others
- Lack of afternoon/weekend youth recreation programs
- Lack of public transportation
- High rate of teen pregnancy
- Presence of youth gangs
- Bullying and harassment in schools/community
- Negative community self image
- Transient population
- Homelessness
- High incidence of child abuse/neglect
- Lack of parental involvement in schools
- Lack of student involvement in community service projects
- Lack of youth focused activities

APPENDIX C
Sample Budget and Budget Justification Narrative

Saving Tomorrows Today: Supporting Schools to Address Youth Suicide Prevention			
September 30th, 2009 - September 29th, 2010			
ACE High School			
Contract amount: \$28,125			
	<u>School Center</u>	<u>In-kind</u>	<u>Total</u>
	<u>Budget</u>	<u>Support</u>	<u>Budget</u>
Personnel	20,454	4,428	24,882
Executive Director Johnson .05 FTE		2,250	2,250
Administrative Assistant Jones .05 FTE		1,350	1,350
Health Educator Smith .5 FTE	19,000		19,000
Fringe Benefits	1,454	828	2,282
Operating Expenses:	3,151	0	3,151
RESPONSE curriculum	525		525
Office Supplies	575		575
Travel	411		411
Postage	350		350
Printing	400		400
Substitute Teachers	850		850
Contracted Services	4,520		4,520
ASIST Training	3600		3600
SafeTALK Training	960		960
TOTAL:	28,125	4,428	32,553

**YOUTH SUICIDE PREVENTION SERVICES PROJECT
SAMPLE BUDGET NARRATIVE JUSTIFICATION
2009-2010**

PERSONNEL **\$20,454**

Salary/Fringe

Richard Johnson, Executive Director \$0
.05 FTE, Annual Salary \$45,000

Mr. Johnson will be responsible for oversight of the youth suicide prevention program. He will supervise staff, provide oversight of expenditures, and ensure compliance with contractual obligations. His salary (\$2,250) and fringe at 23% are **donated in-kind** to the program.

Susan Jones, Administrative Assistant \$0
.05 FTE, Annual Salary \$27,000

Ms. Jones will process and submit monthly expenditure reports, compile and submit data collection forms, and handle all other administrative tasks for the program. Her salary (\$1,350) and fringe at 23% are **donated in-kind** to the program.

Cheryl Smith, Health Educator \$19,000
.50 FTE, Annual Salary \$38,000

Ms. Mills is responsible for all programmatic aspects of the youth suicide prevention program. She will ensure that the intervention curriculum is taught to the students, school health center and school staff are trained in Gatekeeper and SafeTALK, and ensure distribution of media campaign materials, administer data collection tools. As this is a part time position, only FICA is included.

Fringe Benefits

Fringe benefits- Johnson and Jones \$0

Fringe benefits for Johnson and Jones at a rate of 23% in the amount of \$828 are **donated in-kind** to the program.

The breakdown of the 23% fringe is as follows:

- FICA 7.65%
- Insurance 11%
- 403B Matching 4.35%

Fringe benefits –Smith \$1,454

As Cheryl Smith is a part time employee, only FICA is covered under this program. FICA is calculated at 7.65%

OPERATING EXPENSES

\$3,111

RESPONSE Curriculum \$525
Purchase of the *Lifelines* youth suicide prevention curriculum. Costs include \$500 to purchase the curriculum and \$25 for shipping and handling.

Office supplies \$575
The cost of office supplies to be used for this project is calculated at an average of \$47.92 per month for 12 months. The supplies to be purchased include, but are not limited to pens, notebooks, tab dividers, nametags, certificates, pocket folders, flip charts, color paper, flipchart markers, tape and copy paper. The total cost of supplies needed for the year was calculated at \$575 and then divided by 12.

Travel \$411
Travel costs include mileage for local travel to network and garner support from community partners over the course of the program. Travel is estimated at 747.27 miles @ .55/mile.

Postage \$350
This line item represents the cost of postage including stamps and specialty carrier costs (UPS, FedEx). It is estimated that this will cost \$29.17 a month.

Printing \$400
This line item will cover the cost of printing educational materials for trainings and general office copying. It is estimated that printing will cost approximately \$33.33 per month for the 12 month contract period.

Substitute Teachers \$850
Fees to hire substitutes for teachers participating the 1/2 SafeTALK training. Substitute teacher fees are \$85.00 per day, 1/2 day is \$42.50. Twenty teachers will participate in the 1/2 day SafeTALK training at a cost of \$850.

CONTRACTED SERVICES

\$4,560

ASIST \$3,600
Mandatory training of 15 individuals to include representation from local law enforcement, domestic violence coalitions, juvenile justice and parents \$3,000 plus the cost of 15 manuals @ \$40 per manual (\$600).

SafeTALK \$960
Mandatory training of 30 individuals to include teachers, school administration and school support staff. Cost is \$750 for the training plus 30 training booklets @ \$7 each (\$210).

Total: \$28,125.00



APPENDIX D
Best Practices Registry Section III: Adherence to Standards*



Response:
A Comprehensive High-school Based Suicide Awareness Program

Setting
Schools

Type of Program
Education & Training

NSSP Goals Addressed
3.2, 6.5, 8.5

Program Description

RESPONSE is a comprehensive high school-based program that increases awareness about suicide among high school staff, students and parents. All program components are designed to heighten sensitivity to depression and suicidal ideation, increase identification, and facilitate referral. The program also provides procedures to refer a student who may be at-risk for suicide. Components include (1) a two-hour awareness training for staff, (2) a four-hour student curriculum (spread across four class periods), and parent awareness materials. An implementation assistance manual is also included for administrators. Before implementing the awareness components, participating schools must identify key staff to serve on a suicide prevention team. Key school-based staff should include the principal or vice-principal, a school-based *RESPONSE* coordinator, two "suicide contacts" responsible for handling referrals, and a counselor. Each component of *RESPONSE* integrates extensive "in the field" experience and key evaluation findings from other school-based programs. Videos for the awareness components were developed in collaboration with an award-winning film company.

Program Objectives

After implementation, participants should have:

1. Increased knowledge of signs of depression and suicide.
2. Increased understanding of attitudes and behaviors that can hinder help seeking.
3. Increased understanding of steps to seek help for self and others.
4. Increased knowledge of "crisis contacts" at the school for immediate help.

Implementation Essentials

- Review of school or district readiness for *RESPONSE* (through implementation checklist).
- In-service training for staff and faculty prior to classroom instruction.
- Advanced training for selected staff to act as "crisis contacts" prior to classroom instruction (ASIST training is recommended; see their factsheet on the registry for more information).

Contact Information

Jill Hollingsworth, M.A.
 Prevention Specialist
 ColumbiaCare Services Inc.
 1175 E. Main Street, Suite 1B
 Medford, OR 97504
 Voice: 541-337-9001
 Email: jhollingsworth@columbiacare.org
 Website: <http://www.columbiacare.org>

Costs

School Kit	\$375.
Includes implementation, coordinator, and teacher manuals with associated PowerPoint presentations and DVD's	
Additional Teacher Manual	\$125.
Includes PowerPoint presentation and Never Enough DVD	
Optional Parent Workshop	\$150.
Includes PowerPoint presentation and Parent Component DVD	
Optional Overview Presentation (plus expenses)	\$350.

*The content of practices listed in Section III (Adherence to Standards) of the SPRC/AFSP Best Practices Registry address specific goals of the *National Strategy for Suicide Prevention* and have been reviewed by a panel of three suicide prevention experts and found to meet standards of accuracy, safety, and programmatic guidelines. Practices were not reviewed for evidence of effectiveness. Additional information about the Best Practices Registry can be found at www.sprc.org.

The Best Practices Registry is supported by a grant (1 U79 SM57392-02) from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (DHHS). No official endorsement by SAMHSA or DHHS for the information in this document is intended or should be inferred.

First posted: 6/26/07

Last modified: 7/15/08

APPENDIX E

Registry of Evidence-Based Suicide Prevention Programs



Lifelines

Program Description

Lifelines is a school-based suicide prevention curriculum comprised of four 45-minute lessons. Lesson content includes:

1. Information and attitudes about suicide, help seeking, and school resources;
2. A discussion of warning signs of suicide and role-playing exercises for students who may encounter a suicidal peer, (including an emphasis on seeking adult help); and,
3. Two videos: one that depicts appropriate and inappropriate responses to a suicidal peer, and one that documents an actual response of 3 eighth-grade boys to a suicidal peer after they had participated in Lifelines.

The program also includes school-based model policies and procedures for responding to at-risk youth, suicide attempts, and completions; presentations for educators and parents; and a one-day workshop to train teachers to provide the curriculum.

Evaluation Design and Outcomes

Lifelines curriculum was evaluated utilizing a Solomon four-group design (Kalafat & Elias, 1994). This design was particularly strong because it allowed for the examination of pretest as well as program effects. The Lifelines curriculum was given to the experimental group during a required health class (the control group attended a PE class; they received Lifelines instruction the following semester). A total of 253 10th-grade students from two suburban schools participated in the study. Students were not randomly assigned to the health and PE classes; however, an examination of pretest scores indicated no statistically significant differences in the two groups.

Four outcomes were studied: knowledge about suicide, attitudes toward suicide, responses toward suicidal peers, and satisfaction with the suicide class. Lifelines students demonstrated significantly greater knowledge about suicide when compared with control group students. Lifelines students also demonstrated increased positive attitudes towards suicide prevention, especially attitudes related to help-seeking behavior. To assess student response to suicidal peers, students were asked to evaluate how they would respond to a possibly suicidal peer and to a clearly suicidal peer. In both cases, Lifelines students responded more appropriately than control group students. No pretesting effects were found for any of these outcomes: the fact that the students completed a pretest did not impact their scores on the posttest. Students also rated the Lifelines curriculum more favorably than their regular health class curriculum.

SPRC Classification

Promising

Program Characteristics
Intervention Type School-Based
Target Age 12-17
Gender Female & Male
Ethnicity Multiple
IOM Category Universal Selective Indicated

This program is supported by a grant (1 U79 SM55029-01) from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (DHHS). No official endorsement by SAMHSA or DHHS for the information in this document is intended or should be inferred.

Final Version 03/17/2005

Generalizability

The Lifelines curriculum was studied in two suburban, middle-class schools in the Northeast. Fifty-seven percent of participants were male; the authors found no gender-based differences although they suggest further research is needed in this area. A breakdown of participant ethnicity was not included in the evaluation.

Implementation Essentials

To ensure that the school environment is prepared for increased help-seeking by students, appropriate suicide prevention education must be provided to school personnel.

Targeted Protective and Risk Factors

Lifelines impacts the following risk and protective factors that have been targeted by the *National Strategy for Suicide Prevention* for the reduction of suicide in the United States.

Increased Protective Factors

Easy access to a variety of clinical interventions and support for help-seeking
Strong connections to family and community support

Decreased Risk Factors

Stigma associated with help-seeking behavior

Program Costs

Implementation costs will vary depending upon the number of teachers and staff-members trained. The Lifelines curriculum manual, which is available directly from the developer, costs \$40.

Program Contact Information*Program Developer*

The Lifelines program is currently being updated and is therefore not available. If you have any questions regarding the availability of the Lifelines program, contact Phil Rodgers at prodgers@afsp.org.

References

Kalafat, J., and Elias, M. (1994). An evaluation of a school-based suicide awareness intervention. *Suicide and Life-Threatening Behavior*, 24(3), 224-233.

APPENDIX F

CONSENT TO PARTICIPATE IN GATEKEEPER TRAINING

INSTRUCTIONS TO TRAINER: Please check the box of the LivingWorks training program that your participants will be receiving. Then present this consent form to them to read and sign.

Activity Description:

Gatekeeper training is designed to increase an individual's ability to recognize signs and symptoms of suicidal behavior and interact with that person until professional assistance arrives.

You will be receiving the LivingWorks program

- Train the Trainer-5 day training
 Applied Suicide Intervention Skills Training- 2 day training
 safeTALK- ½ day training

LivingWorks trainers will be administering the program.

Risks

Research has shown that talking about suicide does not cause people to do self-harm. However, in the event that you became upset during the discussion, the LivingWorks trainers will be available to provide on-site support.

The trainer will instruct you how to indicate that you are having difficulty and need to leave the training.

Should on-site support not be sufficient to address your feelings, the trainer will connect you to a counselor.

Confidentiality

You will be asked to complete a pre and post test and survey. You may also be randomly selected to complete a survey a year after the training.

Your responses to these instruments will be evaluated for improved knowledge, attitude change and other opinions. Your name will not be submitted with your responses when the forms are given to the independent evaluator.

It can not be guaranteed that another participant won't repeat something that you have said during the training to a source outside of the group. Confidentiality, such as is found in counseling or medical services, is not applicable in this setting.

Questions

If you have any questions about this training, you can contact _____ at _____

I GIVE MY CONSENT TO PARTICIPATE IN THIS TRAINING

Signature

Date

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

Attachment B: Project Budget

Attachment C:

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

or

Document Verifying Legal Name (Public Agencies)

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

VERIFICATION OF 501 (C) (3) STATUS

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

Name of Agency

Chairman, Executive Director, or other Authorized Official

Sworn to and subscribed before me,

This is the _____ day of _____, 2008.

Notary Public

My Commission expires: _____

IRS Verification (1/99)
Contracts

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

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

ATTACHMENT D

(Print on Agency Letterhead)

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

I, _____, Board President/Chairperson of
_____ [Enter Agency/Organization Name] hereby identify
the following individual(s) who is (are) authorized to sign Contracts for the organization/agency named
above:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Signature *Title Date

****Note: Indicate in signature title line if you are the Board President or Board Chairperson***

Attachment E: Federal Certifications

(for reference only – not for signature)

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CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Department of Health and Human Services
Division of Public Health

Certification for Contracts, Grants, Loans and Cooperative Agreements

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children’s services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.

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

Signature

Title

Agency/Organization

Date

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

Certification for Contracts, Grants, Loans and Cooperative Agreements

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

- (1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any Federal, state or local government agency, a Member of Congress, a Member of the General Assembly, an officer or employee of Congress, an officer or employee of the General Assembly, an employee of a Member of Congress, or an employee of a Member of the General Assembly in connection with the awarding of any Federal or state contract, the making of any Federal or state grant, the making of any Federal or state loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal or state contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Federal, state or local government agency, a Member of Congress, a Member of the General Assembly, an officer or employee of Congress, an officer or employee of the General Assembly, an employee of a Member of Congress, or an employee of a Member of the General Assembly in connection with the awarding of any Federal or state contract, the making of any Federal or state grant, the making of any Federal or state loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal or state contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
- (4) This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

Paragraph A.

- (1) Attempts to influence the outcomes of any Federal, State, or local election, referendum, initiative, or similar procedure, through in kind or cash contributions, endorsements, publicity, or similar activity;
- (2) Establishing, administering, contributing to, or paying the expenses of a political party, campaign, political action committee, or other organization established for the purpose of influencing the outcomes of elections;
- (3) Any attempt to influence: (i) The introduction of Federal or State legislation; or (ii) the enactment or modification of any pending Federal or State legislation through communication with any member or employee of the Congress or State legislature (including efforts to influence State or local officials to engage in similar lobbying activity), or with any Government official or employee in connection with a decision to sign or veto enrolled legislation;
- (4) Any attempt to influence: (i) The introduction of Federal or State legislation; or (ii) the enactment or modification of any pending Federal or State legislation by preparing, distributing or using publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign; or

- (5) Legislative liaison activities, including attendance at legislative sessions or committee hearings, gathering information regarding legislation, and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in unallowable lobbying.

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

Paragraph B.

- (1) Providing a technical and factual presentation of information on a topic directly related to the performance of a grant, contract or other agreement through hearing testimony, statements or letters to the Congress or a State legislature, or subdivision, member, or cognizant staff member thereof, in response to a documented request (including a Congressional Record notice requesting testimony or statements for the record at a regularly scheduled hearing) made by the recipient member, legislative body or subdivision, or a cognizant staff member thereof; provided such information is readily obtainable and can be readily put in deliverable form; and further provided that costs under this section for travel, lodging or meals are unallowable unless incurred to offer testimony at a regularly scheduled Congressional hearing pursuant to a written request for such presentation made by the Chairman or Ranking Minority Member of the Committee or Subcommittee conducting such hearing.
- (2) Any lobbying made unallowable by subparagraph A (3) to influence State legislation in order to directly reduce the cost, or to avoid material impairment of the organization's authority to perform the grant, contract, or other agreement.
- (3) Any activity specifically authorized by statute to be undertaken with funds from the grant, contract, or other agreement.

Paragraph C.

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

Paragraph D.

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

Signature

Title

Agency/Organization

Date

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

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

Instructions for Certification

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

9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

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

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Signature

Title

Agency/Organization

Date

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

Department of Health and Human Services
Division of Public Health

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

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

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

1. _____
(Street address)

(City, county, state, zip code)

2. _____
(Street address)

(City, county, state, zip code)

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

False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment, 45 C.F.R. 82.510.

Signature

Title

Agency/Organization

Date

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

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

ATTACHMENT F

(Print on Agency Letterhead)

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

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

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Signature *Title Date

***Note: Indicate in signature title line if you are the Board President or Board Chairperson**

Attachment G: Notarized Conflict of Interest Policy

(Private Non-Profits Only)

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

Attachment G

*(Use this for all contracts that require a conflict of interest policy. Page one is to be completed by the Contractor **and** a copy of the Contractor's conflict of interest policy must be submitted. The Contractor can adopt page 2 as their conflict of interest policy or attach their current adopted policy. **Note:** Verification is needed on a yearly basis. For contracts extending more than one state fiscal year, the contract file must include documentation that the Conflict of Interest Policy has not changed from the previous year. If the policy has changed, a new conflict of interest policy must be submitted. Remember to delete all instructions in blue italic.)*

NOTARIZED CONFLICT OF INTEREST POLICY

State of North Carolina

County of _____

I, _____, Notary Public for said County and State, certify that

_____ personally appeared before me this day and acknowledged

that he/she is _____ of _____ [enter name of entity]

and by that authority duly given and as the act of the Organization, affirmed that the foregoing Conflict of Interest Policy

was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the _____ day of _____, _____.

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

(Official Seal)

Notary Public

My Commission expires _____, 20 ____

Instruction for Organization:

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

Name of Organization

Signature of Organization Official

DHHS
August 2007

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.

DHHS
August 2007

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

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

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

Approved by:

Name of Organization

Signature of Organization Official

Date

DHHS August 2007

Attachment H: Certification of No Overdue Taxes

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

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

Attachment H

State Grant Certification – No Overdue Tax Debts

Instructions: Grantee 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 the State Auditor. If you have questions, contact: Angela Gunn, Office of the State Auditor, 919-807-7556.

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)]

To: State Agency Head and Chief Fiscal Officer

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-10-1.

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.

(Notary Signature and Seal)

My Commission Expires: _____

If there are any questions, please contact the North Carolina Office of the State Auditor:
Angela Gunn @ (919) 807-7556 or
Harriet Abraham @ (919) 807-7673.

Note: 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.”

NGO Form 0008
Eff. July 1, 2005
DHHS - Revised March 23, 2007

Attachment I: Organizational Chart