# Title Page

**GRANVILLE COUNTY OPIOID SETTLMENT FUNDS:**

**REQUEST FOR PROPOSALS**

**Proposal Submission Deadline: May 1, 2024, at 5:00 p.m. EST**

Granville County will receive proposals as described in this Request for Proposal (RFP) document. The County reserves the right to reject any or all proposals. All changes to the terms, conditions or specifications stated in this RFP will be documented in a written addendum posted to the County’s website (www.granvillecounty.org).

Questions regarding the RFP may be emailed to Granville County Public Information Officer, Terry Hobgood, at terry.hobgood@granvillecounty.org.



# 1.0 Introduction and Purpose[[1]](#footnote-2)

## 1.1 Opioid Abuse in Granville County

Several structural and systemic barriers exist to accessing substance use disorder (SUD) / opioid use disorder (OUD) prevention, treatment, and recovery services. This is especially true in rural communities such as Granville County. Among the factors that often contribute to the high burden of SUD/OUD in rural communities are high rates of poverty and unemployment, increased availability of prescription opioids, and barriers to treatment and recovery services (e.g., systemic barriers such as policies, practices, etc. and structural barriers such as lack of insurance, healthcare staffing, transportation, etc.).

 As of 2021, Granville County has slightly higher rates of unintentional Opioid Overdose Related Deaths and ED visits compared to the rest of the state (Figure 1 and Figure 2).

*Note: All data come from* [*https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/Overdose.htm*](https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/Overdose.htm)*. 2021 data are provisional and subject to change. 2021 population data are not yet available, 2020 was used as a proxy for 2021 rate calculations.*

Additionally, surveys conducted through Granville Vance Public Health’s (GVPH) most recent (2021) Community Health Assessment[[2]](#footnote-3) suggested that roughly one third (36%) of Granville County residents have had a friend or family member that has been affected using prescription painkillers, opioids, or heroin. The task of addressing the opioid crisis in this region becomes even more challenging when one considers the need to simultaneously address several other major health needs and disparities with minimal resources to do so.

The need for additional services and support to address substance use has been routinely identified by members of our community. In the 2015, 2018, and 2021 Community Health Assessments conducted by GVPH, mental health and substance use were identified as top health challenges facing Granville and Vance Counties. According to the 2021 Community Health Opinion Survey, substance use disorder ranked as the #2 top health and safety issue, selected by 39% of respondents in Granville County; substance use treatment centers were indicated as a top health service need by 39% of Granville respondents.

For more information on the available opioid use disorder resources in the county, please visit <https://www.gvph.org/health-programs/opioid-use-disorder-resources/>.

## 1.2 Background on Opioid Settlement

In July 2021, an historic $26 billion agreement was passed by the courts that will help bring desperately needed resources to communities harmed by the opioid epidemic. The agreement resolves litigation over the role of four companies in creating and fueling the opioid epidemic. To maximize funds flowing to North Carolina communities on the front lines of the opioid epidemic, the Memorandum of Agreement (MOA) allocates 15 percent of settlement funds to the State and sends the remaining 85% to NC’s 100 counties and 17 municipalities.[[3]](#footnote-4)

As a result of the opioid settlement, Granville County government will receive at least $6,896,563 over an 18-year period (**Figure 1**).



**Figure 1: Granville County Opioid Settlement Funds**

*Source:* [*https://ncopioidsettlement.org/data-dashboards/payment-schedule/*](https://ncopioidsettlement.org/data-dashboards/payment-schedule/)

## 1.3 Opioid Settlement Evidence Based Strategies

Before spending settlement funds, every local county or municipality must first select which opioid mitigation strategies they would like to fund. A MOA between the State and local government directs how opioid settlement funds are distributed and used throughout our state.[[4]](#footnote-5),[[5]](#footnote-6) To ensure that funds are used effectively across the entire state, the MOA documents several evidence-based strategies that settlement funds may be limited to, including twelve specific strategies (see below).[[6]](#footnote-7)

After surveying community members, assessing the current landscape of opioid-related prevention, treatment, and recovery services, and consulting with public health experts, the Granville Opioid Advisory Committee has determined the following three strategies to deserve priority in the review of proposals: ***Evidence-based addiction treatment***, ***Recovery Support Services***, and ***Post-overdose response team***.

Prioritized strategies:

* **Evidence-based addiction treatment:** Fund local programs that offer Medication-Assisted Treatment (MAT) and other evidence-based addiction treatment to people with opioid use disorder.
* **Recovery support services:** Recovery support programs provide a range of support services to people who are in recovery from drugs, such as peer support and assistance in accessing health care.
* **Post-overdose response team:** Post-overdose response teams follow-up with a person who has recently overdosed. They provide support, education, and connections to healthcare and treatment.

Additional strategies for consideration:

* **Collaborative strategic planning:** Undertake a structured process that engages diverse stakeholders to identify the best strategies for local governments to fund to address opioid misuse, overdose, or related issues.
* **Recovery housing support:** Fund programs offering recovery housing support to people in treatment or recovery, or people who use drugs, including people receiving Medication-Assisted Treatment.
* **Employment-related services:** Fund programs offering employment support services to people in treatment or recovery, or people who use drugs, such as job training or assistance with transportation needs.
* **Early intervention:** Fund programs that help identify young people who may be struggling with drug use and provide them with the help they need.
* **Employment-related services:** Fund programs offering employment support services to people in treatment or recovery, or people who use drugs, such as job training or assistance with transportation needs.

**Naloxone distribution:** Support programs or organizations that distribute the overdose-reversal drug naloxone (also known by its trade name, Narcan) consistent with North Carolina law**.**

* **Syringe Service Program:** Syringe services programs are an evidence-based strategy to reduce overdose deaths. They also reduce transmission of bloodborne pathogens and connect people who use drugs to treatment and care.
* **Criminal justice diversion programs:** Justice diversion programs provide an alternative to incarceration for people with mental health and substance use conditions who come in contact with law enforcement and the justice systems, and connect them to treatment, recovery support, or other services and supports.
* **Addiction treatment for incarcerated persons:** Increasing the availability of medication-assisted treatment to people in jail or prison so that they have access to evidence-based treatment for drug use.
* **Reentry programs:** Reentry programs connect people to social and health services as they are being released from incarceration and support them as they re-enter society.

## 1.4 Granville Opioid Advisory Committee

The Opioid Advisory Committee (OAC) was established in 2018 by the Granville County Board of Commissioners to engage in shared leadership and collective action to advance a comprehensive response to opioid and other drug use. The committee includes representatives and stakeholders from within Granville County government as well as the Granville Vance Public Health Department, Granville Health System, Vaya Health, law enforcement, local pharmacy owners, behavioral health professionals, affected families, and other concerned citizens. Since 2018, the committee has regularly engaged in collaborative strategic planning to discuss how to best use the opioid settlement funds.

## 1.5 Purpose of RFP

The purpose of this Request for Proposals (RFP) is to identify strategies in Granville County that can make best use of our allocated opioid settlement funds to curb the epidemic in our community. Following best principles for the use of funds from opioid litigation, we wish to spend money to save lives, use evidence to guide spending, and identify strategies through a transparent, inclusive decision-making process.

Proposals will likely address more than one of the MOA’s 12 evidence-based strategies. It is important to note that proposals focusing on the three priority strategies will be prioritized for funding.

**Total funds available:** A total of $1,000,000 is available in 2024 for vendors to implement their proposed strategy(s).Only proposals with one-year implementation plans will be awarded**.** The Granville OAC will consider no-cost extensions for programs that demonstrate success during their first year of implementation. We require a cost-conscious, clearly appropriated budget using population-level data to support planned expenditures. The Granville OAC has the liberty to fund proposals on a partial basis.

As demonstrated in Figure 1, a larger amount of settlement funds are available to support proposals during the first few years of the opioid settlement distribution plan, with the amount available in every future year being smaller than the prior year. While it is the hope of the Granville OAC to use future settlement funds to support programs that have demonstrated success, a limited amount of funding will be available to do so. Because of this, priority will be given to proposals that can demonstrate sustainability plans which do not strictly depend on future settlement funds (see Section 3.4 for more information).

**Number of proposals awarded**: The Granville OAC’s goal is to fund as many projects as possible to maximize the impact of these funds throughout the community. The Granville OAC will fund *at a minimum* three proposals, with at least one proposal per priority strategy. It is the intent of the county commissioners to distribute this amount across several different proposed initiatives. Thus, we expect that many proposals will request less than $1,000,000.

**Overview of Award timeline:**

* RFP Solicitation Release Date: March 1, 2024
* RFP Informational Webinar: March 15, 2024
* Application Deadline: May 1, 2024
* Expected Award notification date: August 1, 2024.
* Expected Performance Start Date: September 1, 2024.
* Period of Performance Duration (Months): 12

# 2.0 Proposal Instructions & Requirements

## 2.1 Request for Proposal Document

The RFP consists of the base RFP document, any attachments, and any addenda released before the contract award. All attachments and addenda released for this RFP in advance of any contract award are incorporated herein by reference. By submitting a proposal, the vendor agrees to meet all stated requirements in this section and any other specifications, requirements, terms, and conditions stated in this RFP. If a vendor is unclear about a requirement or specification or believes a change to a requirement would allow for the County to receive a better proposal, the vendor is encouraged to submit these items in the form of a question during the question-and-answer period in accordance with Section 2.3. Vendors shall populate all attachments of this RFP that require the vendor to provide information and include an authorized signature where requested. Failure to include required documents and/or signatures, where requested, will result in rejection of submitted proposals.

**2.2 Eligibility**

Proposals will be accepted from nonprofit organizations, governmental agencies, hospital systems, and private behavioral health and mental health providers, Federal Qualified Health Centers, kindergarten through post graduate educational institutions, and other community-based organizations. Proof of nonprofit status is required for entities applying as a non-profit. Applicants must clearly demonstrate experience working with individuals with opioid use disorder and a commitment to evidence-based strategies addressing opioid use disorder. Collaborative proposals are strongly encouraged. Applicants may be individual organizations or a partnership/collaboration of multiple organizations, one of which must serve as the fiscal agent or the organization that will take overall responsibility of the fiscal and grant-related requirements.

**2.3 Project Requirements**

Funded projects must:

* Meet a public purpose and fall within County authority to fund per NC General Statutes, to be affirmed and reviewed by the Granville County Attorney prior to execution of a contract or funding agreement.
* Identify and directly address a need related to reducing opioid overdoses and related deaths through treatment, recovery, harm reduction, and other lifesaving programs.
* Directly address the most pressing community needs for the most impacted populations.
* Utilize evidence-based practices.
* Have demonstrated experience and success of providing related services.
* Leverage and align with other funding sources.
* Make best use of this infusion of resources.
* Provide performance reporting regarding use of funds and project impact on a quarterly basis.
* Include an approved budget utilizing the County’s Budget Template and track and report expenditures utilizing the same form.
* Comply with all provisions of the funding [North Carolina MOA](https://ncdoj.gov/wp-content/uploads/2022/03/NCACC-web-version-Final-Opioid-MOA-.pdf), including expenditure tracking and federal subrecipient monitoring include costs incurred no earlier than the beginning of the contract period
* Serve the residents of Granville County
* Proposed projects must last at least one-year with priority given to long-term sustainability with the option of project extension.
* A representative of funded agencies must participate in ongoing strategic planning efforts and systems building towards sustainability as deemed appropriate by the County.
* Participate in all coordinated meetings with other funded agencies.

## 2.4 Proposal Submission

Proposals, subject to the conditions made a part hereof and the receipt requirements described below, shall be received at the address indicated below. Applicants should use the application template included as Attachment A.

**Method 1: Mail-in Proposal via US Postal Service:**

PROPOSAL TITLE:

Opioid Settlement Proposal - *[Agency Name]*

Granville County Opioid Advisory Committee

ATTN: Terry Hobgood

104 Belle Street
PO Box 906
Oxford, NC 27565

**Method 2: Email Proposal**

PROPOSAL TITLE:

SUBJECT: Granville County Opioid Settlement Proposal - *[Agency Name]*

**terry.hobgood@granvillecounty.org**

**IMPORTANT NOTE:** All proposals shall be delivered by one of the two methods listed above by **5:00 PM on Wednesday, May 1, 2024,** regardless of the method of delivery. All risk of late arrival due to unanticipated delay—whether delivered by email, hand, U.S. Postal Service, courier, or other delivery service is entirely on the vendor. The vendor is solely responsible for having the proposal to the contact specified above by the specified time and date. **Any proposal received after the proposal submission deadline will be rejected.** All proposal addendums and/or corrections will be emailed to vendors who submit a notice of intent to bid to email terry.hobgood@granvillecounty.org

## 2.5 Proposal Questions

Written questions shall be emailed to terry.hobgood@granvillecounty.org **by April 5, 2024, at 5:00 p.m. A list of questions submitted, and responses will be posted on the Granville County website by April 12, 2024, at 5:00 p.m.** Vendors should enter **“RFP Opioid Settlement*:* Questions”** as the subject for the email. Questions will not beanswered by phone. Question submittals should include a reference to the applicable RFP section.

Questions received prior to the submission deadline date, the County’s response, and any additional terms deemed necessary by the County shall become an Addendum to this RFP. **Vendors who submit an intent to bid will receive** **addendums by email**. Vendors shall rely *only* on written material contained in an Addendum to this RFP. **Vendors** **should not contact any other County employees regarding this RFP, besides those listed above, during the** **bid process. Vendors who contact any other County employees regarding this RFP may be disqualified.**

Any questions considered minute in nature or that point to an error in the RFP or that the County determines will produce information required for all vendors to submit a responsible proposal, may be answered at the County’s discretion after the specified date and time. Such questions that are received after the deadline are not guaranteed to be answered and if the questions qualify as “minute in nature” shall be determined at the sole discretion of the County.

## 2.6 Informational Webinar

County and public health officials will hold an open webinar for interested individuals or venders to ask questions related to the RFP.

**Date:** March 15, 2024

**Time:** 2:00 p.m.

**Webinar Link:** [**https://teams.microsoft.com/l/meetup-join/19%3ameeting\_N2EzNGEzNTItOWNiYS00ZWE2LTkxN2UtOGI2MTJiYTEzMWVj%40thread.v2/0?context=%7b%22Tid%22%3a%221211fa89-51db-47f8-a37b-c31f18f85f75%22%2c%22Oid%22%3a%22f01c0671-a6e8-4dc3-8af5-e6f0709741d5%22%7d**](https://teams.microsoft.com/l/meetup-join/19%3Ameeting_N2EzNGEzNTItOWNiYS00ZWE2LTkxN2UtOGI2MTJiYTEzMWVj%40thread.v2/0?context=%7b%22Tid%22%3a%221211fa89-51db-47f8-a37b-c31f18f85f75%22%2c%22Oid%22%3a%22f01c0671-a6e8-4dc3-8af5-e6f0709741d5%22%7d)

## 2.7 RFP Terms & Conditions

It shall be the vendor’s responsibility to read the instructions, the County’s terms and conditions, all relevant exhibits and attachments, and any other components made a part of this RFP and comply with all requirements and specifications herein. Vendors are also responsible for obtaining and complying with all Addenda and other changes that may be issued in connection with this RFP. Questions, issues, or exceptions regarding any term, condition, or other component within this RFP must be submitted as questions in accordance with the instructions in Section 2.3 Proposal Questions. A vendor’s proposal shall constitute a firm offer. If a vendor desires modification of the terms and conditions of this solicitation, it is urged and cautioned to inquire during the question period, in accordance with the instructions in this RFP, about whether specific language proposed as a modification is acceptable to or will be considered by the County. It is the County’s sole discretion to accept or reject requested modifications and/or exceptions.

# 3.0 Notices to Vendor

## 3.1 Prohibited Communications and Confidentiality

**PROHIBITED COMMUNICATION:** Each vendor submitting a proposal, including its representatives, subcontractors, and suppliers, is prohibited from having any communication with any employees or members of the Board of Commissioners of Granville County regarding this RFP except those employees designated in this RFP. A vendor not in compliance with this provision may be disqualified from the contract award.

**CONFIDENTIAL INFORMATION:** The proposal must not contain any information marked as “confidential” or as a “trade secret” or in any other manner as to indicate that it is information protected by the Trade Secrets Protection Act ( the “Act”) as set out in Article 24 of Chapter 66 of the North Carolina General Statutes, unless the vendor has noticed the County Finance Department of its intent to designate any information in the proposal as such and received permission from the County Finance Department to do so in writing. Vendor’s notice to the County Finance Department must be in writing and must describe the information for which confidentiality is requested and explain how the information is a “trade secret” as defined in G.S. § 66-152(3). If the County Finance Department determines the information for which confidentiality is requested is a “trade secret” covered by the Act, it will notify the vendor how to mark the information in the proposal and will identify the measures that County will take to protect the confidentiality of the information. Vendor’s submission of a proposal after receipt of this notice from the County Finance Departments shall be deemed to be acceptance of the County Finance Department’s statement of how it will maintain confidentiality. If the County Finance Department determines the information for which confidentiality is requested is not a “trade secret” covered by the Act, it will notify the vendor of that determination. Any proposal marked with any information as “confidential” or as a “trade secret” or in any other manner as to indicate that it is information protected by the Act in violation of this section shall be regarded as not responsive to the request for proposals and shall not be considered.

## 3.2 Proposal Compliance

It is in the best interest of vendors to submit proposals that are clear, concise, and easily understood. Proposals should provide information essential for a straightforward and concise description of vendor capabilities to satisfy the requirements of the RFP specifications. Vendor may include any optional data not provided elsewhere and considered to be pertinent to this bid as an addendum. Vendors are urged and cautioned to read the RFP completely through, as noncompliance with requirements may result in bid rejection. **Section 4.0 requirements and requests for information must be in the same order with the same titles as listed in Section 4.0. Vendor proposals should be easy to follow, and all sections should be easily identified.** The specifications included in this package describe the services that the County feels are necessary to meet the performance requirements of this RFP and shall be considered the minimum standards expected of the Proposer. However, the specifications are not intended to exclude potential bidders. If the vendor is unable to meet any of the specifications as outlined therein, vendors are advised to submit questions and concerns regarding the specifications during the question-and-answer period described in Section 2.3. If the vendor does not indicate or submit questions or concerns regarding the specifications, the County shall assume it is able to fully comply with these specifications. The County shall be the sole and final judge of compliance with all specifications. The County further reserves the right to determine the acceptability or unacceptability of all alternatives or deviations.

## 3.3 Proposal Evaluation Process

The County shall review all responses to this RFP to confirm that they meet the specifications and requirements of the RFP. The County shall not be required to hold interviews; however, depending on the number of responses and the information contained in the responses, the County may decide to conduct interviews with firms of its choice.

The County reserves the right to request clarification of information submitted. Vendors may be required to provide a demonstration upon request.

The County reserves the right to reject all offers.

## 3.4 Proposal Narrative and Evaluation Criteria

All qualified proposals will be evaluated by a selection committee. Qualifying application proposals will be collectively scored by the proposal review team. All qualified applications will be evaluated, and awards made based on the following criteria considered, to result in awards most advantageous to the County. Applications will be scored on the content, quality, and completeness of the responses to the items in the scope of work and to how well each response addresses the following core factors. Each application can earn a total of 100 points.

**RECALL: Proposals will likely address more than one of the MOA’s 12 evidence-based strategies. It is important to note that proposals focusing on the three strategies identified by the Opioid Advisory Committee (Evidence Based Addiction Treatment, Recovery Support Services, and Post Overdose Response Team) will be prioritized for funding. However, proposals may address any of the additional strategies identified in section 1.3.**

Proposal narratives must include the following eight evaluation criteria sections. Each of the eight sections must be clearly identified throughout the narrative. Proposal Narratives must be limited to 10 pages. Pages must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. You may use Times New Roman 10 only for charts or tables. Do not use attachments to extend or replace any of the sections of the Proposal Narrative. Reviewers will not consider them if you do.

**Evaluation criteria are described below.**

The points possible for each section are listed in parentheses.

1. Project Description and Implementation Plan (25 points)
2. Statement of Need (10 points)
3. Population Served (10 points)
4. Evaluation (15 points)
5. Sustainability Plan (10 points)
6. Project Partners (10 points)
7. Experience and Organizational Capacity (10 points)
8. Budget and Budget Narrative (10 points)

**Project Description and Implementation Plan (25 points)**: Provide a description of your proposed project. Clearly identify and describe which implementation strategies from the list of eligible strategies are included in the project.

Briefly describe how the proposed project will be implemented, including information about the staff implementing the proposed project and where services are taking place. Selected applicants may be required to submit a more detailed implementation plan including a timeline later.

These funds are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus (individuals with opioid use disorder). Evidence-based practice (EBP) refers to approaches to prevention, treatment, or recovery that are validated by a credible form of documented research evidence. Proposals should describe the evidence-based practices that will be implemented.

Proposals that address opioid treatment must include evidence-based addiction treatment consistent with the American Society of Addiction Medicine’s national practice guidelines for the treatment of opioid use disorder – including Medication-Assisted Treatment (MAT) with any medication approved for this purpose by the U.S. Food and Drug Administration. There are three medications approved for the treatment of Opioid Use Disorder by the U.S. Food and Drug Administration:

* Methadone
* Buprenorphine
* Naltrexone (known by its brand name, Vivitrol®).

For more information about evidence-based treatment visit: <https://www.morepowerfulnc.org/wpcontent/uploads/2022/08/FAQ-about-Option-A-Strategies-updated-August-2022.pdf>

**Statement of Need (10 points)**: Describe the need that this project will address. For example: opioid misuse, overdoses, or deaths; Narcan availability and distribution; housing, employment, incarceration, and recidivism rates, etc. Include data to demonstrate the need and cite the source of the data.

Relevant data is available at:

* <https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard>
* <https://injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>
* <https://nc211.org/data/>
* <https://medicaid.ncdhhs.gov/reports/dashboards#annual>
* <https://duke.ths-data.community/explore>
* <https://www.gvph.org/health-information/community-health-assessments/>

**Population Served (10 points):** Identify and define the target population to be served by this project, including the eligibility criteria for services provided. Describe how you will recruit participants for your program. Provide a description of the demographic information and any other risk or protective factors of the target population.

Applicants are required to list the number of anticipated clients served in the service period.

Where possible, describe how the proposed project addresses health disparities, historically marginalized populations, or the needs of the uninsured and underinsured. Finally, describe how the proposed project will address social determinants of health (transportation, housing, employment, etc.) directly or through collaboration with other agencies.

**Performance Measures and Program Evaluation (15 points)**: List at least one overarching goal of the project. In addition, describe the data collection and performance measures you will use to ensure ongoing, effective tracking of project goals and objectives. Describe any existing data collection instruments (e.g., surveys, interview guides) that are being used to gather data in the target area of high need. Funded projects are required to provide a quarterly report on process and quality measures. Describe how your project will collect data on the following demographic, process, and quality measures.

1. “How much did you do?” Examples: number of persons enrolled, treated, or served; number of participants trained; units of naloxone or number of syringes distributed.
2. “How well did you do it?” Examples: percentage of clients referred to care or engaged in care; percentage of staff with certification, qualification, or lived experience; level of client or participant satisfaction shown in survey data.
3. “Is anyone better off?” Examples: number or percentage of clients with stable housing or employment; self-reported measures of client recovery capital, such as overall well-being, healthy relationships, or ability to manage affairs; number or percentage of formerly incarcerated clients receiving community services or supports within X days of leaving jail or prison.
4. Demographic information of participants for the process and quality measures in questions 1, 2, and 3. Examples: age, race, ethnicity, gender, education, income, and zip codes.

Resources of interest:

* More information on performance measures can be found here: <https://clearimpact.com/results-basedaccountability/example-performance-measures-can-use-program-service/>
* Specific recommended measures across each of the strategies, as identified by CORE-NC, can be found here: <https://ncopioidsettlement.org/reporting/> (see in particular, [here](https://ncopioidsettlement.org/wp-content/uploads/2023/08/Impact_Report_Workbook.xlsx) for a workbook of proposed measures).
* Please note that the North Carolina Association of County Commissioners is working to develop key process and quality measures successful applicants may be required to report upon. Additionally, the Granville OAC has determined to hire an Opioid Program Coordinator who will be available to assist funded proposals in the implementation of their evaluation plan.

**Sustainability Plan (10 points):** Assess the sustainability of this project using metrics to understand key challenges. Establish a sustainability plan with overarching goals and measurable objectives to achieve sustainability goals. If proposals are intended for the development of long-term programs, priority will be given to proposals that can identify sources of future funding beyond that which is available through the settlement funds.

**Project Partners (10 points)**: List the community or project partners and agencies that will participate in this project. Describe the role and contribution of each community partner. Describe how you will make referrals to clients and collaborate with partners at the organizational level, ensure coordinated services and avoid duplication of services. Partners may include either agencies currently operating within the county or those outside of Granville county if partnering will improve program effectiveness.

**Experience and Organizational Capacity (10 points)**: Describe the background, experience, and capabilities of your organization or department as it relates to capacity for delivering the proposed project and managing grant funds. Describe your organization's existing resources and any previous or current efforts to address the identified problems discussed. This may include any past achievements and accomplishments. Describe the qualifications and training of the staff providing services. Describe your experience in addressing health disparities and addressing social determinants of health.

**Budget and Budget Narrative (10 points)**: Provide a detailed project budget including all proposed project revenues and expenditures, including explanations and methodology utilizing the Budget Template (Attachment C). The submitted budget and budget narrative MUST be submitted using the provided Budget Template.

A printed version of the budget and budget narrative with an authorized signature must be included with hard copy submissions and on the electronic copy, as well as the Excel version that must be submitted on the electronic copy. The submitted budget should be a two-year budget.

Complete the narrative section on the Budget Template. The budget narrative describes how funds would be spent and why costs included in the budget template are justified and necessary to conduct the proposed project. Costs should be reasonable and appropriate for the level of effort proposed. The budget narrative should explain how the numbers in the budget were calculated and how each expense is related to the proposed project.

Allowable eligible expenditures are limited to direct project-related costs and cannot supplant any existing funding. The potential Contractor understands that all expenditures require prior approval from the County and that funds spent without prior approval are subject to repayment to the County.

## 3.5 Letters of Commitment/Support

A Letter of Commitment must be included from all organizations that will be partnering in the project. (Do not include any letters of support. Reviewers will not consider them if you do.)

## 3.6 Method of Award

The County reserves the right to make separate awards to different vendors, to not award or to cancel this RFP in its entirety without awarding a contract if it is most advantageous to the County to do so. Additionally, the County has authority to extend the grant for additional funding years pending approval of the County Commissioners

**ATTACHMENT A**

**Granville County Opioid Settlement**

**Funding Proposal Application**

|  |  |
| --- | --- |
| Logo  Description automatically generated | **GRANVILLE COUNTY****HIGH IMPACT OPIOID ABATEMENT STRATEGIES****Funding Proposal Application Form** |
| **Applicant Agency: General Information** |
| **Legal Name** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |
| **Type of Agency** **(check one)** | [ ]  Government/ Public Authority | [ ]  Non-Profit | [ ]  For-Profit Business |
| **Telephone** | Click or tap here to enter text. |
| **Website** | Click or tap here to enter text. |
| **Primary Contact Full Name** | Click or tap here to enter text. |
| **Title** | Click or tap here to enter text. |
| **Email** |  Click or tap here to enter text.  |
| **Telephone** | Click or tap here to enter text. |
| **Name of Project** | Click or tap here to enter text. |
| **Total Application Funding Requested** | $ | Click or tap here to enter text. |
| **Funding Period (MM/DD/YYYY)** | Start Date | 06/01/2024 | End Date | 5/31/2025 |
| **Selected NC MOA Option A Strategy to Be Addressed (NAME ONLY)**  | Click or tap here to enter text. |
| **Agency Mission and Vision Statements** | Click or tap here to enter text. |

As a **separate Excel file,** submit a completed **Budget Worksheet**.**1. Project Description and Implementation Plan** *(25 points, page limit: 1-2 page(s))*

*Delete the following prompts to make room for your response.*

*Provide a description (no more than 2 pages) of your proposed project. Clearly identify and describe which implementation strategies from the list of eligible strategies are included in the project. Briefly describe how the proposed project will be implemented, including information about the staff implementing the proposed project and where services are taking place. Selected applicants may be required to submit a more detailed implementation plan including timeline at a later date. Please see the RFP for additional context.*

Click or tap here to enter text.

**2. Statement of Need** (10 points, page limit: 1 page)

*Delete the following prompts to make room for your response.*

*Describe the need that this project will address. For example: opioid misuse, overdoses, or deaths; Narcan availability and distribution; housing, employment, incarceration, and recidivism rates, etc. Include data to demonstrate the need and cite the source of the data.*

*Relevant data is available at:*

[*https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard*](https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard)

[*https://injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm*](https://injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm)

[*https://nc211.org/data/*](https://nc211.org/data/)

[*https://medicaid.ncdhhs.gov/reports/dashboards#annual*](https://medicaid.ncdhhs.gov/reports/dashboards#annual)

[*https://duke.ths-data.community/explore*](https://duke.ths-data.community/explore)

[*https://www.gvph.org/health-information/community-health-assessments/*](https://www.gvph.org/health-information/community-health-assessments/)

Click or tap here to enter text.

1. **Population Served** *(10 points, page limit: ½ - 1 page)*

*Delete the following prompts to make room for your response.*

*Identify and define the target population to be served by this project, including the eligibility criteria for services provided. Describe how you will recruit participants into your program. Provide a description of the demographic information and any other risk or protective factors of the target population. Applicants are required to list the number of anticipated clients served in the service period. Where possible, describe how the proposed project addresses health disparities, historically marginalized populations or the needs of the uninsured and underinsured. Finally, describe how the proposed project will address social determinants of health (transportation, housing, employment, etc.) directly or through collaboration with other agencies.*

Click or tap here to enter text.

1. **Performance Measures and Program Evaluation** (15 points, page limit: 1-2 page(s))

*Delete the following prompts to make room for your response.*

*List at least one overarching goal of the project. In addition, describe the data collection and performance measures you will use to ensure ongoing, effective tracking of project goals and objectives. Describe any existing data collection instruments (e.g., surveys, interview guides) that are being used to gather data in the target area of high need. Funded projects are required to provide a quarterly report on process and quality measures. Describe how your project will collect data on the following demographic, process, and quality measures.*

1. *“How much did you do?” Examples: number of persons enrolled, treated, or served; number of participants trained; units of naloxone or number of syringes distributed.*
2. *“How well did you do it?” Examples: percentage of clients referred to care or engaged in care; percentage of staff with certification, qualification, or lived experience; level of client or participant satisfaction shown in survey data.*
3. *“Is anyone better off?” Examples: number or percentage of clients with stable housing or employment; self-reported measures of client recovery capital, such as overall well-being, healthy relationships, or ability to manage affairs; number or percentage of formerly incarcerated clients receiving community services or supports within X days of leaving jail or prison.*
4. *Demographic information of participants for the process and quality measures in questions 1, 2, and 3. Examples: age, race, ethnicity, gender, education, income, and zip codes.*

*Resources of interest:*

* *More information on performance measures can be found here:* [*https://clearimpact.com/results-basedaccountability/example-performance-measures-can-use-program-service/*](https://clearimpact.com/results-basedaccountability/example-performance-measures-can-use-program-service/)
* *Specific recommended measures across each of the strategies, as identified by CORE-NC, can be found here:* [*https://ncopioidsettlement.org/reporting/*](https://ncopioidsettlement.org/reporting/) *(see in particular,* [*here*](https://ncopioidsettlement.org/wp-content/uploads/2023/08/Impact_Report_Workbook.xlsx) *for a workbook of proposed measures).*
* *Please note that the North Carolina Association of County Commissioners is working to develop key process and quality measures successful applicants may be required to report upon. Additionally, the Granville OAC has determined to hire an Opioid Program Coordinator who will be available to assist funded proposals in the implementation of their evaluation plan.*

Click or tap here to enter text.

1. **Sustainability Plan** (10 points, page limit: 1-2 page(s))

*Delete the following prompts to make room for your response.*

*Assess the sustainability of this project using metrics to understand key challenges. Establish a sustainability plan with overarching goals and measurable objectives to achieve sustainability goals. If proposals are intended for the development of long-term programs, priority will be given to proposals that can identify sources of future funding beyond that which is available through the settlement funds.*

Click or tap here to enter text.

1. **Project Partners** (10 points, page limit: 1-2 page(s))

*Delete the following prompts to make room for your response.*

*List the community or project partners and agencies that will participate in this project. Describe the role and contribution of each community partner. Describe how you will make referrals to clients and collaborate with partners at the organizational level, assure coordinated services and avoid duplication of services. Partners may include either agencies currently operating within the county or those outside of Granville County if partnering will improve program effectiveness.*

Click or tap here to enter text.

1. **Experience and Organizational Capacity** *(10 points, page limit: 1 page)*

*Delete the following prompts to make room for your response.*

*Describe the background, experience, and capabilities of your organization or department as it relates to capacity for delivering the proposed project and managing grant funds. Describe your organization's existing resources and any previous or current efforts to address the identified problems discussed. This may include any past achievements and accomplishments. Describe the qualifications and training of the staff providing services. Describe your experience in addressing health disparities and addressing social determinants of health.*

Click or tap here to enter text.

1. **Budget and Budget Narrative** *(10 points, narrative page limit: 1 page with additional template completion)*

*Delete the following prompts to make room for your response.*

*Provide a detailed project budget including all proposed project revenues and expenditures, including explanations and methodology utilizing the Budget Template (Attachment C). The submitted budget and budget narrative MUST be submitted using the provided Budget Template.*

*A printed version of the budget and budget narrative with an authorized signature must be included with hard copy submissions and on the electronic copy, as well as the Excel version that must be submitted on the electronic copy. The submitted budget should be a two-year budget.*

*Complete the narrative section on the Budget Template. The budget narrative describes how funds would be spent and why costs included in the budget template are justified and necessary to conduct the proposed project. Costs should be reasonable and appropriate for the level of effort proposed. The budget narrative should explain how the numbers in the budget were calculated and how each expense is related to the proposed project.*

*Allowable eligible expenditures are limited to direct project-related costs and cannot supplant any existing funding. The potential Contractor understands that all expenditures require prior approval from the County and that funds spent without prior approval are subject to repayment to the County.*

Click or tap here to enter text.

**Additional Required Documents**

*Include in the same PDF document as this form, the following required documents. If an item is not applicable to your organization, please indicate this by an “N/A” and explain why it is not applicable.*

1. **Letters of Commitment and/or Support**
2. **Latest Audited Financial Statements**, including Management letter (Attach letter of explanation if unable to provide)
3. **Documentation of Tax Identification Number** (can be IRS Determination Letter for non-profit agencies)
4. **For non-profit agencies only**:
	1. IRS Determination Letter: provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization’s name and address on the letter must match your current organization’s name and address. This IRS determination letter can also satisfy the documentation requirement of your organization’s tax identification number (TIN).
	2. Verification of 501(c)(3) Status Form: If applicable, an Authorized Representative must annually submit verification that the organization remains a qualified 501(c)(3) tax-exempt organization.
	3. Copy of Form 990 Federal Tax return filed for latest fiscal year.
	4. Agency organizational chart.
	5. Current Board of Directors Roster with names, addresses, office terms (with dates), and professional and/or community affiliations.
	6. A completed and signed statement which includes a copy of the Agency’s adopted Code of Ethics.
	7. A copy of the Agency’s Articles of Incorporation and Bylaws (if applicable).

*Insert/Attach these required documents here.*

**Certifications and Required Forms**

1. **Application Certification**

I have reviewed this application for accuracy.

I understand that Opioid Abatement funds are intended to address specific remediation activities as identified under the NC Memorandum of Agreement (MOA) for the Opioid Settlement Funds.

I understand that these opioid settlement funds are subject to State laws and regulations, and I have read the MOA and agree to the requirements.

I certify that the requested funds will be used in compliance with these requirements and with all requirements outlined in the Granville County Opioid Settlement Funds RFP.

I agree to submit invoices and other relevant documentation to Granville County to pay or be reimbursed, as well as quarterly status reports.

I understand that Granville County requires audited financial statements for each year that opioid settlement funding is provided to my organization, and that Granville County may monitor the program during the award period.

|  |  |
| --- | --- |
| Agency Authorized Official (print name) | Click or tap here to enter text. |
| Signature |  |
| Title | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Board Chair/Elected Official(print name) | Click or tap here to enter text. |
| Signature |  |
| Title | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Non-profit agencies only: Verification of 501(c)(3) Status Form**

IRS Tax Exemption Verification Form (Annual)

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

(Legal Name of Organization)

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

1. **Certification of No Overdue Tax Debts**

Date of Certification MM/DD/YYYY

Certification:

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

Sworn Statement:

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Chair Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[TITLE OF SECOND AUTHORIZING OFFICIAL]

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Commission Expires: \_\_\_\_\_\_\_\_\_\_

(Notary Signature and Seal)

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

1. **Code of Conduct Policy**

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

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Authorized Official Signature Title Date

1. **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.

1. 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.
2. 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.
3. 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:
4. The Board member or other governing person, officer, employee, or agent;
5. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
6. An organization in which any of the above is an officer, director, or employee;
7. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.
8. **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.
9. **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, they shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Authorized Official Signature Title Date

1. **Appendix E: E-Verify**

STATE OF NORTH CAROLINA AFFIDAVIT

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Employer understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with NCGS §64-25(5).
2. Employer understands that Employers Must Use E-Verify. Each employer, if employing 25 or more employees in this State, after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with NCGS§64-26(a).
3. Employer is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in this State. (Mark Yes or No)

 a. YES [ ]  or b. NO [ ]

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

This \_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

Signature of Affiant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print or Type Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NORTH CAROLINA NOTARY ACKNOWLEDGEMENT

THE STATE OF NORTH CAROLINA, COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed and sworn to (or affirmed) before me, this \_\_\_\_ day of \_\_\_\_\_\_\_\_, 20\_\_.

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Official Seal]

1. **Autho****rization for Individuals to Sign Contracts and Submit Reporting**

[Letter from Board President/Chairperson identifying individuals as authorized to sign contracts, expenditure reports, and performance reports]

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Board President/Chairperson

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Agency/Organization’s legal name] hereby identify the following individual(s) who is (are) authorized to sign and/or submit documentation for the organization named above:

Contracts:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Printed Name: |  | Title: |  | Email address: |
| 1.  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| 2.  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| 3.  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |

Expenditure Reports:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Printed Name: |  | Title: |  | Email address: |
| 1.  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| 2.  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| 3.  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |

Performance Reports:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Printed Name: |  | Title: |  | Email address: |
| 1.  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| 2.  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| 3.  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board President or Chair printed name \* Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

1. **Business Associate Addendum**

 THIS ADDENDUM is made this day of Click or tap here to enter text., 20Click or tap here to enter text. to a contractual arrangement between the parties (“Agreement”).

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

 WHEREAS, Click or tap here to enter text. is, or may be, a Business Associate of Covered Entity and will be referred to as “Business Associate”; and

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

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

I. DEFINITIONS

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

II. OBLIGATIONS OF BUSINESS ASSOCIATE

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

1. Privacy and Security Obligations:
2. Not use nor disclose information other than as permitted or required by the Agreement, this Addendum or as required by law.
3. Use appropriate safeguards to prevent use or disclosure of the information other than as provided for by the Agreement and this Addendum.
4. Comply with Subpart C of 45 CFR Part 164 with respect to electronic PHI (protected health information) to prevent use or disclosure of PHI other than as provided for by the Agreement.
5. Report to Covered Entity any use or disclosure of the information not provided for by the Agreement of which Business Associate becomes aware, including breaches of Unsecured PHI as required by 45 CFR 164.410.
6. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any agents or subcontractors that create, receive, maintain, or transmit PHI on behalf of Business Associate agree, in writing, to the same restrictions, conditions, and requirements that apply to Business Associate with respect to such information.
7. Make available PHI in a designated set record set to Covered Entity upon request within three (3) working days as necessary to satisfy Covered Entity’s obligations under 45 CFR 164.524. If Business Associate receives a request for access directly from the individual, then Business Associate will forward the individual’s request to Covered Entity within three (3) working days to be fulfilled by Covered Entity.
8. If Business Associate receives a request pursuant to 45 CFR 164.526 to make any amendment(s) to PHI in a designated record set directly from the individual, then Business Associate will forward the individual’s request to Covered Entity within three (3) working days to be fulfilled by Covered Entity.
9. Maintain and make available upon request within three (3) working days the information required to provide an accounting of disclosures to Covered Entity as necessary to satisfy Covered Entity’s obligations under 45 CFR 164.528. If Business Associate receives a request to provide an accounting of disclosures directly from the individual, then Business Associate will forward the individual’s request to Covered Entity within three (3) working days to be fulfilled by Covered Entity.
10. Make its internal practices, books, and records relating to the use of PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity, available to the Secretary of DHHS and Covered Entity for purposes of determining compliance with HIPAA.
11. To the extent practicable, mitigate any harmful effects that are known to Business Associate of a use or disclosure of PHI or a breach of Unsecured PHI in violation of this Addendum.
12. Use and disclose an individual’s PHI only if such use or disclosure is in compliance with the applicable requirements of 45 CFR 164.504(e) and the terms of this Addendum.
13. Refrain from exchanging any PHI with any entity of which Business Associate knows of a pattern of activity or practice that constitutes a breach as defined by North Carolina State Law, HIPAA, or this Addendum.
14. To the extent Business Associate is to carry out one or more of Covered Entity’s obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to Covered Entity in the performance of such obligation(s).
15. Breach Notification:

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

1. To notify Covered Entity of any incident involving the acquisition, access, use or disclosure of Unsecured PHI in a manner not permitted under 45 CFR Part E. Such notice by Business Associate shall be provided without unreasonable delay, except where a law enforcement official determines that a notification would impede a criminal investigation or cause damage to national security. For purposes of clarity for this provision, Business Associate must notify Covered Entity of any such incident within the above timeframe even if Business Associate has not conclusively determined within that time that the incident constitutes a breach as defined by HIPAA. For purposes of this Addendum, Business Associate is deemed to have become aware of the breach as of the first day on which such breach is known or reasonably should have been known to such entity or associate of Business Associate, including any person, other than the individual committing the breach, that is an employee, officer or other agent of Business Associate or an associate of Business Associate.
2. To include in the above-described notification the names of the individuals whose Unsecured PHI has been, or is reasonably believed to have been, the subject of a breach.
3. To provide a draft letter to Covered Entity to utilize to notify the individuals that their Unsecured PHI has been, or is reasonably believed to have been, the subject of a breach. The draft letter must include, to the extent possible:
4. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;
5. A description of the types of Unsecured PHI that were involved in the breach (such as full name, Social Security Number, date of birth, home address, account number, disability code, or other types of information that were involved);
6. Any steps the individuals should take to protect themselves from potential harm resulting from the breach:
7. A brief description of what Covered Entity and Business Associate are doing to investigate the breach, to mitigate losses, and to protect against any further breaches; and
8. Contact information for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an email address, web site, or postal address.

III. TERMINATION

1. This Addendum will terminate automatically, without further action by either party, upon termination of the Agreement to which it is attached.
2. Covered Entity may terminate this Addendum if Covered Entity determines that Business Associate has violated a material term of the Agreement or this Addendum.
3. Upon Covered Entity’s gaining knowledge of a breach, as defined by North Carolina State Law or HIPAA, by Business Associate or any of its agents or subcontractors, of the Agreement or this Addendum, Covered Entity shall either:
4. Provide an opportunity for Business Associate to cure the breach or end the violation, and if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity, terminate this Addendum and the attached Agreement; or
5. Immediately terminate this Addendum and the attached Agreement if either has been breached by a Business Associate, and a cure is not possible.
6. In situations where it is not practicable to terminate this Agreement, Covered Entity shall report Business Associate’s breach as defined by North Carolina State Law or HIPAA to the Secretary of DHHS, and continue under the existing arrangement with Business Associate until a reasonable alternative becomes available, or until directed by the Secretary of DHHS to terminate the Agreement.
7. At termination of the attached Agreement and this Addendum, or upon request of Covered Entity, whichever occurs first, Business Associate shall:
8. If feasible, return or destroy all PHI that Business Associate still maintains in any form, received from Covered Entity or created, maintained or received by Business Associate on behalf of Covered Entity. Business Associate shall only destroy PHI with the written approval of Covered Entity. After return or destruction, Business Associate shall retain no copies of such information.
9. If return or destruction is not feasible, Business Associate will provide Covered Entity with documentation explaining the reason it is not feasible. If the PHI is not returned or destroyed, Business Associate will extend the protection of this Addendum to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information not feasible.
10. The obligations of Business Associate under this Addendum shall survive the expiration, termination or cancellation of the attached Agreement and this Addendum, and shall continue to bind Business Associate, its agents, employees, contractors, successors and assigns, as set forth herein.
11. Business Associate shall indemnify Covered Entity for costs associated with any incident involving the acquisition, access, use or disclosure of Unsecured PHI by Business Associate, any agent or subcontractor, in a manner not permitted under 45 CFR Subpart E.

IV. MISCELLANEOUS

1. All PHI that is created or received by Covered Entity and disclosed or made available in any form, including paper record, oral communication, audio recording and electronic display by Covered Entity or its operating units to Business Associate, or is created or received by Business Associate on Covered Entity’s behalf, shall be subject to this Addendum.
2. In the event of an inconsistency between the provisions of this Addendum and the mandatory provisions of HIPAA, as amended, HIPAA shall control. Where provisions of this Addendum are not included as mandated provisions in HIPAA, but are nonetheless permitted by HIPAA, the provisions of this Addendum shall control.
3. Except as expressly stated herein or in HIPAA, the parties to this Addendum do not intend to create any rights in any third parties.
4. This Addendum may be amended or modified only in writing signed by the parties. No party may assign it rights or obligations under this Addendum without the prior written consent of the other party. None of the provisions of this Addendum are intended to create, nor will they be deemed to create, any relationship between the parties other than that of independent parties, contracting with each other solely for the purpose of effecting the provisions of this Addendum and any other agreements between the parties concerning their business relationship.
5. This Addendum will be governed by the laws of the State of North Carolina, venue Granville County.
6. No change, waiver, or discharge of any liability or obligation hereunder on any one or more occasion shall be deemed a waiver of performance of any continuing obligation, or prohibit enforcement of any obligation, on any other occasion.
7. In the event that any documentation of the arrangement pursuant to which Business Associate provides services to Covered Entity contains provisions relating to the use or disclosure of PHI that are more restrictive than the provisions of this Addendum, the provisions of the more restrictive documentation will control.
8. In the event that any provision of this Addendum is held by a court of competent jurisdiction to be invalid or unenforceable, the remaining provisions of this Addendum shall remain in full force and effect.
9. Headings in this Addendum are for convenience of reference only and shall not define or limit any of the terms or provisions hereof.
10. A reference in this Addendum to a section in HIPAA means the section as in effect or as amended.
11. Any ambiguity in this Addendum shall be interpreted to permit compliance with HIPAA.
12. Business Associate will not use an agent or subcontractor without written agreement by Covered Entity.

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

 **Granville County**

 By:

 **Drew Cummings**, **Granville County Manager**

ATTESTED:

BUSINESS ASSOCIATE

 By:

 Title:

ATTESTED:

1. We wish to thank representatives from AppHealthCare (Ashe County, North Carolina) for allowing us to borrow some of the language and structure developed from [their RFP](https://www.apphealthcare.com/wp-content/uploads/2023/04/Ashe-County-Opioid-Settlement-RFP-2023-1.pdf). [↑](#footnote-ref-2)
2. <https://www.gvph.org/health-information/community-health-assessments/> [↑](#footnote-ref-3)
3. For more information about the National Opioid Settlements, visit <https://ncopioidsettlement.org/> [↑](#footnote-ref-4)
4. <https://nationalopioidsettlement.com/wp-content/uploads/2021/09/Final-NC-Opioid-MOA_.pdf>. [↑](#footnote-ref-5)
5. For more information on the MOA, see: <https://www.morepowerfulnc.org/opioid-settlements/nc-memorandum-of-agreement/>) [↑](#footnote-ref-6)
6. Additional information on each of the 12 strategies can be found here: https://ncopioidsettlement.org/strategy-resources/ [↑](#footnote-ref-7)