Guilford County

CONTRACT AGREEMENT

COUNTY	PROVIDER
GUILFORD COUNTY ON THE BEHALF OF ITS DEPARTMENT OF HEALTH AND HUMAN SERVICES – DSS DIVISION Guilford County DSS 1203 Maple Street Greensboro, NC 27405 Telephone No: 336-641-6097 Attention: Alexis Underwood Contract No: «Contract» Parent Contract No: «Contract.ParentContract»	«Supplier.LegalName» «Supplier.MailingAddress.DeliveryAddress.» «Supplier.MailingAddress.DeliveryAddress.» «Supplier.MailingAddress.Municipality»,«Supplier.MailingAddress.StateProvince» «Supplier.MailingAddress.PostalCode» «SupplierSourceId.MainContact.FirstAndLas» «SupplierSourceId.ContactInfo.TelephoneNu» «SupplierSourceId.ContactInfo.FaxNumber.S» «SupplierSourceId.ContactInfo.EmailAddres» Tax Id: «Supplier.TaxIdGroup.TaxId» Attention: «SupplierSourceId.MainContact.GivenName» «SupplierSourceId.MainContact.FamilyName»

HIGHLIGHT INFORMATION

Contract Purpose:	«Contract.Description»		
Effective Date:	«EffectiveDate»	Expiration Date:	«ExpirationDate»
Contract Type:	«ContractType»	Contract Subtype:	«ContractSubtype»
Contract Amount:	«Contract.ProposedTotalContractAmount»	Event Number:	«Contract.EventRelatedContractRel.Related»

CONTRACT LINES

Line No	Percent	Item Description	Acct Unit	Account	Base Cost	UOM	Amount
«ContractLineDistribution.ContractLine»	«Percent»	«ContractLine.ItemDescription»	«DistributionAccount.AccountingUnit»	«DistributionAccount.ChartAccount»	$«ContractLine.BaseCost»	«ContractLine.UOM»	$«ContractLineDistribution.DistributionAmo»

STATE OF NORTH CAROLINA
COUNTY OF GUILFORD

CONTRACT # 266

Fiscal Year Begins 07/01/2017 and Ends 06/30/18

THIS CONTRACT is hereby entered into by and between **GUILFORD COUNTY ON THE BEHALF OF IT'S DEPARTMENT OF HEALTH AND HUMAN SERVICES** (the "County") and **ARO COMMUNITY SERVICES, INC.** (the "Contractor") (referred to collectively as the "Parties").

1. **Contract Documents:** This Contract consists of the following documents:
   (1) This contract
   (2) The General Terms and Conditions (Attachment A)
   (3) The Scope of Work, description of services, and rate (Attachment B)
   (4) Federal Certification Regarding Drug-Free Workplace & Certification Regarding Nondiscrimination (Attachment C)
   (5) Conflict of Interest (Attachment D)
   (6) No Overdue Taxes (Attachment E)
   (7) Federal Certification Regarding Environmental Tobacco Smoke (Attachment F)
   (8) Federal Certification Regarding Lobbying (Attachment G)
   (9) Federal Certification Regarding Debarment (Attachment H)
   (10) *If applicable,* HIPAA Business Associate Addendum (checklist and forms)
   (11) Certification of Transportation (Attachment J)
   (12) *If applicable,* IRS federal tax exempt letter or 501 (c)(Attachment K) http://www.irs.gov/pub/irs-fill/k1023.pdf
   (13) State Certification (Attachment M)
   (14) Affidavit
   (15) Contract Determination Questionnaire (required)
   (16) Certification of Eligibility Under the Iran Divestment Act

   These documents constitute the entire agreement between the Parties and supersede all prior oral or written statements or agreements.

2. **Precedence among Contract Documents:** In the event of a conflict between or among the terms of the Contract Documents, the terms in the Contract Document with the highest relative precedence shall prevail. The order of precedence shall be the order of documents as listed in Paragraph 1, above, with the first-listed document having the highest precedence and the last-listed document having the lowest precedence. If there are multiple Contract Amendments, the most recent amendment shall have the highest precedence and the oldest amendment shall have the lowest precedence.

3. **Effective Period:** This contract shall be effective on July 1, 2017 and shall terminate on June 30. 2018.
   This contract must be twelve months or less.

4. **Contractor's Duties:** The Contractor shall provide the services and in accordance with the approved rate as described in Attachment B, Scope of Work.

5. **County's Duties:** The COUNTY shall pay the CONTRACTOR in the manner and in the amounts specified in the Contract Documents. The total amount paid by the COUNTY to the CONTRACTOR under this Contract is not expected to exceed **$230,222.00.** This amount consists of **$200,000.00** in Federal funds (HCCBG), **$7,000.00** in State Funds (SSBG), and/or **$23,222.00** in COUNTY funds.

   ☐ a. There are no matching requirements from the Contractor.

   ☐ b. The Contractor's matching requirement is $ NA, which shall consist of:
   ☐ In-kind ☐ Cash
   ☐ Cash and In-kind ☐ Cash and/or In-kind

The total Contract amount including any CONTRACTOR match is not expected to exceed $230,222.00.

6. **Reversion of Funds**:
Any unexpended grant funds shall revert to the County Department of Health and Human Services/Human Services upon termination of this contract.

7. **Reporting Requirements:**
Contractor shall comply with audit requirements as described in N.C.G.S. § 143C-6-22 & 23 and OMB Circular- CFR Title 2 Grants and Agreements, Part 200, and shall disclose all information required by 42 USC 455.104, or 42 USC 455.105, or 42 USC 455.106.

8. **Payment Provisions:** Payment shall be made in accordance with the Contract Documents as described in the Scope of Work, Attachment B. The total Contract amount is not expected to exceed **$230,222.00,** and in any event, payment will be made only from budgeted funds in accordance with N.C.G.S. Chapter §159. The COUNTY is not financially committed by this Contract to purchase any minimum amount of goods and/or services. All goods and/or services hereunder will be provided in a professional, competent, workmanlike manner. The COUNTY agrees to make payment to CONTRACTOR within thirty (30) days of receipt and acceptance of goods and/or services provided and receives of a correct invoice for said goods and/or services rendered.

9. **Contract Administrators:** All notices permitted or required to be given by one Party to the other and all questions about the contract from one Party to the other shall be addressed and delivered to the other Party's Contract Administrator. The name, post office address, street address, telephone number, fax number, and email address of the Parties' respective initial Contract Administrators are set out below. Either Party may change the name, post office address, street address, telephone number, fax number, or email address of its Contract Administrator by giving timely written notice to the other Party.

For the County:

IF DELIVERED BY US POSTAL SERVICE	IF DELIVERED BY ANY OTHER MEANS
Name & Title: Jenise Davis, Aging and Adult Services Division Director **COUNTY: GUILFORD COUNTY** **DEPARTMENT OF HEALTH AND HUMAN SERVICES** **Mailing Address: 1203 Maple Street** **City, State, Zip: Greensboro, NC 27405** **Telephone: (336) 641-3380** **Fax: (336) 641-5405** **Email: jdavis1@co.guilford.nc.us**	Name & Title County Street Address City, State, Zip

For the Contractor:

IF DELIVERED BY US POSTAL SERVICE	IF DELIVERED BY ANY OTHER MEANS
Name & Title: Karl Horton, Vice President CONTRACTOR Name: ARO Community Services, Inc. Mailing Address: 1515 W. Cornwallis Dr. Suite G-107 City, State, Zip: Greensboro NC 27408 Telephone: (336) 378-9862 Fax: Email: aro_inc@bellsouth.net	Name & Title Company Name Street Address City State Zip

10. Supplementation of Expenditure of Public Funds:

The Contractor assures that funds received pursuant to this contract shall be used only to supplement, not to supplant, the total amount of federal, state and local public funds that the Contractor otherwise expends for contract services and related programs. Funds received under this contract shall be used to provide additional public funding for such services; the funds shall not be used to reduce the Contractor's total expenditure of other public funds for such services.

11. Disbursements:

(a) Implement adequate internal controls over disbursements;
(b) Pre-audit all vouchers presented for payment to determine:
- Validity and accuracy of payment
- Payment due date
- Adequacy of documentation supporting payment
- Legality of disbursement

(c) Assure adequate control of signature stamps/plates;
(d) As a condition of this contract, the Contractor acknowledges and agrees to make disbursements in accordance with the following requirements:
(e)
(f) Assure adequate control of negotiable instruments; and
(g) Implement procedures to insure that account balance is solvent and reconcile the account monthly.

12. Outsourcing to Other Countries:

The Contractor certifies that it has identified to the County all jobs related to the contract that have been outsourced to other countries, if any. The Contractor further agrees that it will not outsource any such jobs during the term of this contract without providing notice to the County.

13. Federal Certifications:

Individuals and Organizations receiving federal funds must ensure compliance with certain certifications required by federal laws and regulations. The contractor is hereby complying with Certifications regarding Nondiscrimination, Drug-Free Workplace Requirements, Environmental Tobacco Smoke, Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions, and Lobbying. These assurances and certifications are to be signed by the contractor's authorized representative.

14.Specific Language Not Previously Addressed:

(*can be delted if not needed)*

15. Signature Warranty: The undersigned represent and warrant that they are authorized to bind their principals to the terms of this agreement.

Jurisdiction: The Parties agree that this Contract is subject to the jurisdiction and laws of the State of North Carolina. The CONTRACTOR will comply with bid restrictions, if any, and applicable laws, including N.C.G.S. §143-129(j) regarding E-verify. Any controversies arising out of this Contract shall be governed by and construed in accordance with the laws of the State of North Carolina.

(The remainder of this page has been intentionally left blank).
(This contract continues on the following pages.)

CONTRACTOR NAME: ARO COMMUNITY SERVICES, INC.

_____

Signature Date

_____

Printed Name Title

ATTEST/WITNESS: _____

Printed
Name:_____

Title: Corporate Secretary

(ATTACH CORPORATE SEAL)

GUILFORD COUNTY

_____

Marty K. Lawing Date
County Manager

ATTEST:

_____

Robin Keller Date
Clerk to Board

(COUNTY SEAL)

This Contract does not create financial commitment and, therefore, has not been preaudited. Purchases under this Contract shall only be made pursuant to purchase orders, each of which will contain a preaudit certificate.

_____

Signature Date
Printed Name: N. Reid Baker, III, Guilford County Finance Director

(The remainder of this page has been intentionally left blank).
(This contract continues on the following pages.)

Attachment A
General Terms and Conditions

Relationships of the Parties

Independent Contractor: The Contractor is and shall be deemed to be an independent contractor in the performance of this contract and as such shall be wholly responsible for the work to be performed and for the supervision of its employees. The Contractor represents that it has, or shall secure at its own expense, all personnel required in performing the services under this agreement. Such employees shall not be employees of, or have any individual contractual relationship with the County.

Subcontracting: The Contractor shall not subcontract any of the work contemplated under this contract without prior written approval from the County. Any approved subcontract shall be subject to all conditions of this contract. Only the subcontractors specified in the contract documents are to be considered approved upon award of the contract. The County shall not be obligated to pay for any work performed by any unapproved subcontractor. The Contractor shall be responsible for the performance of all of its subcontractors.

Assignment: No assignment of the Contractor's obligations or the Contractor's right to receive payment hereunder shall be permitted. However, upon written request approved by the issuing purchasing authority, the County may:

(a) Forward the Contractor's payment check(s) directly to any person or entity designated by the Contractor, or
(b) Include any person or entity designated by Contractor as a joint payee on the Contractor's payment check(s).

In no event shall such approval and action obligate the County to anyone other than the Contractor and the Contractor shall remain responsible for fulfillment of all contract obligations.

Beneficiaries: Except as herein specifically provided otherwise, this contract shall inure to the benefit of and be binding upon the parties hereto and their respective successors. It is expressly understood and agreed that the enforcement of the terms and conditions of this contract, and all rights of action relating to such enforcement, shall be strictly reserved to the County and the named Contractor. Nothing contained in this document shall give or allow any claim or right of action whatsoever by any other third person. It is the express intention of the County and Contractor that any such person or entity, other than the County or the Contractor, receiving services or benefits under this contract shall be deemed an incidental beneficiary only.

Indemnity and Insurance

Indemnification: The Contractor agrees to indemnify and hold harmless the County and any of their officers, agents and employees, from any claims of third parties arising out or any act or omission of the Contractor in connection with the performance of this contract.

Insurance: During the term of the contract, the Contractor at its sole cost and expense shall provide commercial insurance of such type and with such terms and limits as may be reasonably associated with the contract. As a minimum, the Contractor shall provide and maintain the following coverage and limits:

(a) **Worker's Compensation** - The contractor shall provide and maintain Worker's Compensation Insurance as required by the laws of North Carolina, as well as employer's liability coverage with minimum limits of $500,000.00, covering all of Contractor's employees who are engaged in any work under the contract. If any work is sublet, the Contractor shall require the subcontractor to provide the same coverage for any of his employees engaged in any work under the contract.

(b) **Commercial General Liability** - General Liability Coverage on a Comprehensive Broad Form on an occurrence basis in the minimum amount of $1,000,000.00 Combined Single Limit. (Defense cost shall be in excess of the limit of liability.)

(c) Automobile Liability Insurance: The Contractor shall provide automobile liability insurance with a combined single limit of $500,000.00 for bodily injury and property damage; a limit of $500,000.00 for uninsured/under insured motorist coverage; and a limit of $2,000.00 for medical payment coverage. The Contractor shall provide this insurance for all automobiles that are:

(a) owned by the Contractor and used in the performance of this contract;
(b) hired by the Contractor and used in the performance of this contract; and
(c) Owned by Contractor's employees and used in performance of this contract ("non-owned vehicle insurance"). Non-owned vehicle insurance protects employers when employees use their personal vehicles for work purposes. Non-owned vehicle insurance supplements, but does not replace, the car-owner's liability insurance.

The Contractor is not required to provide and maintain automobile liability insurance on any vehicle – owned, hired, or non-owned -- unless the vehicle is used in the performance of this contract.

(d) The insurance coverage minimums specified in subparagraph (a) are exclusive of defense costs.

(e) The Contractor understands and agrees that the insurance coverage minimums specified in

subparagraph (a) are not limits, or caps, on the Contractor's liability or obligations under this contract.

(f) The Contractor may obtain a waiver of any one or more of the requirements in subparagraph (a) by demonstrating that it has insurance that provides protection that is equal to or greater than the coverage and limits specified in subparagraph (a). The County shall be the sole judge of whether such a waiver should be granted.

(g) The Contractor may obtain a waiver of any one or more of the requirements in paragraph (a) by demonstrating that it is self-insured and that its self-insurance provides protection that is equal to or greater than the coverage and limits specified in subparagraph (a). The County shall be the sole judge of whether such a waiver should be granted.

(h) Providing and maintaining the types and amounts of insurance or self-insurance specified in this paragraph is a material obligation of the Contractor and is of the essence of this contract.

(i) The Contractor shall only obtain insurance from companies that are authorized to provide such coverage and that are authorized by the Commissioner of Insurance to do business in the State of North Carolina. All such insurance shall meet all laws of the State of North Carolina.

(j) The Contractor shall comply at all times with all lawful terms and conditions of its insurance policies and all lawful requirements of its insurer.

(k) The Contractor shall require its subcontractors to comply with the requirements of this paragraph.

(l) The Contractor shall demonstrate its compliance with the requirements of this paragraph by submitting certificates of insurance to the County before the Contractor begins work under this contract.

Transportation of Clients by Contractor:
The contractor will maintain Insurance requirements if required as noted under Article 7 Rule R2-36 of the North Carolina Utilities Commission.

Default and Termination

Termination Without Cause: The County may terminate this contract without cause by giving 30 days written notice to the Contractor.

Termination for Cause: If, through any cause, the Contractor shall fail to fulfill its obligations under this contract in a timely and proper manner, the County shall have the right to terminate this contract by giving written notice to the Contractor and specifying the effective date thereof. In that event, all finished or unfinished deliverable items prepared by the Contractor under this contract shall, at the option of the County, become its property and the Contractor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such materials, minus any payment or compensation previously made. Notwithstanding the foregoing provision, the Contractor shall not be relieved of liability to the County for damages sustained by the County by virtue of the Contractor's breach of this agreement, and the County may withhold any payment due the Contractor for the purpose of setoff until such time as the exact amount of damages due the County from such breach can be determined. In case of default by the Contractor, without limiting any other remedies for breach available to it, the County may procure the contract services from other sources and hold the Contractor responsible for any excess cost occasioned thereby. The filing of a petition for bankruptcy by the Contractor shall be an act of default under this contract.

Waiver of Default: Waiver by the County of any default or breach in compliance with the terms of this contract by the Provider shall not be deemed a waiver of any subsequent default or breach and shall not be construed to be modification of the terms of this contract unless stated to be such in writing, signed by an authorized representative of the County and the Contractor and attached to the contract.

Availability of Funds: The parties to this contract agree and understand that the payment of the sums specified in this contract is dependent and contingent upon and subject to the appropriation, allocation, and availability of funds for this purpose to the County.

Force Majeure: Neither party shall be deemed to be in default of its obligations hereunder if and so long as it is prevented from performing such obligations by any act of war, hostile foreign action, nuclear explosion, riot, strikes, civil insurrection, earthquake, hurricane, tornado, or other catastrophic natural event or act of God.

Survival of Promises: All promises, requirements, terms, conditions, provisions, representations, guarantees, and warranties contained herein shall survive the contract expiration or termination date unless specifically provided otherwise herein, or unless superseded by applicable Federal or State statutes of limitation.

Intellectual Property Rights

Copyrights and Ownership of Deliverables: All deliverable items produced pursuant to this contract are the exclusive property of the County. The Contractor shall not assert a claim of copyright or other property interest in such deliverables.

Federal Intellectual Property Bankruptcy Protection Act: The Parties agree that the County shall be entitled to all rights and benefits of the Federal Intellectual Property Bankruptcy Protection Act, Public Law 100-506, codified at 11 U.S.C. 365 (n) and any amendments thereto.

Compliance with Applicable Laws

Compliance with Laws: The Contractor shall comply with all laws, ordinances, codes, rules, regulations, and licensing requirements that are applicable to the conduct of its business, including those of federal, state, and local agencies having jurisdiction and/or authority.

Title VI, Civil Rights Compliance: In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

Equal Employment Opportunity: The Contractor shall comply with all federal and State laws relating to equal employment opportunity.

Health Insurance Portability and Accountability Act (HIPAA): The Contractor agrees that, if the County determines that some or all of the activities within the scope of this contract are subject to the Health Insurance Portability and Accountability Act of 1996, P.L. 104-91, as amended ("HIPAA"), or its implementing regulations, it will comply with the HIPAA requirements and will execute such agreements and practices as the County may require to ensure compliance.

(a) Data Security: The Contractor shall adopt and apply data security standards and procedures that comply with all applicable federal, state, and local laws, regulations, and rules.

(b) Duty to Report: The Contractor shall report a suspected or confirmed security breach to the local Department of Health and Human Services/Human Services Contract Administrator within twenty-four (24) hours after the breach is first discovered, provided that the Contractor shall report a breach involving Social Security Administration data or Internal Revenue Service data within one (1) hour after the breach is first discovered.

(c) Cost Borne by Contractor: If any applicable federal, state, or local law, regulation, or rule requires the Contractor to give written notice of a security breach to affected persons, the Contractor shall bear the cost of the notice.

Trafficking Victims Protection Act of 2000 :
The Contractor will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104)

Executive Order # 24: It is unlawful for any vendor, contractor, subcontractor or supplier of the state to make gifts or to give favors to any state employee. For additional information regarding the specific requirements and exemptions, contractors are encouraged to review Executive Order 24 and G.S. Sec. 133-32.

Confidentiality

Confidentiality: Any information, data, instruments, documents, studies or reports given to or prepared or assembled by the Contractor under this agreement shall be kept as confidential and not divulged or made available to any individual or organization without the prior written approval of the County. The Contractor acknowledges that in receiving, storing, processing or otherwise dealing with any confidential information it will safeguard and not further disclose the information except as otherwise provided in this contract.

Oversight

Access to Persons and Records: The State Auditor shall have access to persons and records as a result of all contracts or grants entered into by State agencies or political subdivisions in accordance with General Statute 147-64.7. Additionally, as the State funding authority, the Department of Health and Human Services shall have access to persons and records as a result of all contracts or grants entered into by State agencies or political subdivisions.

Record Retention: Records shall not be destroyed, purged or disposed of without the express written consent of the Division. State basic records retention policy requires all grant records to be retained for a minimum of five years or until all audit exceptions have been resolved, whichever is longer. If the contract is subject to federal policy and regulations, record retention may be longer than five years since records must be retained for a period of three years following submission of the final Federal Financial Status Report, if applicable, or three years following the submission of a revised final Federal Financial Status Report. Also, if any litigation, claim, negotiation, audit, disallowance action, or other action involving this Contract has been started before expiration of the five-year retention period described above, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular five-year period described above, whichever is later. The record retention period for Temporary Assistance for Needy Families (TANF) and MEDICAID and Medical Assistance grants and programs must be retained for a minimum of ten years.

Warranties and Certifications

Date and Time Warranty: The Contractor warrants that the product(s) and service(s) furnished pursuant to this contract ("product" includes, without limitation, any piece of equipment, hardware, firmware, middleware, custom or commercial software, or internal components, subroutines, and interfaces therein) that perform any date and/or time data recognition function, calculation, or sequencing will support a four digit year format and will provide accurate date/time data and leap year calculations. This warranty shall survive the termination or expiration of this contract.

Certification Regarding Collection of Taxes: G.S. 143-59.1 bars the Secretary of Administration from entering into contracts with vendors that meet one of the conditions of G.S. 105-164.8(b) and yet refuse to collect use taxes

on sales of tangible personal property to purchasers in North Carolina. The conditions include: (a) maintenance of a retail establishment or office; (b) presence of representatives in the State that solicit sales or transact business on behalf of the vendor; and (c) systematic exploitation of the market by media-assisted, media-facilitated, or media-solicited means. The Contractor certifies that it and all of its affiliates (if any) collect all required taxes.

E-Verify

Pursuant to G.S. 143-48.5 and G.S. 147-33.95(g), the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov

Miscellaneous

Choice of Law: The validity of this contract and any of its terms or provisions, as well as the rights and duties of the parties to this contract, are governed by the laws of North Carolina. The Contractor, by signing this contract, agrees and submits, solely for matters concerning this Contract, to the exclusive jurisdiction of the courts of North Carolina and agrees, solely for such purpose, that the exclusive venue for any legal proceedings shall be the county is which the contract originated. The place of this contract and all transactions and agreements relating to it, and their situs and forum, shall be the county where the contract originated, where all matters, whether sounding in contract or tort, relating to the validity, construction, interpretation, and enforcement shall be determined.

Amendment: This contract may not be amended orally or by performance. Any amendment must be made in written form and executed by duly authorized representatives of the County and the Contractor.

Severability: In the event that a court of competent jurisdiction holds that a provision or requirement of this contract violates any applicable law, each such provision or requirement shall continue to be enforced to the extent it is not in violation of law or is not otherwise unenforceable and all other provisions and requirements of this contract shall remain in full force and effect.

Headings: The Section and Paragraph headings in these General Terms and Conditions are not material parts of the agreement and should not be used to construe the meaning thereof.

Time of the Essence: Time is of the essence in the performance of this contract.

Key Personnel: The Contractor shall not replace any of the key personnel assigned to the performance of this contract without the prior written approval of the County. The term "key personnel" includes any and all persons identified as such in the contract documents and any other persons subsequently identified as key personnel by the written agreement of the parties.

Care of Property: The Contractor agrees that it shall be responsible for the proper custody and care of any property furnished to it for use in connection with the performance of this contract and will reimburse the County for loss of, or damage to, such property. At the termination of this contract, the Contractor shall contact the County for instructions as to the disposition of such property and shall comply with these instructions.

Travel Expenses: Reimbursement to the Contractor for travel mileage, meals, lodging and other travel expenses incurred in the performance of this contract shall not exceed the rates established in County policy.

Sales/Use Tax Refunds: If eligible, the Contractor and all subcontractors shall: (a) ask the North Carolina Department of Revenue for a refund of all sales and use taxes paid by them in the performance of this contract, pursuant to G.S. 105-164.14; and (b) exclude all refundable sales and use taxes from all reportable expenditures before the expenses are entered in their reimbursement reports.

Advertising: The Contractor shall not use the award of this contract as a part of any news release or commercial advertising.

ATTACHMENT B – SCOPE OF WORK

Contract #266

A. CONTRACTOR INFORMATION

1. Contractor Agency Name: **ARO Community Services, Inc.**

2. *If different* from Contract Administrator Information in General Contract:

Address: **Same**

Telephone Number **SAME** Fax Number: **SAME** Email: **SAME**

3. Name of Program (s): In-Home Aide Services

4. 4. Status: () Public Private, Not for Profit **(X)** Private, For Profit

5. Contractor's Financial Reporting Year January through December

B. Explanation of Services to be provided and to who (include SIS Service Code):

Service Codes:

In Home Aide Services:
041 for Level I- Home Management;
042 for Level II – Home Management and Personal Care; and,
045 for Level III – Home Management and Personal Care.

I. The CONTRACTOR will:

1. Provide In-Home Level I, II, III – Home Management and Personal Care services effective July 1, 2017

2. Ensure necessary services as authorized are completed and notify the COUNTY of units of services rendered. All services will be provided in a competent and professional manner acceptable to the COUNTY.

3. Furnish verification of its valid North Carolina license to provide home care or its certification as home care provider.

4. Have liability insurance which protects the Department and holds its employees harmless from personal and property damage, which may occur during the term of the Agreement.

   Vendors at all times will indemnify, release, protect, defend and hold the Guilford County harmless from and against any and all loss, liability, expenses, (including expenses to bring suit) claims, or demands arising from personal injury (including death at any time resulting therefrom) or property damage to any person, including Contractor or the Corporation occurring as a direct or indirect result of, or in any manner connected with the performance of this Contract, whether such injury or damage shall be caused by the negligence of contractor, contractor's employees, Contractor's subcontractors, or employees of any of the Contractor's subcontractors hereunder and Vendor shall at its expense defend any and all actions based thereon and shall pay all charges of attorneys and all costs and other expenses arising there from.

   Formal Contract monitoring occurs at least annually. Monitoring may include review of agency eligibility to provide In-Home Aide Services, In-Home Aide policy for service provision, client initial assessment/annual reassessment, documentation of staff competency testing/demonstration/on-going training; aide certification of level of service provided (including testing/training information), quarterly aide supervision documentation as required; and unit verification, etc. Problems with meeting contract requirements are addressed on an on-going basis.

5. Keep confidential any information about a client which is shared by GUILFORD COUNTY DEPARTMENT OF HEALTH and HUMAN SERVICES- DIVISION OF SOCIAL SERVICES or the client except for those individual staff persons who need information in order to provide services.

6. Ensure provision of services to certified eligible recipients without regard to race, color, religion, or national origin. Ensure the same quality of services as would be rendered to private customers.

7. Provide each employee with an identification badge giving the name of the COMPANY/ CONTRACTOR and the name of the employee. Employees will need to have identification badges on their person during service provision.

8. Provide to COUNTY an emergency contact name and number, reachable twenty-four (24) hours per day, seven (7) days per week.

9. Report to appropriate authorities any cases of suspected theft of client's personal property.

10. Maintain appropriate program records, client case files which document the provision of services and maintain a valid authorization for services for each determined to be eligible by the GUILFORD COUNTY DEPARTMENT OF HEALTH and HUMAN SERVICES- DIVISION OF SOCIAL SERVICES.

11. Ensure that such records as necessary are kept to fully disclose the extent of the services provided to individuals receiving assistance for five (5) years. These records may be reviewed by the COUNTY.

12. Submit all bills to the COUNTY'S Administrative Assistant for verification by Wednesday, for the hours worked in the previous week. Said bills shall be guaranteed for accuracy, by signature of the supervising nurse.

    - Late invoicing will qualify as a non-performing/ unsatisfactory situation and will initiate the process for a 15% reduction in reimbursement (see #26).
        - Late invoicing will result in a written notification documenting the unsatisfactory service and specifying the timeframe to resolve the issue. Failure to resolve the issue will result in a 15% reduction of reimbursement.

    - Three (3) reoccurrences, written notification within the life of the contract will be justification for termination of contract.

13. Accept reimbursement from the COUNTY as payment in full and will not charge Medicaid recipients.

14. CONTRACTOR will have In-Home Aide Services in place within five (5) working days of receipt of an agency purchase of service (in a regular case situation).

15. Use only licensed CNA's to provide services to referred clients for Level II and Level III. CNA's for Level I are preferred but not required.

16. Provide on-site supervision of Aides according to Home Health Care Licensure procedures.

17. Report changes in client's condition, problem and barrier to providing services within twenty-four (24) hours of their identification.

18. The In-Home Aide Provider shall inform the client's Social Worker within 24 hours, if a client is not home for the requested services, or if the aide is unable to provide services. The agency will not be reimbursed for this visit.

19. Not allow other person(s) except the In-Home Aide on the client's premises without prior approval from designated COUNTY staff.

20. Not allow use of any equipment of the client by its Aides for personal use.

21. Awarded vendor is expected to have Certified Nursing Assistant or Personal Care Assistance to provide the client with transportation to medical appointments or to do errands for client such as grocery shopping or picking up medications at the nearest stores. However, transportation to medical appointments is usually provided through other resources. There will be no extra charges for transportation other than the normal unit price paid for services rendered.

22. Prior to any changes in scheduling, the In-Home Aide Provider must obtain written permission/approval from the Department of Health and Human Services Division of Social Services Vanessa Durrett, phone 336-641-3257 or in her absence, Karen Thompson, phone 336-641-3143 or the client's assigned social worker.

23. Notify the GUILFORD COUNTY DEPARTMENT OF HEALTH and HUMAN SERVICES- DIVISION OF SOCIAL SERVICES of possible terminations ten (10) days prior to termination.

24. Provide In-Home Aide Care Plan for all new clients annually and thereafter upon request of the COUNTY staff.

25. The In-Home Aide Provider will be provided with a Task Plan for each client which clearly specifies tasks to be provided and the frequencies. The CNA is not to provide any services which are not listed on the task plan without prior approval from the assigned Social Worker. The In-Home Aide Provider will not be compensated for any services performed that are not authorized by the Social Worker. The Social Worker will communicate with the In-Home Aide provider regarding the client's needs. Agency RN shall review and sign the DSS client Task Plan and the CNA Timesheet.

26. If an awarded vendor is not performing the required duties as outlined in the terms and conditions of their contract and their performance has been documented as non-satisfactory and non-performing by the Guilford County Department of Health and Human Services Division of Social Services, the vendor will be sent a "Written notification" documenting the non-performing or non-satisfactory services. If the vendor has not responded within the time outlined in the letter and the performance continues to be non-satisfactory, then Guilford County, at its option, reserves the right to deduct fifteen percent (15%) from the particular client's cost of services or may bill the vendor as a separate item. Examples of non-performing and non-satisfactory factors for the deduction of 15% include but are not limited to:

- Late Invoicing
- Failure to adhere to the client's scheduled appointment times;
- Failure of Aide to provide all services listed on the client's task plan;
- Failure to provide licensed staff for Level II and Level III Services;
- Inappropriate use of client's service time for Aide's personal business;
- Theft of client's personal property;
- Bringing others (including children) to client's home;
- Any substantiated inappropriate conduct or act by the Aide.

****Failure to perform required duties will be justification for termination of contract.**

C. Rate per unit of Service (define the unit):

1. If Standard Fixed Rate, Maximum Allowable, (See Rates for Services Chart)

2. **Rate for all Levels of In-Home Aide Services=$13.88 per hour,**

not expected to exceed an estimated $230,222.00 per year

D. Number of units to be provided: ____Varies depending upon needs of the COUNTY. _____

E. Details of Billing process and Time Frames: CONTRACTOR will submit a detailed invoice to include:

1. specific number of hours worked;
2. names/number of clients served;
3. dates and times of each day worked.
4. All CNA's time sheet must be signed by RN;
5. All invoices submitted must have its own unique number; and
6. All invoices must be submitted by Wednesday, for the hours worked in the previous week.

Invoices are to be submitted by the CONTRACTOR to COUNTY weekly for services provided during the previous week and paid by the COUNTY weekly. CONTRACTOR is to be paid based on the number of hours reported during the prior week of service. The total amount of this Contract is not expected to exceed an estimated **$230,222.00** for the first year.

F. Area to be served/Delivery site(s): As assigned by the GUILFORD COUNTY DEPARTMENT OF HEALTH and HUMAN SERVICES- DIVISION OF SOCIAL SERVICES.

G. Other Compensation, Conditions, Information or Arrangements:
For purposes of this document the (Agency) could be an Area Agency on Aging (AAA) or Department of Social Services (DSS) or any entity that has received Home and Community Care Block Grant, Social Services Block Grant or State In-Home Aide Service.

In-Home Aide services means the provision of care for persons or assistance to persons by performing home management and/or personal care tasks that are essential to activities of daily living. Such tasks are performed to enable individuals to remain in their own homes when they are unable to carry out these activities for themselves and when no responsible person is available for these tasks.

It is the full responsibility of (Sub recipient Provider) to hire qualified in home aides to deliver the contracted services. Persons who are hired must be:

- Non-relatives who are age 18 and over and who are qualified to perform the tasks needed by the client or relative of the client (parents, spouse, child or sibling) age 18 and over who gives up employment or the opportunity for employment in order to perform the services and who are qualified to perform the tasks needed by the client.
- Aides who work with clients whose services is paid for with Home and Community Care Block Grant (HCCBG), Social Service Block Grant (SSBG), or State in-Home funds must have demonstrated competence for the tasks they have been assigned to perform. The files maintained by the employing agency should have written documentation of each aide's competency to perform assigned tasks.
- Use only licensed CNA's to provide services to referred clients for Level II and Level III. CNA's for Level I are preferred but not required.

Assignment of in-home aide is the (Sub recipient Provider's) responsibility. Depending on the type of (Agency) or the funding source the (Agency) may have responsibility for assessment of client's needs and eligibility for service.

The need for continuing the In-Home Aide service will be evaluated on a quarterly basis by (Sub recipient Provider). If the client is dissatisfied with the in-home aide or the in-home aide chooses to terminate the agreement, it is the responsibility of (Sub recipient Provider) to replace in-home aide within a reasonable time period (no more than 5 business days). If the client repeatedly requests a new in-home aide (Agency) in collaboration with (Sub recipient Provider), will evaluate the client's situation and (Agency) will determine the client's eligibility for continued services. (Sub recipient Provider) will provide back up in the event the regular aide(s) is unable to complete the assignment.

Supervision and evaluation of the in-home aide is the responsibility of the (Sub recipient Provider) and must, at a minimum, comply with requirements for the In-Home Levels being provided. (Sub recipient Provider) is required to ensure that the in-home aides have received sufficient training in the level of tasks to be performed before they are allowed to work independently. Competency testing of each in-home aide must be completed and documented in the employee's record that reflects the levels that the in-home aide is qualified to perform. Individual employee records must be maintained and include documentation of training, supervisory visits, and performance evaluations. (Sub recipient Provider) will provide documentation of aide supervision and competency testing to (Agency) annually as part of routine contract monitoring. (Sub recipient Provider) will establish and maintain a client record to include, assessment of client's needs, In-Home Aide service plan, signed copy of Client Bill of Rights and authorization for services.

GUILFORD COUNTY DEPARTMENT OF HEALTH and HUMAN SERVICES- DIVISION OF SOCIAL SERVICES (Agency) will provide on-going social work case management including client assessments and evaluation for continuing eligibility. Face to face visits with the client will be made at a minimum on a quarterly basis by (Agency) social worker.

(Sub recipient Provider) and (Agency) representatives will confer monthly or as needed regarding services, delivery, or problems if applicable. For GUILFORD COUNTY DEPARTMENT OF HEALTH and HUMAN SERVICES- DIVISION OF SOCIAL SERVICES
(Agency) each client or their representative must be given the name and phone number of their assigned In-Home Aide services social worker and supervisor to have available in case they have any questions or problems. (Agency) and Sub

Recipient Provider) must be aware of and agree to abide by applicable confidentiality guidelines and civil rights compliance.

(Sub recipient Provider) is responsible for payment of hours worked by the in-home aide. It is the responsibility of (Sub recipient Provider to bill (Agency) for authorized services, using appropriate billing forms and agreed upon processes that include copies of the aide tasks and time sheets. These billing forms should be submitted based on the (Agency) timeframe for billing. The (Agency) will reimburse the (Sub recipient Provider) for services delivered as authorized.

In-Home Aides services are subject to North Carolina Wage and Hour Act.

(Agency) will monitor (Sub recipient Provider) contracts to assure the conditions of the contract on an annual basis or as needed.

In-Home Aide Monitoring Procedures:

Service providers that provide In-Home Aide service under contractual agreement with a local subcontract provider should monitor the subcontractor each year that the entity operates under terms of the contractual agreement.

- An annual "Subcontractor Performance Evaluation" will be completed by providers (agencies) to verify that the subcontractor has met the terms and conditions of their subcontract. Providers (agencies) will use the Division of Aging and Adult Services (DAAS) Service Monitoring Tools as part of the Subcontract Performance Evaluation.
- All subcontractors shall provide to the service provider (agency) on an annual basis In-Home Aide supervisory logs, competency and continuing education and training logs.
- During every three-year monitoring cycle of providers (agencies), the AAA staff should review documentation that the subcontractor is in compliance with In-Home Aide service standards.
- This documentation will be stored by the service provider (agency) for review by the AAA every three years for the In-Home Aide service.

The Division of Aging and Adult Services (DAAS) has the responsibility to assure that providers receiving funding through HCCBG for In-Home Aide services are monitored for compliance with all state and federal regulations. Area Agencies on Aging (AAAs) monitor for this compliance on behalf of DAAS as it relates to funding.

(The remainder of this page has been intentionally left blank).
(This contract continues on the following pages.)

ATTACHMENT C

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS AND CERTIFICATION REGARDING NONDISCRIMINATION

GUILFORD COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 County 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:

III. Various locations within Guilford County depending on the needs of the Guilford County Department of Health and Human Services

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

False certification or violation of the certification shall be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment
45 C.F.R. Section 82.510. Section 4 CFR Part 85, Section 85.615 and 86.620.

Certification Regarding Nondiscrimination

The Vendor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

(The remainder of this page has been intentionally left blank).
(This contract continues on the following pages.)

ATTACHMENT D

Conflict of Interest Policy

Instructions: *(Use this for all contracts. 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 page1 and 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, (highlighted in yellow).)*

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

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

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

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

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

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

E. **Board Action** -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists. In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

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

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

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

.

Approved by:

_____
Name of Organization

_____
Signature of Organization Official

_____
Date

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 ___

ATTACHMENT E - NO OVERDUE TAX DEBTS

Provider should complete this certification for all funds received. Entity should enter appropriate data in the yellow highlighted areas. The completed and signed form must be provided to the Guilford County Department of Health and Human Services.

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
ARO Community Services, Inc.
Address: 1515 W. Cornwallis Dr. Suite G-107
Greensboro, NC 27408
336-378-9862
Fax:
Email: aro_inc@bellsouth.net
[Date of Certification:_____ (mm/dd/yy)]

To: GUILFORD COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

Certification:
We certify that the **ARO COMMUNITY SERVICES, INC.** 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.

Signature:_____ Signature: _____
Board Chair **Title of Second Authorizing Official:_____**

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

_____ **My Commission Expires: _____.**
(Notary Signature and Seal)

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

ATTACHMENT F

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

GUILFORD COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

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.

(See CONTRACT for signatures.)

(The remainder of this page has been intentionally left blank).
(This contract continues on the following pages.)

Attachment G

GUILFORD COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

Certification Regarding Lobbying

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-CFR Title 2, Grants and Agreements, Part 200, 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

(Certification signature should be same as Contract signature.)

ATTACHMENT H

GUILFORD COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

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.

(See CONTRACT for signatures.)

(The remainder of this page has been intentionally left blank).
(This contract continues on the following pages.)

This document will be used to determine if you have a business associate relationship with a contractor. This form should be completed on all contracts that have a HIPAA covered health care component. This would include all health related information.

Contractor: Contractor: **ARO COMMUNITY SERVICES, INC.** Contract Number: **266** Date: **06/06/2017**

HIPAA ASSESSMENT FORM

Questions	Notes	Steps
1. Has a relationship been initiated Yesallows the contractor to perform a function or activity for, or on behalf of, Guilford County Department of Health and Human Services HIPAA covered health care component?		YES—Go to Question 2. NO—Stop. There is no business associate relationship.
2. Is the function or service to be Yes rendered by the contractor on an activity other than treatment of clients?	NOTE: The sharing of Individually identifiable health information with another treatment contractor for treatment purposes only does not require a business associate agreement. See 45 CFR §164.502(e)(1)(ii)(A)	YES—Go to Question 3. NO—Stop. There is no business associate relationship.
3. Does the function or service to Yes be rendered by the contractor involve the use or disclosure of the Guilford County Department of Health and Human Services individually identifiable health information?	NOTE: Data that does not contain A Guilford County Department of Health and Human individually identifiable health information is not covered by HIPAA and thus does not have to be protected through a business associate agreement.	YES--Go to Question 4. NO—Stop. There is no business associate relationship.
4. Are the services rendered by No staff from the contractor performed on the premises of the covered health care component, using the component's resources and following the component's policies and procedures?	NOTES: Whenever a service is rendered on the premises of a covered component, utilizing the component's resources and following the component's policies and procedures, the person rendering such services is considered a member of the component's workforce, and is required to comply with the component's privacy policies and procedures. No business associate agreement is required.	NO—Got Question 5. YES—Stop. There is not business associate relationship.

5. Is the contractor performing a Yes type(s) of function/activity for or on the behalf of the Guilford County Department of Health and Human Services HIPAA covered health component that is directly related to the covered health component's continued operation?	Check appropriate service(s): ☐ Attorney Representing Agency ☐ Benefits Management ☐ Patient Accounts Billing ☐ Claims Processing ☐ Claims Administration ☐ Bill Collections ☒ Professional Services ☐ Special Population Assessments ☐ Data Analysis ☐ Data Processing ☐ Data Administration ☐ JCAHO ☐ Council on Accreditation ☐ Re-pricing ☐ Rate Setting	**YES—You have identified a business associate relationship.** The specified function/activity, which involves the sharing of individually identifiable health information, is provided by the contractor. This constitutes a business associate relationship as such information must be protected the same as required of the HIPAA covered health care component. There are two types of business associate relationships: External Business Associate relationships: You have indentified an External business associate relationship if you are contracting with any entity outside city, county or state government. A Business Associate Addendum must be signed and included with the contract. If you are

	☐ Practice Management ☐ Software Support ☐ Utilization Review ☐ Quality Assurance Contract Analysis ☐ Central Office Supervision ☐ Security ☐ Dietary ☐ Machine Maintenance ☐ Facility Maintenance ☐ Landscaping ☐ Housekeeping ☐ Hardware Support ☐ Audits/Surveys ☐ Purchasing	completing a Memorandum of Agreement (MOA) with a governmental entity the Government Associate Addendum must be utilized. NO—STOP. There is no business associate relationship.
ADDITIONAL REQUIRMENTS		
NOTE: Make sure all county requirements are met for internally notifying the correct parties for External and Internal Business Associates		

(The remainder of this page has been intentionally left blank).
(This contract continues on the following pages.)

ATTACHMENT I

GUILFORD COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

BUSINESS ASSOCIATE ADDENDUM TO CONTRACT

THIS AGREEMENT is hereby entered into and made effective the **1ST** day of July, 2017, by and between the **GUILFORD COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES**, the "Covered Entity" and **ARO COMMUNITY SERVICES, INC.**, the "CONTRACTOR" and "Business Associate," also collectively referred to as the "Parties," and runs concurrently with the CONTRACT entered into between the Parties.

1. BACKGROUND

a. Covered Entity and Business Associate are Parties to a CONTRACT entitled and identified as **GUILFORD COUNTY CONTRACT NO. 266** (the "CONTRACT"), whereby Business Associate agrees to perform certain services for or on behalf of Covered Entity.

b. Covered Entity is an organizational unit of GUILFORD COUNTY as the GUILFORD COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) as a health care component for purposes of the HIPAA Privacy Rule.

c. The relationship between Covered Entity and Business Associate is such that the Parties believe Business Associate is or may be a "Business Associate" within the meaning of the HIPAA Privacy Rule.

d. The Parties enter into this Business Associate Addendum to the CONTRACT with the intention of complying with the HIPAA Privacy Rule provision that a Covered Entity may disclose protected health information to a Business Associate, and may allow a Business Associate to create or receive protected heath information on its behalf, if the Covered Entity obtains satisfactory assurances that the Business Associate will appropriately safeguard the information.

2. DEFINITIONS

Unless some other meaning is clearly indicated by the context, the following terms shall have the following meaning in this Agreement:

a. "HIPAA" means the Administrative Simplification Provisions, Sections 261 through 264, of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

b. "Individual" shall have the same meaning as the term "individual" in 45 CFR160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).

c. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.

d. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

e. "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR 164.103.

f. "Secretary" shall mean the Secretary of the United States Department of Health and Human Services or his designee.

g. Unless otherwise defined in this Agreement, terms used herein shall have the same meaning as those terms have in the Privacy Rule.

3. OBLIGATIONS OF BUSINESS ASSOCIATE

a. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by this Agreement or as Required By Law.

b. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.

c. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

d. Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.

e. Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

f. Business Associate agrees to provide access, at the request of Covered Entity, to Protected Health Information in a Designated Record Set to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR 164.524.

g. Business Associate agrees, at the request of the Covered Entity, to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR 164.526.

h. Unless otherwise prohibited by law, Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity, available to the Covered Entity or to the GUILFORD COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, in a time and manner designated by the Secretary, for purposes of the GUILFORD COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES determining Covered Entity's compliance with the Privacy Rule.

i. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528, and to provide this information to Covered Entity or an Individual to permit such a response.

4. PERMITTED USES AND DISCLOSURES

a. Except as otherwise limited in this Agreement or by other applicable law or agreement, if the CONTRACT permits, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the CONTRACT, provided that such use or disclosure:

1) would not violate the Privacy Rule if done by Covered Entity; or

2) would not violate the minimum necessary policies and procedures of the Covered Entity.

b. Except as otherwise limited in this Agreement or by other applicable law or agreements, if the CONTRACT permits, Business Associate may use Protected Health Information as necessary for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

c. Except as otherwise limited in this Agreement or by other applicable law or agreements, if the CONTRACT permits, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that:

1) disclosures are Required By Law; or

2) Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and will be used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

d. Except as otherwise limited in this Agreement or by other applicable law or agreements, if the CONTRACT permits, Business Associate may use Protected Health Information to provide data aggregation services to Covered Entity as permitted by 45 CFR 164.504(e)(2)(i)(B).

e. Notwithstanding the foregoing provisions, Business Associate may not use or disclose Protected Health Information if the use or disclosure would violate any term of the CONTRACT or other applicable law or agreements.

5. TERM AND TERMINATION

a. Term. This Agreement shall be effective as of the effective date stated above and shall terminate when the CONTRACT terminates.

b. Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity may, at its option:

1) Provide an opportunity for Business Associate to cure the breach or end the violation, and terminate this Agreement and services provided by Business Associate, to the extent permissible by law, if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;

2) Immediately terminate this Agreement and services provided by Business Associate, to the extent permissible by law; or

3) If neither termination nor cure is feasible, report the violation to the Secretary as provided in the Privacy Rule.

c. Effect of Termination.

1) Except as provided in paragraph (2) of this section or in the CONTRACT or by other applicable law or agreements, upon termination of this Agreement and services provided by Business Associate, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.

2) In the event that Business Associate determines that returning or destroying the Protected Health Information is not feasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction not feasible. Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

6. GENERAL TERMS AND CONDITIONS

a. This Agreement amends and is part of the CONTRACT.

b. Except as provided in this Agreement, all terms and conditions of the CONTRACT shall remain in force and shall apply to this Agreement as if set forth fully herein.

c. In the event of a conflict in terms between this Agreement and the CONTRACT, the interpretation that is in accordance with the Privacy Rule shall prevail. In the event that a conflict then remains, the CONTRACT terms shall prevail so long as they are in accordance with the Privacy Rule.

d. A breach of this Agreement by Business Associate shall be considered sufficient basis for Covered Entity to terminate the CONTRACT for cause.

ATTACHMENT J

CERTIFICATION REGARDING TRANSPORTATION

GUILFORD COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

By execution of this Agreement the Contractor certifies that it will provide safe client transportation by:

1. Insuring that all drivers (including employees, contractors, contractor's employees, and volunteers) shall be at least 18 years of age;

2. Insuring that all drivers (including employees, contractors, contractor's employees, and volunteers) shall be licensed to operate the specific vehicle used in transporting clients in accordance with Chapter 20-7 of the General Statutes of North Carolina and the Division of Motor Vehicle requirements;

3. Insuring that all vehicles transporting clients shall have at least the minimum level of liability insurance appropriate for the type of vehicle as defined by Article 7, Rule R2-36 of the North Carolina Utilities Commission;

4. Insuring that the contractor shall have written policies and procedures regarding how drivers handle and report client emergencies and/or vehicle crashes involving clients to contractor and how contractor notifies the GUILFORD COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES;

5. Insuring that no more than one quarter of one percent of all trips be missed by the contractor during the course of the contract period; (*Medicaid only*)

6. Insuring that that no more than five percent (5%) of trips should be late for recipient drop off to their appointment per month; (*Medicaid only*)

7. Contractor will maintain records documenting the following (*County may require contractor to provide):*
   a. Valid current copies of Driver's License for all drivers;
   b. Current valid Vehicle Registration, for all vehicles transporting clients;
   c. Driving records for all drivers for the past three years and with annual updates;
   d. Criminal Background checks through North Carolina Law Enforcement or NCIC prior to employment and every three years thereafter;
   e. Alcohol and Drug Testing policy to meet the Federal Transit Authority guidelines.

8. Disclosing, at the outset of the contract, upon renewal and upon request, any criminal convictions or other reasons for disqualifications from participation in Medicare, Medicaid or Title XX programs (*signature on this form confirms this statemen*t).

(See CONTRACT for signatures.)

(The remainder of this page has been intentionally left blank).
(This contract continues on the following pages.)

ATTACHMENT K

What is a Private Non Profit Agency?

Answer: A private non profit is an organization that is incorporated under State law and whose purpose is not to make a profit, but rather to further a charitable, civic, religious, scientific, or other lawful purpose. The Secretary of State's office grants corporate status to organizations in North Carolina.

What is a 501(c)(3) designation?

Answer: When the agency becomes a state private non profit corporation, it can then apply for 501(c)(3) designation through the IRS. Once the IRS grants 501(c)(3) status, the organization is exempt from certain taxes and any donations to the charitable organization are tax deductible. Many individuals and organizations prefer to make donations to 501(c)(3) private non profits.

Who can obtain a 501(c)(3) designation?

Answer: Any organization or group can apply for 501(c)(3) status, provided their charter or mission focuses on the non profit's objective.

Another option is to apply for a 509(a)(1) status which falls under the 501(c)(3) umbrella. Being a 509(a)(1) designates an organization as a tax-free public charity that receives most of its support from a governmental unit or from the general public. Becoming a 509(a)(1) provides public recognition of tax-exempt status, advance assurance to donors of deductibility of contributions, exemption from certain State and federal taxes, and non profit mailing privileges. Organizations that typically qualify are churches, educational institutions, hospitals, and governmental units.

How does a Private Non Profit obtain Tax Exempt Status?

EO Web Site [www.irs.gov/eo]

IRS TE/GE Customer Service

You may direct technical and procedural questions concerning charities and other nonprofit organizations, including questions about your tax-exempt status and tax liability, to the IRS Tax Exempt and Government Entities Customer Account Services at (877) 829-5500 (toll-free number).

If you prefer to write, you may write at:

Internal Revenue Service
Exempt Organizations Determinations
P.O. Box 2508
Cincinnati, OH 45201

You may also contact the Taxpayer Advocate Service, an independent organization within the IRS that helps taxpayers resolve problems with the IRS and recommends changes that will prevent problems.

A private non profit must apply to the IRS for tax exempt status. To qualify, applicants must complete and submit to the IRS Form 1023. Once federal tax exempt status is granted, the private non profit applies for State tax exempt status by completing Form CD-435 and submitting it to the N. C. Department of Revenue.

What must a County Department of Health and Human Services/Human Services do?

Answer: Verify the Tax Exempt Letter. Check date for expiration and check if current address of agency is reflected.

501(c)(3) and Tax Exempt Status

TO: THE GUILFORD COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

FROM: ARO COMMUNITY SERVICES, INC.
(Contractor/Company Name)

("Check" or "X" at one blank.)

Is Tax Exempt and the IRS federal tax exempt letter attached or 501(C) 3 attached:

_____.

Is NOT Tax Exempt. _____

(The remainder of this page has been intentionally left blank.)
(This contract continues on the following pages.)

STATE OF NORTH CAROLINA

AFFIDAVIT

COUNTY OF GUILFORD

****

I, _____ (the individual attesting below), being duly authorized by and on behalf of

_____ (the entity bidding on project 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, after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with NCGS§64-26(a).

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

a. YES _____; or,

b. NO _____

4. Employer's subcontractors comply with E-Verify, and if Employer is the winning bidder on this project Employer will ensure compliance with E-Verify by any subcontractors subsequently hired by Employer.

This ____ day of _____, 2017.

_____

Signature of Affiant
Print or Type Name: _____

State of _____County of _____

Signed and sworn to (or affirmed) before me, this the _____

day of _____, 2017.

My Commission Expires:

_____. _____

Notary Public

(Affix Official/Notarial Seal)

Attachment M

State Certification

Contractor Certifications Required by North Carolina Law

Instructions

The person who signs this document should read the text of the statutes listed below and consult with counsel and other knowledgeable persons before signing.

- The text of Article 2 of Chapter 64 of the North Carolina General Statutes can be found online at: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- The text of G.S. 105-164.8(b) can be found online at: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- The text of G.S. 143-48.5 (S.L. 2013-418, s. 2.(d)) can be found online at: http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H786v6.pdf
- The text of G.S. 143-59.1 can be found online at: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- The text of G.S. 143-59.2 can be found online at: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- The text of G.S. 147-33.95(g) (S.L. 2013-418, s. 2.(e)) can be found online at: http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H786v6.pdf

Certifications

(1) **Pursuant to G.S. 143-48.5 and G.S. 147-33.95(g)**, the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov

(2) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:

(a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**

(b) [check **one** of the following boxes]

☐ Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**

☐ The Contractor or one of its affiliates **has** incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.

(3) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.

(4) The undersigned hereby certifies further that:

(a) He or she is a duly authorized representative of the Contractor named below;

(b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and

(c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1and -59.2 shall be guilty of a Class I felony.

Contractor's Name	
Signature of Contractor's Authorized Agent	Date
Printed Name of Contractor's Authorized Agent	Title
Signature of Witness	Title
Printed Name of Witness	Date

The witness should be present when the Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.

(The remainder of this page has been intentionally left blank.)
(This contract continues on the following pages.)

CERTIFICATION OF ELIGIBILITY

Under the Iran Divestment Act

Pursuant to G.S. 147-86.59, any person identified as engaging in investment activities in Iran, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to G.S. 147-86.58, is ineligible to contract with the State of North Carolina or any political subdivision of the State. The Iran Divestment Act of 2015, G.S. 147-86.55 *et seq.** requires that each vendor, prior to contracting with the State certify, and the undersigned on behalf of the Vendor does hereby certify, to the following:

1. that the vendor is not identified on the Final Divestment List of entities that the State Treasurer has determined engages in investment activities in Iran;
2. that the vendor shall not utilize on any contract with the State agency any subcontractor that is identified on the Final Divestment List; and
3. that the undersigned is authorized by the Vendor to make this Certification.

Vendor: ARO Community Services, Inc.

By:_____ _____
Signature Date

_____ _____
Printed Name Title

The State Treasurer's Final Divestment List can be found on the State Treasurer's website at the address: https://www.nctreasurer.com/inside-the-department/OpenGovernment/Pages/Iran-Divestment-Act-Resources.aspx and will be updated every 180 days. For questions about the Department of State Treasurer's Iran Divestment Policy, please contact Meryl Murtagh at *Meryl.Murtagh@nctreasurer.com* or (919) 814-3852.

* Note: Enacted by Session Law 2015-118 as G.S. 143C-55 *et seq*., but has been renumbered for codification at the direction of the Revisor of Statutes.

CONTRACT PROVIDER NAME: **ARO Community Services, Inc.**
CONTRACT NUMBER: **266**
CONTRACT PERIOD: **2017-2018**
PROVIDER'S FISCAL YEAR: **January-December**

CONTRACT DETERMINATION QUESTIONNAIRE
(PURCHASE OF SERVICE VS. FINANCIAL ASSISTANCE)

Instructions: Enter 5 points for each factor in either the yes or no column. Once the entire list has been completed, tally the points in each column. The column with the most points should be a good indicator of the designation of the organization--either Financial Assistance (Grant) or Vendor (Purchase of Service).

Determination Factors	5 points Financial Assistance **YES**	5 points Purchase of Service **NO**
1. Does the provider determine eligibility?		5
2. Does the provider provide administrative functions such as Develop program standards procedures and rules?		5
3. Does the provider provide administrative functions such as Program Planning?		5
4. Does the provider provide administrative functions such as Monitoring?		5
5. Does the provider provide administrative functions such as Program Evaluation?		5
6. Does the provider provide administrative functions such as Program Compliance?		5
7. Is provider performance measured against whether specific objectives are met?	5	
8. Does the provided have responsibility for programmatic decision making?		5
9. Is the provider objective to carry out a public purpose to support an overall program objective?		5
10. Does the provider have to submit a cost report to satisfy a cost reimbursement arrangement?		5
11. Does the provider have any obligation to the funding authority other than the delivery of the Specified goods/services?		5
12. Does the provider operate in a noncompetitive environment?		5
13. Does the provider provide these or similar goods and/or services only to the funding agency?		5
14. Does the provide these or similar goods and/or services outside normal business operations?	5	
TOTAL	**10**	**60**

Note: The authorized individual(s) must place an X in one of the boxes below to indicate the type of contractual arrangement for this contract, then sign and date where indicated.

☐ **FINANCIAL ASSISTANCE**

☒ **PURCHASE SERVICE**

_____ _____
Signature of Authorized Programmatic Individual DATE

_____ _____
Signature of Authorized Administrative Individual DATE