



The following records were obtained by Equity Forward on March 27, 2023, in response to a public records request made to the North Carolina Department of Health & Human Services on January 27, 2023.

Questions and comments about these records can be sent to info@equityfwd.org.

Received 5/17/21

N.C. Department of Health and Human Services
Division of Public Health
Women and Children's Health Section/ Women's Health Branch
Section/Branch

Contract Expenditure Report

April 2021
 mo/yr of expenditure
 Mountain Area Pregnancy Services, Inc
 Contractor
 Kristi Brown
 Project Director
 Promote and increase awareness of pregnancy support services
 Purpose

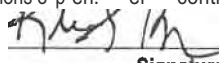
40085
 Contract ID#: 1600140085
 NCAS #: **\$33,813.44**
 Total Expenditure

Contractor match is REQUIRED by this contract: **X**
 (Place an "X" in the appropriate box) YES NO

| Item Description | Item Number | Contractor Amount | DHHSAmount |
|---|--------------|-------------------|-------------|
| Salary/Wages | | | \$1,392.00 |
| Fringe Benefits | | | \$118.55 |
| Supplies and Materials- Furniture | | | \$1,056.76 |
| Supplies and Materials- Other | | | |
| Equipment- Communication | | | |
| Equipment- Office | | | |
| Equipment- IT | | | |
| Travel- Contractor Staff | | | |
| Utilities- Telephone | | | \$40.00 |
| Staff Development | | | |
| Media/Communications- Advertising | | | \$22,570.00 |
| Media/Communications-Audiovisual Presentations, Multimedia, TV, Radio Presentations | | | |
| Media/Communications- Logos | | | |
| Media/Communications- Promotional Items | | | |
| Media/Communications- Publications | | | |
| Media/Communications- PSAs and Ads | | | \$1,410.00 |
| Media/Communications- Reprints | | | \$78.72 |
| Media/Communications- Text translation | | | |
| Media/Communications- Websites and Web Materials | | | |
| Professional Services- IT | | | |
| Professional Services- Accounting | | | |
| Subcontracts and Grants | | | |
| Dues and Subscriptions | | | |
| Other- Incentives and Participants | | | \$4,169.53 |
| Indirect Cost | | | \$2,977.88 |
| Subtotal | | \$0.00 | \$33,813.44 |
| THIS SECTION FOR DPH USE ONLY: | | | |
| Company 2801 | | | |
| Account | Center | | |
| | 13A1-o832-AR | | |

As chief executive officer or designee of the contracting organization, I hereby certify that the units billed to DHHS on this public payment voucher have been delivered in accordance with the conditions of the contract, and that to the best of my knowledge and belief we have complied with all laws, regulations and contractual provisions that are conditions of payment under this contract. As chief executive officer or designee of the recipient organization, I hereby certify that the cost or units billed for reimbursement on the above Request for Reimbursement were incurred and delivered according to the provisions of the assistance agreement. I further certify that any required matching expenditures have been incurred, and that to the best of my knowledge and belief we have complied with all laws, regulations and contractual provisions that are conditions of payment under this contract.

Kristi Brown, Executive Director
 Authorized Contractor Printed Name & Title


 Signature

May 6, 2021
 Date

Mail to: Appropriate Division Contract Administrator


 DHHS-DPH Contract Administrator Signature & Date

DocuSigned by:
 05/19/21 | 4:13 PM EDT
 DHHS-DPH Branch Head Signature & Date

!?!bs --:Jti, 1.r)/)
 DHHS-DPH Contract Administrator Printed Name

Belinda Pettiford
 DHHS-DPH Branch Head Printed Name

MONTHLY FINANCIAL REPORT

| | |
|--------------------------|----------------------------------|
| CONTRACTOR: | Mountain Area Pregnancy Services |
| CONTRACT PERIOD: | July 1, 2020- June 30, 2021 |
| REPORTING PERIOD: | April 2021 |

| ACCOUNTS | APPROVED CONTRACT BUDGET | *PREVIOUS ACCUMULATED EXPENDITURES | CURRENT MONTH EXPENDITURES | NEW ENDING BALANCE |
|---|--------------------------------|--|----------------------------------|--------------------------|
| (Accounts should match approved budget) | | | | |
| Salary/Wages | \$33,280.00 | \$8,263.29 | \$1,392.00 | \$23,624.71 |
| Fringe Benefits | \$2,546.00 | \$672.16 | \$118.55 | \$1,755.29 |
| Supplies and Materials- Furniture | \$1,872.00 | \$725.00 | \$1,056.76 | \$90.24 |
| Supplies and Materials- Other | \$1,263.00 | \$952.83 | | \$310.17 |
| Equipment- Communication | \$0.00 | \$0.00 | | \$0.00 |
| Equipment- Office | \$350.00 | \$350.00 | | \$0.00 |
| Equipment- IT | \$1,845.00 | \$1,288.78 | | \$556.22 |
| Travel- Contractor Staff | \$6,302.00 | \$2,283.71 | | \$4,018.29 |
| Utilities- Telephone | \$480.00 | \$320.00 | \$40.00 | \$120.00 |
| Staff Development | \$10,831.00 | \$9,225.00 | | \$1,606.00 |
| Media/Communications- Advertising | \$128,971.00 | \$73,028.86 | \$22,570.00 | \$33,372.14 |
| Media/Communications- Audio/Visual Presentations, Multimedia, TV, Radio Presentations | \$800.00 | \$0.00 | | \$800.00 |
| Media/Communications- Logos | | \$0.00 | | \$0.00 |
| Media/Communications- Promotional Items | \$15,638.00 | \$2,669.59 | | \$12,968.41 |
| Media/Communications- Publications | \$185.00 | \$182.76 | | \$2.24 |
| Media/Communications- PSAs and Ads | \$12,987.00 | \$4,678.00 | \$1,410.00 | \$6,899.00 |
| Media/Communications- Reprints | \$325.00 | \$218.02 | \$78.72 | \$28.26 |
| Media/Communications- Text translation | | \$0.00 | | \$0.00 |
| Media/Communications- Websites and Web Materials | \$400.00 | \$0.00 | | \$400.00 |
| Professional Services- IT | \$560.00 | \$210.00 | | \$350.00 |
| Professional Services- Accounting | | \$0.00 | | \$0.00 |
| Subcontractors and Grants | \$0.00 | \$0.00 | | \$0.00 |
| Dues and Subscriptions | | \$0.00 | | \$0.00 |
| Other- Incentives and Participants | \$8,935.00 | \$775.86 | \$4,169.53 | \$3,989.61 |
| Indirect Cost | \$22,430.00 | \$10,348.00 | \$2,977.88 | \$9,104.12 |
| TOTAL | \$250,000.00 | \$116,191.86 | \$33,813.44 | \$99,994.70 |

* Total of ALL expenditures previously submitted under this contract budget period.

May 12, 2021 9:31:55 AM

BC

AVAILABLE FUNDS INQUIRY

162

NEXT FUNCTION: _____ ACTION:

-----4-----

COMP/ ACCT/ CNTR

ALTERNATE COMP/ ACCT/ CNTR



ACCT DESC: NGO DIRECTED GRANTS OTHER ORIG APPROPRIATION: 650,000.00

CNTR DESC: LAST ACTIVITY: 05/11/2021

| | | | |
|------------|------------------|------------|----------------|
| 650,000.00 | (AUTH. BUDGET) | 650,000.00 | (AUTH. BUDGET) |
| 0.00 | (COMMITMENT) - | 0.00 | (COMMITMENT) |
| 253,309.44 | (ENCUMBRANCE) - | 253,309.44 | (ENCUMBRANCE) |
| 396,690.56 | (EXPENDITURE) - | 396,690.56 | (EXPENDITURE) |

| | | | |
|-------|------------------|-------|------------------|
| ----- | | ----- | |
| = | 0.00 (AVAIL BAL) | = | 0.00 (AVAIL BAL) |

| | | | | | | | | | | | | | |
|---|------------|------|-----|-----|-----|-----|-----|----|--------|--------|------|----------|------|
| L | OVEREXPEND | | A | | E | | C G | | | | | | |
| V | TOLERANCE | BDG | YTD | P | EST | | N | LR | | ACTIVE | | INACTIVE | |
| L | POST AMT | PCT | GRP | LTD | P | REV | EXP | C | COJYIM | S P | STAT | DATE | DATE |
| 1 | y | 9999 | 999 | | y | y | N | y | y | y | 5 6 | 0 | |

May 12, 2021 9:43:14 AM

N23 PS

PO LINE FINANCIAL INFORMATION

PLF

NEXT FUNCTION: _____ ACTION: _____ HISTORY: _ 05/12/2021 09:43:11
BROWSE:

BUY ENTITY 2BBS
PO NO. 1600140085
PO LINE NO. 1

BLANKET REL. NO. _____

TAX/VAT CODE
TAX/VAT COST .00 BC STATUS
ADDITIONAL COST CODE: OFER APPR/REJ
ADDITIONAL COST .00 DATE APPR/REJ
GL EFF. DATE 07/10/2020

QUANTITY ORDERED UOP: 1 CURRENCY CODE

UNIT PRICE 250,000.0000 DISTRIBUTION IND:
EXTENDED AMOUNT 250,000.00
TOTAL LINE VALUE 250,000.00 GL COMPANY 2B01
QUANTITY ORDERED SKU: 1.00 GL ACCOUNT [REDACTED]
TARGET PRICE .00000 GL CENTER 13A15832AR

EXTENDED AMOUNT .00 BID NUMBER
STANDARD UNIT COST .00000 PROJ/NCG/FED 1G1Y
EXTENDED AMOUNT .00 ACCOUNTING RULE 02

May 12, 2021 9:43:18 AM

N23 PS

PO INVOICE MATCHING INFORMATION

PMI

NEXT FUNCTION: _____ ACTION: _____ HISTORY: _ 05/12/2021 09:43:15
BROWSE:

BUY ENTITY 2BBS VENDOR: MOUNTAIN AREA PREGNANCY
PO NO. 1600140085
PO LINE NO. 0001
BLANKET REL. NO.
CURRENCY CODE
PAYMENT BASIS SIGNATURE

BASE PERMIT TO PAY INVOICED TO DATE PERMIT TO PAY

| | BASE PERMIT TO PAY | INVOICED TO DATE | PERMIT TO PAY |
|---------------------|--------------------|------------------|---------------|
| PO HEADER | 250,000.00 | 116,191.86 | 133,808.14 |
| PO HEADER TAX/VAT | .00 | .00 | .00 |
| PO HEADER ADDL COST | .00 | .00 | .00 |
| BLANKET | | | |
| BLANKET TAX/VAT | | | |
| BLANKET ADDL COST | | | |
| PO LINE | 250,000.00 | 116,191.86 | 133,808.14 |
| PO LINE TAX/VAT | .00 | .00 | .00 |
| PO LINE ADDL COST | .00 | .00 | .00 |

Rec'd 8/7/2020

N.C. Department of Health and Human Services
Division of Public Health
Women and Children's Health Section/ Women's Health Branch
Section/Branch

Contract Expenditure Report

July 2020
 mo/yr of expenditure
Mountain Area Pregnancy Services, Inc
 Contractor
Kristi Brown
 Project Director
Promote and increase awareness of pregnancy support services
 Purpose

40085
 Contract ID#:
1600140085
 NCAS#:
\$3,570.94
 Total Expenditure

Contractor match is REQUIRED by this contract:

X
 YES NO

(Place an "X" in the appropriate box.)

| Item Description | Item Number | Contractor Amount | DHHS Amount |
|---|--------------|-------------------|-------------|
| Salaries/wages | | | |
| Princple Benefits | | | |
| Supplies and Materials- Furniture | | | |
| Supplies and Materials- Other | | | \$260.54 |
| Equipment- Communication | | | |
| Equipment- Office | | | \$204.56 |
| Equipment- IT | | | \$813.79 |
| Travel- Contractor Staff | | | |
| Utilities- Telephone | | | |
| Staff Development | | | |
| Media/Communications- Advertising | | | \$1,850.00 |
| Media/Communications-Audiovisual Presentations, Multimedia, TV, Radio Presentations | | | |
| Media/Communications- Logos | | | |
| Media/Communications- Promotional Items | | | |
| Media/Communications- Publications | | | |
| Media/Communications- PSAs and Ads | | | |
| Media/Communications- Reprints | | | |
| Media/Communications- Text translation | | | |
| Media/Communications- Websites and Web Materials | | | |
| Professional Services- IT | | | \$210.00 |
| Professional Services- Accountancy | | | |
| Subcontracts and Grants | | | |
| Dues and Subscriptions | | | |
| Other- Incentives and Participants | | | |
| Indirect Cost | | | \$232.05 |
| Subtotal | | \$0.00 | \$3,570.94 |
| THIS SECTION FOR DPH USE ONLY: | | | |
| Company 2B01 | | | |
| Account | Center | | |
| | 13A1-5832-AR | | |

I, as chief executive officer or designee of the contracting organization, I hereby certify that the units billed to DHHS on this public payment voucher have been delivered in accordance with the conditions of the contract, and that to the best of my knowledge and belief we have complied with all laws, regulations and contractual provisions that are conditions of payment under this contract. As chief executive officer or designee of the recipient organization, I hereby certify that the cost or units billed for reimbursement on the above Request for Reimbursement were incurred and delivered according to the provisions of the assistance agreement. I further certify that any required matching expenditures have been incurred, and that to the best of my knowledge and belief we have complied with all laws, regulations and contractual provisions that are conditions of payment under this contract.

Kristi Brown, Executive Director
 Authorized Contractor Printed Name & Title

Kristi Brown
 Signature

July 31, 2020
 Date

Mail to: Appropriate Division Contract Administrator

Tara Owens Shuler 9/10/2020
 DHHS-DPH Contract Administrator Signature & Date
 Tara Owens Shuler
 DHHS-DPH Contract Administrator Printed Name

DocuSigned by:
Belinda Pettiford 9/21/2020 | 5:21 PM EDT
 DHHS-DPH Branch Head Signature & Date
 Belinda Pettiford
 DHHS-DPH Branch Head Printed Name

MONTHLY FINANCIAL REPORT

| | |
|--------------------------|----------------------------------|
| CONTRACTOR: | Mountain Area Pregnancy Services |
| CONTRACT PERIOD: | July 1, 2020- June 30, 2021 |
| REPORTING PERIOD: | July 2020 |

| ACCOUNTS | APPROVED CONTRACT BUDGET | *PREVIOUS ACCUMULATED EXPENDITURES | CURRENT MONTH EXPENDITURES | NEW ENDING BALANCE |
|--|--------------------------------|--|----------------------------------|--------------------------|
| (Accounts should match approved budget) | | | | |
| Salary/Wages | \$33,280.00 | | | \$33,280.00 |
| Fringe Benefits | \$2,546.00 | | | \$2,546.00 |
| Supplies and Materials- Furniture | \$725.00 | | | \$725.00 |
| Supplies and Materials- Other | \$980.00 | | \$260.54 | \$719.46 |
| Equipment- Communication | \$150.00 | | | \$150.00 |
| Equipment- Office | \$350.00 | | \$204.56 | \$145.44 |
| Equipment- IT | \$2,045.00 | | \$813.79 | \$1,231.21 |
| Travel- Contractor Staff | \$9,122.00 | | | \$9,122.00 |
| Utilities- Telephone | \$480.00 | | | \$480.00 |
| Staff Development | \$5,471.00 | | | \$5,471.00 |
| Media/Communications- Advertising | \$125,241.00 | | \$1,850.00 | \$123,391.00 |
| Media/Communications- Presentations, Multimedia, TV, Radio Presentations | \$800.00 | | | \$800.00 |
| Media/Communications- Logos | | | | \$0.00 |
| Media/Communications- Promotional Items | \$15,638.00 | | | \$15,638.00 |
| Media/Communications- Publications | \$85.00 | | | \$85.00 |
| Media/Communications- PSAs and Ads | \$14,580.00 | | | \$14,580.00 |
| Media/Communications- Reprints | \$175.00 | | | \$175.00 |
| Media/Communications- Text translation | | | | \$0.00 |
| Media/Communications- Websites and Web Materials | \$400.00 | | | \$400.00 |
| Professional Services- IT | \$560.00 | | \$210.00 | \$350.00 |
| Professional Services- Accounting | | | | \$0.00 |
| Subcontractors and Grants | \$6,007.00 | | | \$6,007.00 |
| Dues and Subscriptions | | | | \$0.00 |
| Other- Incentives and Participants | \$8,935.00 | | | \$8,935.00 |
| Indirect Cost | \$22,430.00 | | \$232.05 | \$22,197.95 |
| TOTAL | \$250,000.00 | \$0.00 | \$3,570.94 | \$246,429.06 |

* Total of ALL expenditures previously submitted under this contract budget period.

rec'd 9/29/2020

N.C. Department of Health and Human Services
Division of Public Health
Women and Children's Health Section/ Women's Health Branch
Section/Branch

Contract Expenditure Report

v'Altgust 2020 Revised
 mo/yr of expenditure
Mountan Area Pregnancy Services, Inc
 Contractor
Kristi Brown
 Project Director
 Purpose Promote and increase awareness of pregnancy support services

Contract ID #: 1600140085
 NCAS#: \$10,945.58
 Total Expenditure

Contractor match is REQUIRED by this contract: YES X NO
 (Place an 'X' in the appropriate box.)

| Item Description | Item Number | Contractor Amount | DHHSAmount |
|---|-------------|-------------------|-------------|
| Salary/Wages | | | \$610.72 |
| Frinc:ie Benefits | | | \$48.47 |
| Supplies and Materials- Furniture | | | |
| Supplies and Materials- Other | | | \$264.02 |
| Equipment- Communication | | | |
| Equipment- Office | | | |
| Equioment- IT | | | |
| Travel- Contractor Staff | | | \$30.46 |
| Utilities- Telephone | | | \$40.00 |
| Staff Development | | | |
| Media/Communications- Advertising | | | \$8,814.96 |
| Media/Communications-Audiovisual Presentations, Multimedia, TV, Radio Presentations | | | |
| Media/Communications- Logos | | | |
| Media/Communications- Promotional Items | | | \$141.88 |
| Media/Communications- Publications | | | |
| Media/Communications- PSAs and Ads | | | |
| Media/Communications- Reprints | | | |
| Media/Communications- Text translation | | | |
| Media/Communications- Websites and Web Materials | | | |
| Professional Services- IT | | | |
| Professional Services- Accountinc:i | | | |
| Subcontracts and Grants | | | |
| Dues and Subscriptions | | | |
| Other- Incentives and Participants | | | |
| Indirect Cost | | | \$995.05 |
| Subtotal | | \$0.00 | \$10,945.58 |
| THIS SECTION FOR DPH USE ONLY: | | | |
| Company 2801 | | | |
| Center | | | |
| /i 3A1-5832-AR | | | |

As chief executive officer or designee of the contracting organization, I hereby certify that the units billed to DHHS on this public payment voucher have been delivered in accordance with the condons of the contract, and that to the best of my knowledge and belief we have complied with all laws, regulations and contractual provisions that are conditions of payment under this conract. As chief executive officer or designee of the recipient organization, I hereby certify that the cost or units billed for reimbursement on the above Request for Reimbursement were incurred and delivered according to the provisions of the assistance agreement. I further certify that any required matching expenditures have been incurred, and that to the best of my knowledge and belief we have complied with all laws, regulations and contractual provisions that are conditions smnderl ract./

Kristi Brown, Executive Director _____ 09/28/2020
 Authorized Contractor Printed Name & Title Signature Date

Mail to: Appropriate Division Contract Administrator

 DHHS-DPH Contract Administrator Signature & Date 9/29/2020

 DHHS-DPH Branch Head Signature & Date Belinda Pettiford 10/5/2020 | 11:53 AM EDT

Tara 0.1•nsShuler _____ Belinda Pelliford _____
 DHHS-DPH Contract Administrator Printed Name DHHS-DPH Branch Head Printed Name

MONTHLY FINANCIAL REPORT

CONTRACTOR:
CONTRACT PERIOD:
REPORTING PERIOD:

Mountain Area Pregnancy Services
 July 1, 2020- June 30, 2021
 August 2020 Revised

| ACCOUNTS | APPROVED CONTRACT BUDGET | *PREVIOUS ACCUMULATED EXPENDITURES | CURRENT MONTH EXPENDITURES | NEW ENDING BALANCE |
|---|--------------------------------|--|----------------------------------|--------------------------|
| (Accounts should match approved budget) | | | | |
| Salary/Wages | \$33,280.00 | | \$610.72 | \$32,669.28 |
| Fringe Benefits | \$2,546.00 | | \$48.47 | \$2,497.53 |
| Supplies and Materials- Furniture | \$725.00 | | | \$725.00 |
| Supplies and Materials- Other | \$980.00 | \$260.54 | \$264.02 | \$455.44 |
| Equipment- Communication | \$150.00 | | | \$150.00 |
| Equipment- Office | \$350.00 | \$204.56 | | \$145.44 |
| Equipment- IT | \$2,045.00 | \$813.79 | | \$1,231.21 |
| Travel- Contractor Staff | \$9,122.00 | | \$30.48 | \$9,091.52 |
| Utilities- Telephone | \$480.00 | | \$40.00 | \$440.00 |
| Staff Development | \$5,471.00 | | | \$5,471.00 |
| Media/Communications- Advertising | \$125,241.00 | \$1,850.00 | \$8,814.96 | \$114,576.04 |
| Media/Communications- Multimedia, TV, Radio Presentations | \$800.00 | | | \$800.00 |
| Media/Communications- Logos | | | | \$0.00 |
| Media/Communications- Promotional Items | \$15,638.00 | | \$141.88 | \$15,496.12 |
| Media/Communications- Publications | \$85.00 | | | \$85.00 |
| Media/Communications- PSAs and Ads | \$14,580.00 | | | \$14,580.00 |
| Media/Communications- Reprints | \$175.00 | | | \$175.00 |
| Media/Communications- Text translation | | | | \$0.00 |
| Media/Communications- Websites and Web Materials | \$400.00 | | | \$400.00 |
| Professional Services- IT | \$560.00 | \$210.00 | | \$350.00 |
| Professional Services- Accounting | | | | \$0.00 |
| Subcontractors and Grants | \$6,007.00 | | | \$6,007.00 |
| Dues and Subscriptions | | | | \$0.00 |
| Other- Incentives and Participants | \$8,935.00 | | | \$8,935.00 |
| Indirect Cost | \$22,430.00 | \$232.05 | \$995.05 | \$21,202.90 |
| TOTAL | \$250,000.00 | \$3,570.94 | \$10,945.58 | \$235,483.48 |

* Total of ALL expenditures previously submitted under this contract budget period.

MONTHLY FINANCIAL REPORT

CONTRACTOR:
CONTRACT PERIOD:
REPORTING PERIOD:

Mountain Area Pregnancy Services
 July 1, 2020- June 30, 2021
 August 2020

| ACCOUNTS | APPROVED CONTRACT BUDGET | *PREVIOUS ACCUMULATED EXPENDITURES | CURRENT MONTH EXPENDITURES | NEW ENDING BALANCE |
|--|--------------------------------|--|----------------------------------|--------------------------|
| (Accounts should match approved budget) | | | | |
| Salary/Wages | \$33,280.00 | | \$610.72 | \$32,669.28 |
| Fringe Benefits | \$2,546.00 | | \$48.47 | \$2,497.53 |
| Supplies and Materials- Furniture | \$725.00 | | | \$725.00 |
| Supplies and Materials- Other | \$980.00 | \$260.54 | \$264.02 | \$455.44 |
| Equipment- Communication | \$150.00 | | | \$150.00 |
| Equipment- Office | \$350.00 | \$204.56 | | \$145.44 |
| Equipment- IT | \$2,045.00 | \$813.79 | | \$1,231.21 |
| Travel- Contractor Staff | \$9,122.00 | | \$30.48 | \$9,091.52 |
| Utilities-Telephone | \$480.00 | | \$40.00 | \$440.00 |
| Staff Development | \$5,471.00 | | | \$5,471.00 |
| Media/Communications- Advertising | \$125,241.00 | \$1,850.00 | \$8,814.96 | \$114,576.04 |
| Media/Communications- Auction Presentations, Multimedia, TV, Radio Presentations | \$800.00 | | | \$800.00 |
| Media/Communications- Logos | | | | \$0.00 |
| Media/Communications- Promotional Items | \$15,638.00 | | \$141.88 | \$15,496.12 |
| Media/Communications- Publications | \$85.00 | | | \$85.00 |
| Media/Communications- PSAs and Ads | \$14,580.00 | | | \$14,580.00 |
| Media/Communications- Reprints | \$175.00 | | | \$175.00 |
| Media/Communications- Text translation | | | | \$0.00 |
| Media/Communications- Websites and Web Materials | \$400.00 | | | \$400.00 |
| Professional Services- IT | \$560.00 | \$210.00 | | \$350.00 |
| Professional Services- Accounting | | | | \$0.00 |
| Subcontractors and Grants | \$6,007.00 | | | \$6,007.00 |
| Dues and Subscriptions | | | | \$0.00 |
| Other- Incentives and Participants | \$8,935.00 | | | \$8,935.00 |
| Indirect Cost | \$22,430.00 | \$232.05 | \$965.05 | \$21,232.90 |
| TOTAL | \$250,000.00 | \$3,570.94 | \$10,915.58 | \$235,513.48 |

* Total of ALL expenditures previously submitted under this contract budget period.

1/7/2021

N.C. Department of Health and Human Services
 Division of Public Health
Women and Children's Health Section/ Women's Health Branch
 Section/Branch

Contract Expenditure Report.

December 2020
 mo/yr of expenditure
Mountain Area Pregnancy Services, Inc
 Contractor
Kristi Brown
 Project Director
Promote and increase awareness of pregnancy support services
 Purpose

40085
 Contract ID#:
1.0001400as
 NCAS#:
\$16,777.23
 Total Expenditure

Contractor match is REQUIRED by this contract:
 (Place an 'X' in the appropriate box)

| | |
|------------|-----------|
| | X |
| YES | NO |

| Item Description | Item Number | Contractor Amount | DHHSAmount |
|---|---------------|-------------------|-------------|
| Supplies | | | \$1,264.57 |
| Frnoe Benefits | | | \$100.31 |
| Supplies and Materials- Furniture | | | |
| Supplies and Materials- Other | | | |
| Equipments Communication | | | |
| Equipment- Office | | | |
| Travel- Contractor Staff | | | \$10.35 |
| Utilities-Telephone | | | \$40.00 |
| Staff Development | | | |
| Media/Communications- Advertisina | | | \$11,139.70 |
| Media/Communications-Audiovisual Presentations, Multimedia, TV, Radio Presentations | | | |
| Media/Communications- Log<>\$ | | | |
| Media/Communications- Promotional Items | | | \$1,177.10 |
| Media/Communications- Publications | | | |
| Media/Communications PSAs and Ads | | | \$1,520.00 |
| Media/Communications- Reprints | | | |
| Media/Communications- TeXl translation | | | |
| Media/Communications-Websites and Web Materials | | | |
| Professional Services- IT | | | |
| Professional Services- Accounting | | | |
| Subcontracts and Grants | | | |
| Dues and Subscriptions | | | |
| Other- Incentives and Participants | | | |
| Indirect Cost | | | \$1,525.20 |
| Subtotal | | \$0.00 | \$16,777.23 |
| THIS SECTION FOR DPH USE ONLY: | | | |
| Company 2B01 | | | |
| Account | Center | | |
| | 13A1-5 832-AR | | |

As chief executive officer or designee of the contracting organization, I hereby certify that the units billed to OHHS on this public payment voucher have been delivered in accordance with the conditions of the contract, and that to the best of my knowledge and belief we have complied with all laws, regulations and contractual provisions that are conditions of payment under this contract. As chief executive officer or designee of the recipient organization, I hereby certify that the cost or units billed for reimbursement of the above Requisition were incurred and delivered according to the provisions of the assistance agreement. I further certify that any required matching expenditures have been incurred, and that to the best of my knowledge and belief we have complied with all laws, regulations and contractual provisions that are conditions of this contract.

Kristi Brown, Executive Director
 Authorized Contractor Printed Name & Title

January 7, 2021
 Date

Tara Owens 1/14/2021
 DHHS-DPH Contract Administrator Signature & Date

Belinda Pettiford 02/02/21 | 10:08 AM EST
 DHHS-DPH Branch Head Signature & Date

Tara Owens S'tuler

Belinda Pettiford

MONTHLY FINANCIAL REPORT

| | |
|--------------------------|----------------------------------|
| CONTRACTOR: | Mountain Area Pregnancy Services |
| CONTRACT PERIOD: | July 1, 2020- June 30, 2021 |
| REPORTING PERIOD: | December 2020 |

| ACCOUNTS | APPROVED CONTRACT BUDGET | *PREVIOUS ACCUMULATED EXPENDITURES | CURRENT MONTH EXPENDITURES | NEW ENDING BALANCE |
|--|--------------------------------|--|----------------------------------|--------------------------|
| (Accounts should match approved budget) | | | | |
| Salary/Wages | \$33,200.00 | \$4,198.72 | \$1,264.57 | \$27,816.71 |
| Fringe Benefits | \$2,546.00 | \$331.66 | \$100.31 | \$2,114.03 |
| Supplies and Materials- Furniture | \$725.00 | \$725.00 | | \$0.00 |
| Supplies and Materials- Other | \$960.00 | \$555.96 | | \$424.04 |
| Equipment- Communication | \$150.00 | \$0.00 | | \$150.00 |
| Equipment- Office | \$350.00 | \$204.56 | | \$145.44 |
| Equipment IT | \$2,045.00 | \$1,053.78 | | \$991.22 |
| Travel- Contractor/Staff | \$9,122.00 | \$90.28 | \$10.35 | \$9,021.37 |
| Utilities - Telephone | \$480.00 | \$160.00 | \$40.00 | \$280.00 |
| Staff Development | \$5,471.00 | \$5,375.00 | | \$96.00 |
| Media/Communications- Advertising | \$125,241.00 | \$34,143.06 | \$11,139.70 | \$79,958.24 |
| Media/Communications- Television, Radio, Multimedia, IV, Radio Presentations | \$800.00 | \$0.00 | | \$800.00 |
| Media/Communications- Logos | | \$0.00 | | \$0.00 |
| Media/Communications- Promotional Items | \$15,638.00 | \$489.45 | \$1,177.10 | \$13,971.45 |
| Media/Communications- Publications | \$85.00 | \$85.00 | | \$0.00 |
| Media/Communications- PSAs and Ads | \$14,580.00 | \$1,520.00 | \$1,520.00 | \$11,540.00 |
| Media/Communications- Reprints | \$175.00 | \$139.20 | | \$35.80 |
| Media/Communications- Text translation | | \$0.00 | | \$0.00 |
| Media/Communications- Websites and Web Materials | \$400.00 | \$0.00 | | \$400.00 |
| Professional Services- IT | \$560.00 | \$210.00 | | \$350.00 |
| Professional Services- Accounting | | \$0.00 | | \$0.00 |
| Subcontractors and Grants | \$6,007.00 | \$0.00 | | \$6,007.00 |
| Dues and Subscriptions | | \$0.00 | | \$0.00 |
| Other- Incentives and Participants | \$8,335.00 | \$1,003.04 | | \$7,931.96 |
| Indirect Cost | \$22,430.00 | \$4,830.13 | \$1,525.20 | \$16,074.67 |
| TOTAL | \$250,000.00 | \$55,114.84 | \$16,777.23 | \$178,107.93 |

* Total of ALL expenditures previously submitted under this contract budget period.

Jan 27, 2021 9:49:54 AM

BC

AVAILABLE FUNDS INQUIRY

162

NEXT FUNCTION: _____ ACTION:

COMP / ACCT / CNTR

ALTERNATE COMP / ACCT / CNTR

ACCT DESC: NGO DIRECTED GRANTS OTHER ORIG APPROPRIATION: 650,000.00

CNTR DESC: LAST ACTIVITY: 01/26/2021

| | | | |
|------------|------------------|------------|----------------|
| 650,000.00 | (AUTH. BUDGET) | 650,000.00 | (AUTH. BUDGET) |
| 0.00 | (COMMITMENT) - | 0.00 | (COMMITMENT) |
| 472,689.71 | (ENCUMBRANCE) - | 472,689.71 | (ENCUMBRANCE) |
| 177,310.29 | (EXPENDITURE) - | 177,310.29 | (EXPENDITURE) |

| | | | | | |
|---|------|-------------|---|------|-------------|
| = | 0.00 | (AVAIL BAL) | = | 0.00 | (AVAIL BAL) |
|---|------|-------------|---|------|-------------|

| | | | | | | | | | | | | | |
|---|------------|------|-----|-----|-----|-----|-----|----|------|--------|------|----------|------|
| L | OVEREXPEND | | A | | E | | C G | | | | | | |
| V | TOLERANCE | BDG | YTD | P | EST | | N | LR | | ACTIVE | | INACTIVE | |
| L | POST AMT | PCT | GRP | LTD | P | REV | EXP | C | COMM | S P | STAT | DATE | DATE |
| 1 | y | 9999 | 999 | | y | y | N | y | y | y | 5 6 | 0 | |

Jan 27, 2021 10:49:06 AM

N23 PS

PO LINE FINANCIAL INFORMATION

PLF

NEXT FUNCTION: _____ ACTION: _____ HISTORY: 01/27/2021 10:49:01
BROWSE:

BUY ENTITY 2BBS
PO NO. 1600140085
PO LINE NO. 1
BLANKET REL. NO. _____

TAX/VAT CODE
TAX/VAT COST .00 BC STATUS
ADDITIONAL COST CODE: OFER APPR/REJ
ADDITIONAL COST .00 DATE APPR/REJ
GL EFF. DATE 07/10/2020

QUANTITY ORDERED UOP: 1 CURRENCY CODE
UNIT PRICE 250,000.00000 DISTRIBUTION IND:

EXTENDED AMOUNT 250,000.00
TOTAL LINE VALUE 250,000.00 GL COMPANY 2B01
QUANTITY ORDERED SKU: 1.00 GL ACCOUNT [REDACTED]
TARGET PRICE .00000 GL CENTER 13A15832AR

EXTENDED AMOUNT .00 BID NUMBER
STANDARD UNIT COST .00000 PROJ/NCG/FED 1G1Y
EXTENDED AMOUNT .00 ACCOUNTING RULE 02

Jan 27, 2021 10:49:11 AM

N23 PS

PO INVOICE MATCHING INFORMATION

PMI

NEXT FUNCTION: _____ ACTION: _____ HISTORY: 01/27/2021 10:49:08
BROWSE:

BUY ENTITY 2BBS VENDOR: MOUNTAIN AREA PREGNANCY
PO NO. 1600140085
PO LINE NO. 0001
BLANKET REL. NO.
CURRENCY CODE
PAYMENT BASIS SIGNATURE

BASE PERMIT TO PAY INVOICED TO DATE PERMIT TO PAY

| | | | |
|---------------------|------------|-----------|------------|
| PO HEADER | 250,000.00 | 55,114.84 | 194,885.16 |
| PO HEADER TAX/VAT | .00 | .00 | .00 |
| PO HEADER ADDL COST | .00 | .00 | .00 |
| BLANKET | | | |
| BLANKET TAX/VAT | | | |
| BLANKET ADDL COST | | | |
| PO LINE | 250,000.00 | 55,114.84 | 194,885.16 |
| PO LINE TAX/VAT | .00 | .00 | .00 |
| PO LINE ADDL COST | .00 | .00 | .00 |

MONTHLY FINANCIAL REPORT

CONTRACTOR: Mountain Area Pregnancy Services
CONTRACT PERIOD: July 1, 2020- June 30, 2021
REPORTING PERIOD: February 2021

| ACCOUNTS | APPROVED CONTRACT BUDGET | •PREVIOUS ACCUMULATED EXPENDITURES | CURRENT MONTH EXPENDITURES | NEW ENDING BALANCE |
|---|--------------------------------|--|----------------------------------|--------------------------|
| (Accounts should match approved budget) | | | | |
| Salary/Wages | \$33,280.00 | \$6,335.29 | \$864.00 | \$26,080.71 |
| Fringe Benefits | \$2,546.00 | \$506.39 | \$72.96 | \$1,966.65 |
| Supplies and Materials- Furniture | \$725.00 | \$725.00 | | \$0.00 |
| Supplies and Materials- Other | \$980.00 | \$650.65 | | \$329.35 |
| Equipment- Communication | \$0.00 | \$0.00 | | \$0.00 |
| Equipment- Office | \$350.00 | \$350.00 | | \$0.00 |
| Equipment- IT | \$2,045.00 | \$1,053.78 | \$235.00 | \$756.22 |
| Travel- Contractor Staff | \$9,122.00 | \$120.79 | \$2,131.56 | \$6,869.65 |
| Utilities- Telephone | \$480.00 | \$240.00 | \$40.00 | \$200.00 |
| staff Development | \$12,971.00 | \$5,375.00 | \$3,850.00 | \$3,746.00 |
| Media/Communications- Advertising | \$125,241.00 | \$54,953.46 | \$8,472.70 | \$61,814.84 |
| Media/Communications- Audio Visual Presentations, Multimedia, TV, Radio Presentations | \$800.00 | \$0.00 | | \$800.00 |
| Media/Communications- Logos | | \$0.00 | | \$0.00 |
| Media/Communications- Promotional Items | \$15,638.00 | \$2,669.59 | | \$12,968.41 |
| Media/Communications- Publications | \$185.00 | \$85.00 | \$97.76 | \$2.24 |
| Media/Communications- PSAs and Ads | \$12,987.00 | \$3,859.00 | \$819.00 | \$8,309.00 |
| Media/Communications- Reprints | \$325.00 | \$139.20 | | \$185.80 |
| Media/Communications- Text translation | | \$0.00 | | \$0.00 |
| Media/Communications- Websites and Web Materials | \$400.00 | \$0.00 | | \$400.00 |
| Professional Services- IT | \$560.00 | \$210.00 | | \$350.00 |
| Professional Services- Accounting | | \$0.00 | | \$0.00 |
| Subcontractors and Grants | \$0.00 | \$0.00 | | \$0.00 |
| Dues and Subscriptions | | \$0.00 | | \$0.00 |
| Other- Incentives and Participants | \$8,935.00 | \$0.00 | \$291.86 | \$8,643.14 |
| Indirect Cost | \$22,430.00 | \$7,514.43 | \$1,663.98 | \$13,251.59 |
| TOTAL | \$250,000.00 | \$84,787.58 | \$18,538.82 | \$146,673.60 |

^w Total of ALL expenditures previously submitted under this contract budget period.

Mar 10, 2021 11:23:42 AM

BC

AVAILABLE FUNDS INQUIRY

162

NEXT FUNCTION: _____ ACTION:

COMP/ ACCT/ CNTR

ALTERNATE COMP/ ACCT/ CNTR

ACCT DESC: NGO DIRECTED GRANTS OTHER ORIG APPROPRIATION: 650,000.00
CNTR DESC: LAST ACTIVITY: 03/09/2021

| | | | |
|------------|------------------|------------|----------------|
| 650,000.00 | (AUTH. BUDGET) | 650,000.00 | (AUTH. BUDGET) |
| 0.00 | (COMMITMENT) - | 0.00 | (COMMITMENT) |
| 374,814.28 | (ENCUMBRANCE) - | 374,814.28 | (ENCUMBRANCE |
| 275,185.72 | (EXPENDITURE) - | 275,185.72 | (EXPENDITURE |

| | | | | | | | |
|---|-------|-------|-------------|---|-------|------|-------------|
| = | ----- | 0..00 | (AVAIL BAL) | = | ----- | 0.00 | (AVAIL BAL) |
|---|-------|-------|-------------|---|-------|------|-------------|

| L | OVEREXPEND | A | E | C G | | | | | | | | | | |
|---|------------|-----------|-----------|---------|--------|--------|----------|------|------|--|--|--|--|--|
| V | TOLERANCE | BDG YTD P | EST | N | L R | ACTIVE | INACTIVE | | | | | | | |
| L | POST AMT | PCT | GRP LTD P | REV EXP | C COMM | S p | STAT | DATE | DATE | | | | | |
| 1 | Y | 9999 | 999 | y y | N y | y y | 5 6 | 0 | | | | | | |

Mar 10, 2021 11:32:53 AM

N23 PS

PO LINE FINANCIAL INFORMATION

PLF

NEXT FUNCTION: _____ ACTION: _____ HISTORY: 03/10/2021 11:32:48
BROWSE:

BUY ENTITY 2BBS
PO NO. 1600140085
PO LINE NO. 1
BLANKET REL. NO. _____

TAX/VAT CODE
TAX/VAT COST .00 BC STATUS
ADDITIONAL COST CODE: OPER APPR/REJ
ADDITIONAL COST .00 DATE APPR/REJ
GL EFF. DATE 07/10/2020

QUANTITY ORDERED UOP: 1 CURRENCY CODE

UNIT PRICE 250,000.00000 DISTRIBUTION IND:
EXTENDED AMOUNT 250,000.00
TOTAL LINE VALUE 250,000.00 GL COMPANY : 2B01
QUANTITY ORDERED SKU: 1.00 GL ACCOUNT : XXXXXXXXXX
TARGET PRICE .00000 GL CENTER 13A15832AR
EXTENDED AMOUNT .00 BID NUMBER
STANDARD UNIT COST .00000 PROJ/NCG/FED 1G1Y
EXTENDED AMOUNT .00 ACCOUNTING RULE 02

Mar 10, 2021 11:32:57 AM

N23 PS

PO INVOICE MATCHING INFORMATION

PMI

NEXT FUNCTION: _____ ACTION: _____ HISTORY: 03/10/2021 11:32:54
BROWSE:

BUY ENTITY 2BBS VENDOR: MOUNTAIN AREA PREGNANCY
PO NO. 1600140085
PO LINE NO. 0001
BLANKET REL. NO.
CURRENCY CODE
PAYMENT BASIS SIGNATURE

BASE PERMIT TO PAY INVOICED TO DATE PERMIT TO PAY

| | BASE PERMIT TO PAY | INVOICED TO DATE | PERMIT TO PAY |
|---------------------|--------------------|------------------|---------------|
| PO HEADER | 250,000.00 | 71,892.07 | 178,107.93 |
| PO HEADER TAX/VAT | .00 | .00 | .00 |
| PO HEADER ADDL COST | .00 | .00 | .00 |
| BLANKET | | | |
| BLANKET TAX/VAT | | | |
| BLANKET ADDL COST | | | |
| PO LINE | 250,000.00 | 71,892.07 | 178,107.93 |
| PO LINE TAX/VAT | .00 | .00 | .00 |
| PO LINE ADDL COST | .00 | .00 | .00 |

N.C. Department of Health and Human Services
 Division of Public Health
Women and Children's Health Section/ Women's Health Branch
 Section/Branch

Contract Expenditure Report

June 2021 (1st to the 3rd - First June Submission)
 mo/yr of expenditure
Mountain Area Pregnancy Services, Inc
 Contractor
Kristi Brown
 Project Director
Promote and increase awareness of pregnancy support services
 Purpose

t.f0085
 Contract ID#: 1600140085
 NCAS #: \$5,347.10
 Total Expenditure

Contractor match is REQUIRED by this contract:

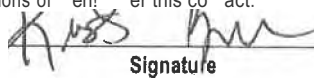
{Place an "X" in the appropriate box.}

| | |
|-----|----------|
| | X |
| YES | NO |


| Item Description | Item Number | Contractor Amount | DHHS Amount |
|---|--------------|-------------------|-------------|
| Salary/Wages | | | |
| Fringe Benefits | | | |
| Supplies and Materials- Furniture | | | |
| Supplies and Materials- Other | | | |
| Equipment- Communication | | | |
| Equipment- Office | | | |
| Equipment- IT | | | |
| Travel- Contractor Staff | | | |
| Utilities- Telephone | | | |
| Staff Development | | | |
| Media/Communications- Advertising | | | \$4,700.00 |
| Media/Communications-Audiovisual Presentations, Multimedia, TV, Radio Presentations | | | |
| Media/Communications- Locals | | | |
| Media/Communications- Promotional Items | | | |
| Media/Communications- Publications | | | |
| Media/Communications- PSAs and Ads | | | \$161.00 |
| Media/Communications- Reprints | | | |
| Media/Communications- Text translation | | | |
| Media/Communications- Websites and Web Materials | | | |
| Professional Services- IT | | | |
| Professional Services- Accounting | | | |
| Subcontracts and Grants | | | |
| Dues and Subscriptions | | | |
| Other- Incentives and Participants | | | |
| Indirect Cost | | | \$486.10 |
| Subtotal | | \$0.00 | \$5,347.10 |
| THIS SECTION FOR DPH USE ONLY: | | | |
| Company 2B01 | | | |
| Account | Center | | |
| | 13A1-5832-AR | | |

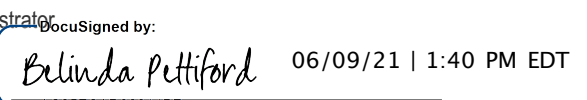
As chief executive officer or designee of the contracting organization, I hereby certify that the units billed to DHHS on this public payment voucher have been delivered in accordance with the conditions of the contract and that to the best of my knowledge and belief we have complied with all laws, regulations and contractual provisions that are conditions of payment under this contract. As chief executive officer or designee of the recipient organization, I hereby certify that the cost or units billed for reimbursement on the above Request for Reimbursement were incurred and delivered according to the provisions of the assistance agreement. I further certify that any required matching expenditures have been incurred, and that to the best of my knowledge and belief we have complied with all laws; regulations and contractual provisions that are conditions of payment under this contract.

Kristi Brown, Executive Director
 Authorized Contractor Printed Name & Title


 Signature

June 9, 2021
 Date

mail to: Appropriate Division Contract Administrator

 Contract Administrator Signature & Date
Belinda Pettiford
 Date

DocuSigned by:

 DHHS-DPH Branch Head Signature & Date
 Belinda Pettiford
 06/09/21 | 1:40 PM EDT

Received 6/9/21

MONTHLY FINANCIAL REPORT

CONTRACTOR:
CONTRACT PERIOD:
REPORTING PERIOD:

Mountain Area Pregnancy Services

July 1, 2020- June 30, 2021

June 2021 (1st to the 3rd - First June Submission)

| ACCOUNTS | APPROVED CONTRACT BUDGET | *PREVIOUS ACCUMULATED EXPENDITURES | CURRENT MONTH EXPENDITURES | NEW ENDING BALANCE |
|--|--------------------------------|--|----------------------------------|--------------------------|
| (Accountsshould match approved budget) | | | | |
| Salary/Wages | \$33,280.00 | \$10,615.29 | | \$22,664.71 |
| Fringe Benefits | \$2,546.00 | \$869.30 | | \$1,676.70 |
| Supplies and Materials- Furnilure | \$1,872.00 | \$1,781.76 | | \$90.24 |
| Supplies and Materials- Other | \$1,263.00 | \$952.83 | | \$310.17 |
| Equipment- Communication | \$0.00 | \$0.00 | | \$0.00 |
| Equipment- Office | \$350.00 | \$350.00 | | \$0.00 |
| Equipment- IT | \$1,845.00 | \$1,288.78 | | \$556.22 |
| Travel- Contractor Staff | \$6,302.00 | \$2,283.71 | | \$4,018.29 |
| Utilities- Telephone | \$480.00 | \$400.00 | | \$80.00 |
| Staff Development | \$10,831.00 | \$9,225.00 | | \$1,606.00 |
| Media/Communications- Advertising | \$128,971.00 | \$113,475.26 | \$4,700.00 | \$10,795.74 |
| Media/Communications- AUs, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, Multimedia, TV, Radio Presentations | \$800.00 | \$400.00 | | \$400.00 |
| Media/Communications- Logos | | \$0.00 | | \$0.00 |
| Media/Communications- Promotional Items | \$15,638.00 | \$2,669.59 | | \$12,968.41 |
| Media/Communications- Publications | \$185.00 | \$182.76 | | \$2.24 |
| Media/Communications- PSAs and Ads | \$12,987.00 | \$7,848.00 | \$161.00 | \$4,978.00 |
| Media/Communications- Reprints | \$325.00 | \$296.74 | | \$28.26 |
| Media/Communications- Text translation | | \$0.00 | | \$0.00 |
| Media/Communications- Websites and Web Materials | \$400.00 | \$0.00 | | \$400.00 |
| Professional Services- IT | \$560.00 | \$210.00 | | \$350.00 |
| Professional Services- Accounting | | \$0.00 | | \$0.00 |
| Subcontractors and Grants | \$0.00 | \$0.00 | | \$0.00 |
| Dues and Subscriptions | | \$0.00 | | \$0.00 |
| Other- Incentives and Participants | \$8,935.00 | \$8,935.00 | | \$0.00 |
| Indirect Cost | \$22,430.00 | \$15,836.34 | \$486.10 | \$6,107.56 |
| TOTAL | \$250,000.00 | \$177,620.36 | \$5,347.10 | \$67,032.54 |

****Total of ALL expenditures previously submitted under this contract budget period.*

Jun 9, 2021 11:04:50 AM

BC

AVAILABLE FUNDS INQUIRY

162

NEXT FUNCTION: _____ ACTION: _____

COMP/ ACCT/ CNTR

ALTERNATE COMP/ ACCT/ CNTR

ACCT DESC: NGO DIRECTED GRANTS OTHER ORIG APPROPRIATION: 650,000.00

CNTR DESC: LAST ACTIVITY: 06/08/2021

| | | | |
|------------|------------------|------------|----------------|
| 650,000.00 | (AUTH. BUDGET) | 650,000.00 | (AUTH. BUDGET) |
| 0.00 | (COMMITMENT) - | 0.00 | (COMMITMENT) |
| 129,846.08 | (ENCUMBRANCE) - | 129,846.08 | (ENCUMBRANCE |
| 520,153.92 | (EXPENDITURE) - | 520,153.92 | (EXPENDITURE |

| | | | | | |
|---|------|-------------|---|------|-------------|
| = | 0.00 | (AVAIL BAL) | = | 0.00 | (AVAIL BAL) |
|---|------|-------------|---|------|-------------|

| | | | | | | | | | | | | | |
|---|------------|------|-----|-----|-----|-----|-----|-----|------|--------|------|----------|------|
| L | OVEREXPEND | | A | | E | | C G | | | | | | |
| V | TOLERANCE | BDG | YTD | P | EST | | N | L R | | ACTIVE | | INACTIVE | |
| L | POST AMT | PCT | GRP | LTD | P | REV | EXP | C | COMM | SP | STAT | DATE | DATE |
| 1 | Y | 9999 | 999 | | y | y | N | y | y | y | 5 6 | 0 | |

Jun 9, 2021 11:21:49 AM

N23 PS

PO LINE FINANCIAL INFORMATION

PLF

NEXT FUNCTION: _____ ACTION: _____ HISTORY: 06/09/2021 11:21:36
BROWSE:

BUY ENTITY 2BBS
PO NO. 1600140085
PO LINE NO. 1

BLANKET REL. NO. _____

TAX/VAT CODE

TAX/VAT COST .00

ADDITIONAL COST CODE:

ADDITIONAL COST .00

BC STATUS

OPER APPR/REJ

DATE APPR/REJ

GL **EFF.** DATE 07/10/2020

QUANTITY ORDERED UOP: 1

CURRENCY CODE

UNIT PRICE 250,000.00000

DISTRIBUTION IND:

EXTENDED AMOUNT 250,000.00

TOTAL LINE VALUE 250,000.00

GL COMPANY 2B01

QUANTITY ORDERED SKU: 1.00

GL ACCOUNT 

TARGET PRICE .00000

GL CENTER 13A15832AR

EXTENDED AMOUNT .00

BID NUMBER

STANDARD UNIT COST .00000

PROJ/NCG/FED 1GLY

EXTENDED AMOUNT .00

ACCOUNTING RULE 02

Jun 9, 2021 11:21:55 AM

N23 PS

PO INVOICE MATCHING INFORMATION

PMI

NEXT FUNCTION: _____ ACTION: _____ HISTORY: 06/09/2021 11:21:51
BROWSE:

BUY ENTITY 2BBS VENDOR: MOUNTAIN AREA PREGNANCY
PO NO. 1600140085
PO LINE NO. 0001
BLANKET REL. NO.
CURRENCY CODE
PAYMENT BASIS SIGNATURE

BASE PERMIT TO PAY INVOICED TO DATE PERMIT TO PAY

| | | | |
|---------------------|------------|------------|-----------|
| PO HEADER | 250,000.00 | 150,005.30 | 99,994.70 |
| PO HEADER TAX/VAT | .00 | .00 | .00 |
| PO HEADER ADDL COST | .00 | .00 | .00 |
| BLANKET | | | |
| BLANKET TAX/VAT | | | |
| BLANKET ADDL COST | | | |
| PO LINE | 250,000.00 | 150,005.30 | 99,994.70 |
| PO LINE TAX/VAT | .00 | .00 | .00 |
| PO LINE ADDL COST | .00 | .00 | .00 |

MONTHLY FINANCIAL REPORT

CONTRACTOR:
CONTRACT PERIOD:
REPORTING PERIOD:

Mountain Area Pregnancy Services

July 1, 2020- June 30, 2021

January 2021

| ACCOUNTS | APPROVED CONTRACT BUDGET | *PREVIOUS ACCUMULATED EXPENDITURES | CURRENT MONTH EXPENDITURES | NEW ENDING BALANCE |
|--|--------------------------------|--|----------------------------------|--------------------------|
| (Accounts should match approved budget) | | | | |
| Salary/Wages | \$33,280.00 | \$5,463.29 | \$872.00 | \$26,944.71 |
| Fringe Benefits | \$2,546.00 | \$431.97 | \$74.42 | \$2,039.61 |
| Supplies and Materials- Furniture | \$725.00 | \$725.00 | | \$0.00 |
| Supplies and Materials- Other | \$980.00 | \$555.96 | \$94.69 | \$329.35 |
| Equipment- Communication | \$150.00 | \$0.00 | | \$150.00 |
| Equipment- Office | \$350.00 | \$204.56 | \$145.44 | \$0.00 |
| Equipment- IT | \$2,045.00 | \$1,053.78 | | \$991.22 |
| Travel- Contractor Staff | \$9,122.00 | \$100.63 | \$20.16 | \$9,001.21 |
| Utilities- Telephone | \$480.00 | \$200.00 | \$40.00 | \$240.00 |
| Staff Development | \$5,471.00 | \$5,375.00 | | \$96.00 |
| Media/Communications- Advertising | \$125,241.00 | \$45,282.76 | \$9,670.70 | \$70,287.54 |
| Media/Communications- Audiovisual Presentations, Multimedia, IV, Radio Presentations | \$800.00 | \$0.00 | | \$800.00 |
| Media/Communications- Logos | | \$0.00 | | \$0.00 |
| Media/Communications- Promotional Items | \$15,638.00 | \$2,669.59 | | \$12,968.41 |
| Media/Communications- Publications | \$85.00 | \$85.00 | | \$0.00 |
| Media/Communications- PSAs and Ads | \$14,580.00 | \$3,040.00 | \$819.00 | \$10,721.00 |
| Media/Communications- Reprints | \$175.00 | \$139.20 | | \$35.80 |
| Media/Communications- Text translation | | \$0.00 | | \$0.00 |
| Media/Communications- Websites and Web Materials | \$400.00 | \$0.00 | | \$400.00 |
| Professional Services- IT | \$560.00 | \$210.00 | | \$350.00 |
| Professional Services- Accounting | | \$0.00 | | \$0.00 |
| Subcontractors and Grants | \$6,007.00 | \$0.00 | | \$6,007.00 |
| Dues and Subscriptions | | \$0.00 | | \$0.00 |
| Other- Incentives and Participants | \$8,935.00 | \$0.00 | | \$8,935.00 |
| Indirect Cost | \$22,430.00 | \$6,355.33 | \$1,159.10 | \$14,915.57 |
| TOTAL | \$250,000.00 | \$71,892.07 | \$12,895.51 | \$165,212.42 |

* Total of ALL expenditures previously submitted under this contract budget period.

Feb 17, 2021 1:30:06 PM

BC AVAILABLE FUNDS INQUIRY

162

NEXT FUNCTION: _____ ACTION:

COMP/ ACCT/ CNTR

ALTERNATE COMP/ ACCT/ CNTR

ACCT DESC: NGO DIRECTED GRANTS OTHER ORIG APPROPRIATION: 650,000.00
CNTR DESC: LAST ACTIVITY: 02/16/2021

| | | | |
|------------|------------------|------------|----------------|
| 650,000.00 | (AUTH. BUDGET) | 650,000.00 | (AUTH. BUDGET) |
| 0.00 | (COMMITMENT) - | 0.00 | (COMMITMENT) |
| 421,996.33 | (ENCUMBRANCE) - | 421,996.33 | (ENCUMBRANCE |
| 228,003.67 | (EXPENDITURE) - | 228,003.67 | (EXPENDITURE |

 = 0.00 (AVAIL BAL) = 0.00 (AVAIL BAL)

| | | | | | | | | | | | | |
|---|------------|------|-----|-----|-----|-----|-----|--------|------|----------|------|------|
| L | OVEREXPEND | | A | | E | C G | | | | | | |
| V | TOLERANCE | BDG | YTD | P | EST | N | L R | ACTIVE | | INACTIVE | | |
| L | POST AMT | PCT | GRP | LTD | P | REV | EXP | C | COMM | S p | STAT | DATE |
| 1 | Y | 9999 | 999 | | y | y | N | y | y | y | 5 6 | 0 |

Feb 17, 2021 1:37:52 PM

N23 PS

PO LINE FINANCIAL INFORMATION

PLF

NEXT FUNCTION: _____ ACTION: _____ HISTORY: 02/17/2021 13:37:48
BROWSE:

BUY ENTITY 2BBS
PO NO. 1600140085
PO LINE NO. 1

BLANKET REL. NO. _____

TAX/VAT CODE
TAX/VAT COST .00 BC STATUS
ADDITIONAL COST CODE: OPER APPR/REJ
ADDITIONAL COST .00 DATE APPR/REJ
GL EFF. DATE 07/10/2020

QUANTITY ORDERED UOP: 1 CURRENCY CODE
UNIT PRICE 250,000.00000 DISTRIBUTION IND:
EXTENDED AMOUNT 250,000.00
TOTAL LINE VALUE 250,000.00 GL COMPANY 2B01
QUANTITY ORDERED SKU: 1.00 GL ACCOUNT [REDACTED]
TARGET PRICE .00000 GL CENTER 13A15832AR
EXTENDED AMOUNT .00 BID NUMBER
STANDARD UNIT COST .00000 PROJ/NCG/FED 1G1Y
EXTENDED AMOUNT .00 ACCOUNTING RULE 02

Feb 17, 2021 1:37:57 PM

N23 PS

PO INVOICE MATCHING INFORMATION

PMI

NEXT FUNCTION: _____ ACTION: _____ HISTORY: 02/17/2021 13:37:53
BROWSE:

BUY ENTITY 2BBS VENDOR: MOUNTAIN AREA PREGNANCY
PO NO. 1600140085
PO LINE NO. 0001
BLANKET REL. NO.
CURRENCY CODE
PAYMENT BASIS SIGNATURE

BASE PERMIT TO PAY INVOICED TO DATE PERMIT TO PAY

| | | | |
|---------------------|------------|-----------|------------|
| PO HEADER | 250,000.00 | 55,114.84 | 194,885.16 |
| PO HEADER TAX/VAT | .00 | .00 | .00 |
| PO HEADER ADDL COST | .00 | .00 | .00 |
| BLANKET | | | |
| BLANKET TAX/VAT | | | |
| BLANKET ADDL COST | | | |
| PO LINE | 250,000.00 | 55,114.84 | 194,885.16 |
| PO LINE TAX/VAT | .00 | .00 | .00 |
| PO LINE ADDL COST | .00 | .00 | .00 |

MONTHLY FINANCIAL REPORT

| | |
|--------------------------|----------------------------------|
| CONTRACTOR: | Mountain Area Pregnancy Services |
| CONTRACT PERIOD: | July 1, 2020- June 30, 2021 |
| REPORTING PERIOD: | March 2021 |

| ACCOUNTS | APPROVED CONTRACT BUDGET | *PREVIOUS ACCUMULATED EXPENDITURES | CURRENT MONTH EXPENDITURES | NEW ENDING BALANCE |
|--|--------------------------------|--|----------------------------------|--------------------------|
| (Accounts should match approved budget) | | | | |
| Salary/Wages | \$33,280.00 | \$7,199.29 | \$1,064.00 | \$25,016.71 |
| Fringe Benefits | \$2,546.00 | \$579.35 | \$92.81 | \$1,873.84 |
| Supplies and Materials- Furniture | \$725.00 | \$725.00 | | \$0.00 |
| Supplies and Materials- Other | \$980.00 | \$650.65 | \$302.18 | \$27.17 |
| Equipment- Communication | \$0.00 | \$0.00 | | \$0.00 |
| Equipment- Office | \$350.00 | \$350.00 | | \$0.00 |
| Equipment- IT | \$2,045.00 | \$1,288.78 | | \$756.22 |
| Travel- Contractor Staff | \$9,122.00 | \$2,252.35 | \$31.36 | \$6,838.29 |
| Utilities- Telephone | \$480.00 | \$280.00 | \$40.00 | \$160.00 |
| Staff Development | \$12,971.00 | \$9,225.00 | | \$3,746.00 |
| Media/Communications- Advertising | \$125,241.00 | \$63,426.16 | \$9,602.70 | \$52,212.14 |
| Media/Communications- Audiovisual Presentations, Multimedia, TV, Radio Presentations | \$800.00 | \$0.00 | | \$800.00 |
| Media/Communications- Logos | | \$0.00 | | \$0.00 |
| Media/Communications- Promotional Items | \$15,638.00 | \$2,669.59 | | \$12,968.41 |
| Media/Communications- Publications | \$185.00 | \$182.76 | | \$2.24 |
| Media/Communications- PSAs and Ads | \$12,987.00 | \$4,678.00 | | \$8,309.00 |
| Media/Communications- Reprints | \$325.00 | \$139.20 | \$78.82 | \$106.98 |
| Media/Communications- Text translation | | \$0.00 | | \$0.00 |
| Media/Communications- Websites and Web Materials | \$400.00 | \$0.00 | | \$400.00 |
| Professional Services- IT | \$560.00 | \$210.00 | | \$350.00 |
| Professional Services- Accounting | | \$0.00 | | \$0.00 |
| Subcontractors and Grants | \$0.00 | \$0.00 | | \$0.00 |
| Dues and Subscriptions | | \$0.00 | | \$0.00 |
| Other- Incentives and Participants | \$8,935.00 | \$291.86 | \$484.00 | \$8,159.14 |
| Indirect Cost | \$22,430.00 | \$9,178.41 | \$1,169.59 | \$12,082.00 |
| TOTAL | \$250,000.00 | \$103,326.40 | \$12,865.46 | \$133,808.14 |

* Total of ALL expenditures previously submitted under this contract budget period.

Apr 14, 2021 11:12:53 AM

BC

AVAILABLE FUNDS INQUIRY

162

NEXT FUNCTION: _____ ACTION:

COMP / ACCT / CNTR

ALTERNATE COMP / ACCT / CNTR



ACCT DESC: NGO DIRECTED GRANTS OTHER ORIG APPROPRIATION: 650,000.00

CNTR DESC: LAST ACTIVITY: 04/13/2021

| | | | |
|------------|-----------------------|------------|---------------------|
| 650,000.00 | (AUTH. BUDGET) | 650,000.00 | (AUTH. BUDGET) |
| 0.00 | (CO:MJ:--1:ITMENT) - | 0.00 | (CO:MI:--1:ITMENT) |
| 343,379.95 | (ENCUMBRANCE) - | 343,379.95 | (ENCUMBRANCE |
| 306,620.05 | (EXPENDITURE) - | 306,620.05 | (EXPENDITURE |

| | | | | | |
|---|------|-------------|---|------|-------------|
| = | 0.00 | (AVAIL BAL) | = | 0.00 | (AVAIL BAL) |
|---|------|-------------|---|------|-------------|

| | | | | | | | | | | | | |
|---|------------|---------------|---------|-----|---|------|--------|------|----------|---|------|--|
| L | OVEREXPEND | | A | | E | C G | | | | | | |
| V | TOLERANCE | BDG YTD P | EST | | N | L R | ACTIVE | | INACTIVE | | | |
| L | POST AMT | PCT GRP LTD P | REV EXP | | C | COMM | S p | STAT | DATE | | DATE | |
| 1 | Y | 9999 999 | | y y | N | y | y | y | 5 6 | 0 | | |

Apr 14, 2021 11:48:23 AM

N23 PS

PO LINE FINANCIAL INFORMATION

PLF

NEXT FUNCTION: _____ ACTION: _____ HISTORY: _
BROWSE:

04/14/2021 11:48:19

BUY ENTITY 2BBS
PO NO. 1600140085
PO LINE NO. 1

BLANKET REL. NO. _____

TAX/VAT CODE

TAX/VAT COST .00

ADDITIONAL COST CODE:

ADDITIONAL COST .00

BC STATUS

OPER APPR/REJ

DATE APPR/REJ

GL EFF. DATE 07/10/2020

QUANTITY ORDERED UOP: 1

CURRENCY CODE

UNIT PRICE 250,000.00000

DISTRIBUTION IND:

EXTENDED AMOUNT 250,000.00

TOTAL LINE VALUE 250,000.00

GL COMPANY 2B01

QUANTITY ORDERED SKU: 1.00

GL ACCOUNT XXXXXXXXXX

TARGET PRICE .00000

GL CENTER 13A15832AR

EXTENDED AMOUNT .00

BID NUMBER

STANDARD UNIT COST .00000

PROJ/NCG/FED 1G1Y

EXTENDED AMOUNT .00

ACCOUNTING RULE 02

Apr 14, 2021 11:48:27 AM

N23 PS

PO INVOICE MATCHING INFORMATION

PMI

NEXT FUNCTION: _____ ACTION: _____ HISTORY: _ 04/14/2021 11:48:25
BROWSE:

BUY ENTITY 2BBS VENDOR: MOUNTAIN AREA PREGNANCY
 PO NO. 1600140085
 PO LINE NO. 0001
 BLANKET REL. NO.
 CURRENCY CODE
 PAYMENT BASIS SIGNATURE

| | BASE PERMIT TO PAY | INVOICED TO DATE | PERMIT TO PAY |
|---------------------|--------------------|------------------|---------------|
| PO HEADER | 250,000.00 | 103,326.40 | 146,673.60 |
| PO HEADER TAX/VAT | .00 | .00 | .00 |
| PO HEADER ADDL COST | .00 | .00 | .00 |
| BLANKET | | | |
| BLANKET TAX/VAT | | | |
| BLANKET ADDL COST | | | |
| PO LINE | 250,000.00 | 103,326.40 | 146,673.60 |
| PO LINE TAX/VAT | .00 | .00 | .00 |
| PO LINE ADDL COST | .00 | .00 | .00 |

MONTHLY FINANCIAL REPORT

| | |
|--------------------------|----------------------------------|
| CONTRACTOR: | Mountain Area Pregnancy Services |
| CONTRACT PERIOD: | July 1, 2020- June 30, 2021 |
| REPORTING PERIOD: | May 2021 |

| ACCOUNTS | APPROVED CONTRACT BUDGET | *PREVIOUS ACCUMULATED EXPENDITURES | CURRENT MONTH EXPENDITURES | NEW ENDING BALANCE |
|---|--------------------------------|--|----------------------------------|--------------------------|
| (Accounts should match approved budget) | | | | |
| Salary/Mlages | \$33,280.00 | \$9,655.29 | \$960.00 | \$22,664.71 |
| Fringe Benefits | \$2,546.00 | \$790.71 | \$78.59 | \$1,676.70 |
| Supplies and Materials- Furniture | \$1,872.00 | \$1,781.76 | | \$90.24 |
| Supplies and Materials- Other | \$1,263.00 | \$952.83 | | \$310.17 |
| Equipment- Communication | \$0.00 | \$0.00 | | \$0.00 |
| Equipment- Office | \$350.00 | \$350.00 | | \$0.00 |
| Equipment- IT | \$1,845.00 | \$1,288.78 | | \$556.22 |
| Travel- Contractor Staff | \$6,302.00 | \$2,283.71 | | \$4,018.29 |
| Utilities- Telephone | \$480.00 | \$360.00 | \$40.00 | \$80.00 |
| Staff Development | \$10,831.00 | \$9,225.00 | | \$1,606.00 |
| Media/Communications- Advertising | \$128,971.00 | \$95,598.86 | \$17,876.40 | \$15,495.74 |
| Media/Communications- Audio/Visual Presentations, Multimedia, TV, Radio Presentations | \$800.00 | \$0.00 | \$400.00 | \$400.00 |
| Media/Communications- Logos | | \$0.00 | | \$0.00 |
| Media/Communications- Promotional Items | \$15,638.00 | \$2,669.59 | | \$12,968.41 |
| Media/Communications- Publications | \$185.00 | \$182.76 | | \$2.24 |
| Media/Communications- PSAs and Ads | \$12,987.00 | \$6,088.00 | \$1,760.00 | \$5,139.00 |
| Media/Communications- Reprints | \$325.00 | \$296.74 | | \$28.26 |
| Media/Communications- Text translation | | \$0.00 | | \$0.00 |
| Media/Communications- Websites and Web Materials | \$400.00 | \$0.00 | | \$400.00 |
| Professional Services- IT | \$560.00 | \$210.00 | | \$350.00 |
| Professional Services- Accounting | | \$0.00 | | \$0.00 |
| Subcontractors and Grants | \$0.00 | \$0.00 | | \$0.00 |
| Dues and Subscriptions | | \$0.00 | | \$0.00 |
| Other- Incentives and Participants | \$8,935.00 | \$4,945.39 | \$3,989.61 | \$0.00 |
| Indirect Cost | \$22,430.00 | \$13,325.88 | \$2,510.46 | \$6,593.66 |
| TOTAL | \$250,000.00 | \$150,005.30 | \$27,615.06 | \$72,379.64 |

* Total of ALL expenditures previously submitted under this contract budget period.

Jun 9, 2021 11:04:50 AM

BC

AVAILABLE FUNDS INQUIRY

162

NEXT FUNCTION: _____ ACTION:

COMP/ ACCT/ CNTR

ALTERNATE COMP/ ACCT/ CNTR



ACCT DESC: NGO DIRECTED GRANTS OTHER ORIG APPROPRIATION: 650,000.00

CNTR DESC: LAST ACTIVITY: 06/08/2021

| | | | |
|------------|------------------|------------|----------------|
| 650,000.00 | (AUTH. BUDGET) | 650,000.00 | (AUTH. BUDGET) |
| 0.00 | (COMMITMENT) - | 0.00 | (COMMITMENT) |
| 129,846.08 | (ENCUMBRANCE) - | 129,846.08 | (ENCUMBRANCE |
| 520,153.92 | (EXPENDITURE) - | 520,153.92 | (EXPENDITURE |

| | | | | | |
|---|------|-------------|---|------|-------------|
| = | 0.00 | (AVAIL BAL) | = | 0.00 | (AVAIL BAL) |
|---|------|-------------|---|------|-------------|

| L | OVEREXPEND | A | E | C G | | | | | | | | | |
|---|------------|-----------|-----------|---------|--------|--------|----------|------|------|---|---|---|---|
| V | TOLERANCE | BDG YTD P | EST | N | L R | ACTIVE | INACTIVE | | | | | | |
| L | POST AMT | PCT | GRP LTD P | REV EXP | C COMM | S p | STAT | DATE | DATE | | | | |
| 1 | Y | 9999 | 999 | | Y | Y | N | y | y | y | 5 | 6 | 0 |

Jun 9, 2021 11:21:49 AM

N23 PS

PO LINE FINANCIAL INFORMATION


PLF

NEXT FUNCTION: _____ ACTION: _____ HISTORY: 06/09/2021 11:21:36
BROWSE:

BUY ENTITY 2BBS
PO NO. 1600140085
PO LINE NO. 1

BLANKET REL. NO. _____

TAX/VAT CODE
TAX/VAT COST .00 BC STATUS
ADDITIONAL COST CODE: OPER APPR/REJ
ADDITIONAL COST .00 DATE APPR/REJ
GL EFF. DATE 07/10/2020
QUANTITY ORDERED UOP: 1 CURRENCY CODE

UNIT PRICE 250,000.00000 DISTRIBUTION IND:
EXTENDED AMOUNT 250,000.00
TOTAL LINE VALUE 250,000.00 GL COMPANY 2B01
QUANTITY ORDERED SKU: 1.00 GL ACCOUNT 
TARGET PRICE .00000 GL CENTER 13A15832AR
EXTENDED AMOUNT .00 BID NUMBER
STANDARD UNIT COST .00000 PROJ/NCG/FED 1G1Y
EXTENDED AMOUNT .00 ACCOUNTING RULE 02

Jun 9, 2021 11:21:55 AM:

N23 PS

PO INVOICE MATCHING INFORMATION

PMI

NEXT FUNCTION: _____ ACTION: _____ HISTORY: 06/09/2021 11:21:51
BROWSE:

BUY ENTITY 2BBS VENDOR: MOUNTAIN AREA PREGNANCY
PO NO. 1600140085
PO LINE NO. 0001
BLANKET REL. NO.
CURRENCY CODE
PAYMENT BASIS SIGNATURE

BASE PERMIT TO PAY INVOICED TO DATE PERMIT TO PAY

| | | | |
|---------------------|------------|------------|-----------|
| PO HEADER | 250,000.00 | 150,005.30 | 99,994.70 |
| PO HEADER TAX/VAT | .00 | .00 | .00 |
| PO HEADER ADDL COST | .00 | .00 | .00 |
| BLANKET | | | |
| BLANKET TAX/VAT | | | |
| BLANKET ADDL COST | | | |
| PO LINE | 250,000.00 | 150,005.30 | 99,994.70 |
| PO LINE TAX/VAT | .00 | .00 | .00 |
| PO LINE ADDL COST | .00 | .00 | .00 |

N.C. Department of Health and Human Services
 Division of Public Health
 Women and Children: Health Section 1 Women: tt. In a b
 Section/Branch

2/9/2020

Contract Expenditure Report

November 2020
 rro/yr of expenditure
Mountain Area Pregnancy Services, Inc
 Contractor
Kristi Brown
 Project Oilector
Promote and Increase awareness of pregnancy support services
 Purpose

40085 I
 Contract ID#:
1600140085
 NCAS#:
\$15,825.31
 Total Expenditure

Contractor match is REQUIRED by this contract
 (Place an "x" in the appropriate box.)

| Item Description | YES | | NO | |
|--|--------------|----|--------|-------------|
| | YES | NO | YES | NO |
| Salary/wages | | | | |
| fringe benefits | | | | |
| Supplies and Materials- Furniture | | | | |
| Supplies and Materials- Other | | | | |
| Equipment- Communication | | | | |
| Equipment- Office | | | | |
| Equipment- IT | | | | |
| Travel- Contractor Staff | | | | |
| Utilities- Telephone | | | | |
| Staff Development | | | | |
| Media/Communications- Advertising | | | | |
| Media/Communications-Audiovisual Presentations, Multimedia, Web, Radio Presentations | | | | |
| Media/Communications- Promotional Items | | | | |
| Media/Communications- Publications | | | | |
| Media/Communications- PSAs and Ads | | | | |
| Media/Communications- Reprints | | | | |
| Media/Communications- Text translation | | | | |
| Media/Communications- Websites and Web Materials | | | | |
| Professional Services- IT | | | | |
| Professional Services- Accounting | | | | |
| Subcontracts and Grants | | | | |
| Queries and Subscriptions | | | | |
| Other- Incentives and Perquisites | | | | |
| Indirect Cost | | | | |
| Subtotal | | | \$0.00 | \$15,825.31 |
| THIS SECTION FOR DPH USE ONLY: | | | | |
| Company 2801 | | | | |
| Unit | Center | | | |
| | 13A1-6832-AR | | | |

As chief executive officer or designee of the contracting organization, I hereby certify that the billings on this public payment voucher have been delivered in accordance with the conditions of the contract and that to the best of my knowledge and belief we have followed all laws, regulations, instructions and contractual provisions that in condition of payment. As chief executive officer or designee of the contracting organization, I hereby certify that the cost on billings for items mentioned in the above Request for Reimbursement were incurred and delivered according to the provisions of the assistance agreement. I will hereby certify that the billings are correct.

Signature: _____ Date: _____

Kristi Brown, Executive Director
 Author/ID/Contractor Printed Name & Title

Signature: _____ Date: December 9, 2020

MaHto: ro riate Division Contract Administrator
 Signature: _____ Date: 12/9/2020

Signature: Belinda Pettiford Date: 12/22/20 | 8:27 PM EST

Tava (we.vi<;, Shultr

·&l•nda. 1' 1'r<U_{BV(J.-nLl')} 1-ka,J

MONTHLY FINANCIAL REPORT

CONTRACTOR: Mountain Area Pregnancy Services
CONTRACT PERIOD: July 1, 2020- June 30, 2021
REPORTING PERIOD: November 2020

| ACCOUNTS | APPROVED CONTRACT BUDGET | 6PREVIOUS ACCUMULATED EXPENDITURES | CURRENT MONTH EXPENDITURES | NEW ENDING BALANCE |
|---|--------------------------|------------------------------------|----------------------------|---------------------|
| (Accounts should match approved budget) | | | | |
| Salary/Wages | \$33,280.00 | \$3,110.72 | \$1,088.00 | \$29,081.28 |
| Fringe Benefits | \$2,546.00 | \$245.45 | \$86.21 | \$2,214.34 |
| Supplies and Materials- Furniture | \$725.00 | \$0.00 | \$725.00 | \$0.00 |
| Suppl^l88 and Materials- Other | \$980.00 | \$555.96 | | \$424.04 |
| Equipment- Commrciation | \$150.00 | \$0.00 | | \$150.00 |
| Equ - Office | \$350.00 | \$204.56 | | \$145.44 |
| Equipment- IT | \$2,045.00 | \$1,053.78 | | \$991.22 |
| Travel- Contractor Staff | \$9,122.00 | \$62.68 | \$27.60 | \$9,031.72 |
| UIBfiles• Telephone | \$480.00 | \$120.00 | \$40.00 | \$320.00 |
| Staff <i>Development</i> | \$5,471.00 | \$5,375.00 | | \$96.00 |
| Media/Communications- Adve ^t lslng | \$125,241.00 | \$23,420.36 | \$10,722.70 | \$91,097.94 |
| Media/Communications- Adve^tlslng | \$800.00 | \$0.00 | | \$800.00 |
| Media/Communications- TV, Radio Pl8Sffilations | \$0.00 | \$0.00 | | \$0.00 |
| Media/Communications- Logos | \$0.00 | \$0.00 | | \$0.00 |
| Media/CormunJcatlons- Promnlonal Items | \$15,638.00 | \$489.45 | | \$15,148.55 |
| Mecfl&/CormmlcatkJns. Pwllcallons | \$85.00 | \$85.00 | | \$0.00 |
| Media/Commcations- PSAs and Ads | \$14,580.00 | \$760.00 | \$760.00 | \$13,060.00 |
| Media/Cormulcalians- Reprints | \$175.00 | \$139.20 | | \$35.80 |
| Media/Colmulicatlons- Text translation | | \$0.00 | | \$0.00 |
| Media/Cormamications- Websites and Web Mlterials | \$400.00 | \$0.00 | | \$400.00 |
| Professional Services- IT | \$560.00 | \$210.00 | | \$350.00 |
| Professional Services- Accounting | | \$0.00 | | \$0.00 |
| Subcontractors and Grants | \$6,007.00 | \$0.00 | | \$6,007.00 |
| gues and Slbscriptions | | \$0.00 | | \$0.00 |
| o ^o ther- Incentives and Participants | \$8,935.00 | \$0.00 | \$1,003.04 | \$7,931.96 |
| ndirect Cost | \$22,430.00 | \$3,457.37 | \$1,372.76 | \$17,599.87 |
| TOTAL | \$250,000.00 | \$39,289.53 | \$15,825.31 | \$194,885.16 |

* Total of ALL expenditures previously submitted under this contract budget period.

Dec 16, 2020 11:41:07 AM

BC AVAILABLE FUNDS INQUIRY

162

NEXT FUNCTION: _____ ACTION:

COMP / ACCT / CNTR

ALTERNATE COMP / ACCT / CNTR



ACCT DESC: NGO DIRECTED GRANTS OTHER ORIG APPROPRIATION: 650,000.00

CNTR DESC: LAST ACTIVITY: 12/15/2020

| | | | |
|------------|--------------------|------------|------------------|
| 650,000.00 | (AUTH. BUDGET) | 650,000.00 | (AUTH. BUDGET) |
| 0.00 | (CO:r-1MITMENT) - | 0.00 | (CO:r-1MITMENT) |
| 535,923.17 | (ENCUMBRANCE) - | 535,923.17 | (ENCUMBRANCE |
| 114,076.83 | (EXPENDITURE) - | 114,076.83 | (EXPENDITURE |

| | | | | | |
|---|------|-------------|---|------|-------------|
| = | 0.00 | (AVAIL BAL) | = | 0.00 | (AVAIL BAL) |
|---|------|-------------|---|------|-------------|

| | | | | | | | | | | | | | |
|---|------------|------|-----|-----|-----|-----|-----|----|------|--------|------|----------|------|
| L | OVEREXPEND | | A | | E | | C G | | | | | | |
| V | TOLERANCE | BDG | YTD | P | EST | | N | LR | | ACTIVE | | INACTIVE | |
| L | POST AMT | PCT | GRP | LTD | P | REV | EXP | C | COMM | SP | STAT | DATE | DATE |
| 1 | Y | 9999 | 999 | | y | y | N | y | y | y | 5 | 6 | 0 |

Dec 16, 2020 11:42:11 AM

N23 PS

PO LINE FINANCIAL INFORMATION

PLF

NEXT FUNCTION: _____ ACTION: _____ HISTORY: 12/16/2020 11:42:08
BROWSE:

BUY ENTITY 2BBS
PO NO. 1600140085
PO LINE NO. 1

BLANKET REL. NO. _____

TAX/VAT CODE

TAX/VAT COST .00

BC STATUS

ADDITIONAL COST CODE:

OPER APPR/REJ

ADDITIONAL COST .00

DATE APPR/REJ

GL EFF. DATE 07/10/2020

QUANTITY ORDERED UOP: 1

CURRENCY CODE

UNIT PRICE 250,000.00000

DISTRIBUTION IND:

EXTENDED AMOUNT 250,000.00

TOTAL LINE VALUE 250,000.00

GL COMPANY 2B01

QUANTITY ORDERED SKU: 1.00

GL ACCOUNT XXXXXXXXXX

TARGET PRICE .00000

GL CENTER 13A15832AR

EXTENDED AMOUNT .00

BID NUMBER

STANDARD UNIT COST .00000

PROJ/NCG/FED 1GLY

EXTENDED AMOUNT .00

ACCOUNTING RULE 02

Dec 16, 2020 11:42:15 AM

N23 PS

PO INVOICE MATCHING INFORMATION

PMI

NEXT FUNCTION: _____ ACTION: _____ HISTORY: 12/16/2020 11:42:12
BROWSE:

BUY ENTITY 2BBS VENDOR: MOUNTAIN AREA PREGNANCY
PO NO. 1600140085
PO LINE NO. 0001
BLANKET REL. NO.
CURRENCY CODE
PAYMENT BASIS SIGNATURE

BASE PERMIT TO PAY INVOICED TO DATE PERMIT TO PAY

| | | | |
|---------------------|------------|-----------|------------|
| PO HEADER | 250,000.00 | 25,544.60 | 224,455.40 |
| PO HEADER TAX/VAT | .00 | .00 | .00 |
| PO HEADER ADDL COST | .00 | .00 | .00 |
| BLANKET | | | |
| BLANKET TAX/VAT | | | |
| BLANKET ADDL COST | | | |
| PO LINE | 250,000.00 | 25,544.60 | 224,455.40 |
| PO LINE TAX/VAT | .00 | .00 | .00 |
| PO LINE ADDL COST | .00 | .00 | .00 |

N.C. Department of Health and Human Services
 Division of Public Health
Women and Children's Health Section/ Women's Health Branch
Section/Branch

rec'd 10/9/2020

Contract Expenditure Report

September 2020
 mo/yr of expenditure
Mountain Area Pregnancy Services, Inc
 Contractor
Kristi Brown
 Project Director
Promote and increase awareness of pregnancy support services
 Purpose

40085
 Contract ID#:
1600140085
 NCAS#:
\$11,028.08
 Total Expenditure

Contractor match is REQUIRED by this contract:

(Place an "X" in the appropriate box)

| | |
|-----|-------------------------------------|
| | <input checked="" type="checkbox"/> |
| YES | NO |

| Item Description | Item Number | Contractor Amount | DHHS Amount |
|---|--------------|-------------------|--------------------|
| Salar-J/Wages | | | \$988.00 |
| Fringe Benefits | | | \$78.06 |
| Suolies and Materials- Furniture | | | |
| Supplies and Materials- Other | | | |
| Equipment- Communication | | | |
| Equipment- Office | | | |
| Equipment- IT | | | |
| Travel- Contractor Staff | | | |
| Utilities- Telephone | | | \$40.00 |
| Staff Development | | | \$375.00 |
| Media/Communications- Advertising | | | \$7,972.70 |
| Media/Communications-Audiovisual Presentations, Multimedia, TV, Radio Presentations | | | |
| Media/Communications- Logos | | | |
| Media/Communications- Promotional Items | | | \$347.57 |
| Media/Communications- Publications | | | \$85.00 |
| Media/Communications- PSAs and Ads | | | |
| Media/Communications- Reprints | | | \$139.20 |
| Media/Communications- Text translation | | | |
| Media/Communications- Websites and Web Materials | | | |
| Professional Services- IT | | | |
| Professional Services- AccountinQ | | | |
| Subcontracts and Grants | | | |
| Dues and Subscriptions | | | |
| Other- Incentives and Participants | | | |
| Indirect Cost | | | \$1,002.55 |
| Subtotal | | \$0.00 | \$11,028.08 |
| THIS SECTION FOR DPH USE ONLY: | | | |
| Company 2B01 | | | |
| | Center | | |
| | 13A1-5832-AR | | |

As chief executive officer or designee of the contracting organization, I hereby certify that the units billed to DHHS on this public payment voucher have been delivered in accordance with the conditions of the contract, and that to the best of my knowledge and belief we have complied with all laws, regulations and contractual provisions that are conditions of payment under this contract. As chief executive officer or designee of the recipient organization, I hereby certify that the cost or units billed for reimbursement on the above Request for Reimbursement were incurred and delivered according to the provisions of the assistance agreement. I further certify that any required matching expenditures have been incurred, and that to the best of my knowledge and belief we have complied with all laws, regulations and contractual provisions that are conditions of this contract.

Kristi Brown, Executive Director

Authorized Contractor Printed Name & Title


Signature

October 9, 2020

Date

Mall to: A ro riate Division Contract Administrator

 DHHS-DPH Contract Administrator Signature & Date

DocuSigned by:
 10/20/2020 | 11:54 AM EDT
 DHHS-DPH Branch Head Signature & Date

Tara Owens Shuler
 DHHS-DPH Contract Administrator Printed Name

Belinda Pettiford
 DHHS-DPH Branch Head Printed Name

MONTHLY FINANCIAL REPORT

| | |
|--------------------------|----------------------------------|
| CONTRACTOR: | Mountain Area Pregnancy Services |
| CONTRACT PERIOD: | July 1, 2020- June 30, 2021 |
| REPORTING PERIOD: | September 2020 |

| ACCOUNTS | APPROVED CONTRACT BUDGET | *PREVIOUS ACCUMULATED EXPENDITURES | CURRENT MONTH EXPENDITURES | NEW ENDING BALANCE |
|---|--------------------------------|--|----------------------------------|--------------------------|
| (Accounts should match approved budget) | | | | |
| Salary/Wages | \$33,280.00 | \$610.72 | \$988.00 | \$31,681.28 |
| Fringe Benefits | \$2,546.00 | \$48.47 | \$78.06 | \$2,419.47 |
| Supplies and Materials- Furniture | \$725.00 | \$0.00 | | \$725.00 |
| Supplies and Materials- Other | \$980.00 | \$524.56 | | \$455.44 |
| Equipment- Communication | \$150.00 | \$0.00 | | \$150.00 |
| Equipment- Office | \$350.00 | \$204.56 | | \$145.44 |
| Equipment- IT | \$2,045.00 | \$813.79 | | \$1,231.21 |
| Travel- Contractor Staff | \$9,122.00 | \$30.48 | | \$9,091.52 |
| Utilities- Telephone | \$480.00 | \$40.00 | \$40.00 | \$400.00 |
| Staff Development | \$5,471.00 | \$0.00 | \$375.00 | \$5,096.00 |
| Media/Communications-Advertising | \$125,241.00 | \$10,664.96 | \$7,972.70 | \$106,603.34 |
| Media/Communications-Audiovisual presentations, Multimedia, TV, Radio Presentations | \$800.00 | \$0.00 | | \$800.00 |
| Media/Communications- Logos | | \$0.00 | | \$0.00 |
| Media/Communications- Promotional Items | \$15,638.00 | \$141.88 | \$347.57 | \$15,148.55 |
| Media/Communications- Publications | \$85.00 | \$0.00 | \$85.00 | \$0.00 |
| Media/Communications- PSAs and Ads | \$14,580.00 | \$0.00 | | \$14,580.00 |
| Media/Communications- Reprints | \$175.00 | \$0.00 | \$139.20 | \$35.80 |
| Media/Communications- Text translation | | \$0.00 | | \$0.00 |
| Media/Communications- Websites and Web Materials | \$400.00 | \$0.00 | | \$400.00 |
| Professional Services- IT | \$560.00 | \$210.00 | | \$350.00 |
| Professional Services- Accounting | | \$0.00 | | \$0.00 |
| Subcontractors and Grants | \$6,007.00 | \$0.00 | | \$6,007.00 |
| Dues and Subscriptions | | \$0.00 | | \$0.00 |
| Other- Incentives and Participants | \$8,935.00 | \$0.00 | | \$8,935.00 |
| Indirect Cost | \$22,430.00 | \$1,227.10 | \$1,002.55 | \$20,200.35 |
| TOTAL | \$250,000.00 | \$14,516.52 | \$11,028.08 | \$224,455.40 |

* Total of ALL expenditures previously submitted under this contract budget period.

Oct 14, 2020 11:12:28 AM

BC

AVAILABLE FUNDS INQUIRY

162

NEXT FUNCTION: _____ ACTION:

COMP/ ACCT/ CNTR

ALTERNATE COMP/ ACCT/ CNTR



ACCT DESC: NGO DIRECTED GRANTS OTHER ORIG APPROPRIATION: 650,000.00

CNTR DESC: LAST ACTIVITY: 10/13/2020

650,000.00 (AUTH. BUDGET) 650,000.00 (AUTH. BUDGET)

0.00 (COMMITMENT) - 0.00 (COMMITMENT)

650,000.00 (ENCUMBRANCE) - 650,000.00 (ENCUMBRANCE)

0.00 (EXPENDITURE) - 0.00 (EXPENDITURE)

= 0.00 (AVAIL BAL) = 0.00 (AVAIL BAL)

L OVEREXPEND A E C G
V TOLERANCE BDG YTD P EST N L R ACTIVE INACTIVE

L POST AMT PCT GRP LTD P REV EXP C COMM SP STAT DATE DATE

1 Y 9999 999 y y N y y y 5 6 0

Oct 14, 2020 11:13:07 AM

N23 PS

PO LINE FINANCIAL INFORMATION

PLF

NEXT FUNCTION: _____ ACTION: _____ HISTORY: 10/14/2020 11:13:04
BROWSE:

BUY ENTITY 2BBS
PO NO. 1600140085
PO LINE NO. 1
BLANKET REL. NO. _____

TAX/VAT CODE
TAX/VAT COST .00 BC STATUS
ADDITIONAL COST CODE: OPER APPR/REJ
ADDITIONAL COST .00 DATE APPR/REJ
GL EFF. DATE 07/10/2020

QUANTITY ORDERED UOP: 1 CURRENCY CODE
UNIT PRICE 250,000.00000 DISTRIBUTION IND:

EXTENDED AMOUNT 250,000.00
TOTAL LINE VALUE 250,000.00 GL COMPANY 2B01
QUANTITY ORDERED SKU: 1.00 GL ACCOUNT [REDACTED]
TARGET PRICE .00000 GL CENTER 13A15832AR

EXTENDED AMOUNT .00 BID NUMBER
STANDARD UNIT COST .00000 PROJ/NCG/FED 1G1Y
EXTENDED AMOUNT .00 ACCOUNTING RULE 02

Oct 14, 2020 11:13:12 AM

N23 PS

PO INVOICE MATCHING INFORMATION

PMI

NEXT FUNCTION: _____ ACTION: _____ HISTORY: 10/14/2020 11:13:09
BROWSE:

BUY ENTITY 2BBS VENDOR: MOUNTAIN AREA PREGNANCY
PO NO. 1600140085
PO LINE NO. 0001
BLANKET REL. NO.
CURRENCY CODE
PAYMENT BASIS SIGNATURE

BASE PERMIT TO PAY INVOICED TO DATE PERMIT TO PAY

| | | | |
|---------------------|------------|-----|------------|
| PO HEADER | 250,000.00 | .00 | 250,000.00 |
| PO HEADER TAX/VAT | .00 | .00 | .00 |
| PO HEADER ADDL COST | .00 | .00 | .00 |
| BLANKET | | | |
| BLANKET TAX/VAT | | | |
| BLANKET ADDL COST | | | |
| PO LINE | 250,000.00 | .00 | 250,000.00 |
| PO LINE TAX/VAT | .00 | .00 | .00 |
| PO LINE ADDL COST | .00 | .00 | .00 |

11/6/2020

N.C. Department of Health and Human Services
 Division of Public Health
Women and Children's Health Section/ Women's Health Branch
Section/Branch

Contract Expenditure Report

October 2020
 mo/yr of expenditure
Mountain Area Pregnancy Services, Inc
 Contractor
Kristi Brown
 Project Director
Promote and increase awareness of pregnancy support services
 Purpose

40085
 Contract ID#:
1600140085
 NCAS#:
\$13,744.93
 Total Expenditure

Contractor match is REQUIRED by this contract:
 (Place an "X" in the BDDropriate box.)

| | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| YES | NO |

| Item Description | Item Number | Contractor Amount | DHHSAmount |
|---|---------------------|-------------------|-------------|
| Salary/Wages | | | \$1,512.00 |
| Fringe Benefits | | | \$118.92 |
| Suoolies and Materials- Furniture | | | |
| Supplies and Materials- Other | | | \$31.40 |
| Equipment- Communication | | | |
| Equipment- Office | | | |
| EQUIPMENT- IT | | | \$239.99 |
| Travel- Contractor Staff | | | \$32.20 |
| Utilities- Telephone | | | \$40.00 |
| Staff Development | | | \$5,000.00 |
| Media/Communications- Advertising | | | \$4,782.70 |
| Media/Communications-Audiovisual Presentations, Multimedia, TV, Radio Presentations | | | |
| Media/Communications- Locios | | | |
| Media/Communications- Promotional Items | | | |
| Media/Communications- Publications | | | |
| Media/Communications- PSAs and Ads | | | \$760.00 |
| Media/Communications- Reprints | | | |
| Media/Communications- Text translation | | | |
| Media/Communications- Websites and Web Materials | | | |
| Professional Services- IT | | | |
| Professional Services- Accounting | | | |
| Subcontracts and Grants | | | |
| Dues and Subscriptions | | | |
| Other- Incentives and Participants | | | |
| Indirect Cost | | | \$1,227.72 |
| Subtotal | | \$0.00 | \$13,744.93 |
| THIS SECTION FOR DPH USE ONLY: | | | |
| Company 2B01 | | | |
| Account | Center | | |
| |-13A 1-5832-AR | | |

As chief executive officer or designee of the contracting organization, I hereby certify that the units billed to DHHS on this public payment voucher have been delivered in accordance with the conditions of the contract, and that to the best of my knowledge and belief we have complied with all laws, regulations and contractual provisions that are conditions of payment under this contract. As chief executive officer or designee of the recipient organization, I hereby certify that the cost or units billed for reimbursement on the above Request for Reimbursement were incurred and delivered according to the provisions of the assistance agreement. I further certify that any required matching expenditures have been incurred, and that to the best of my knowledge and belief we have complied with all laws, regulations and contractual provisions that are condition for payment under this contract.

Kristi Brown, Executive Director

Authorized Contractor Printed Name & Title

Signature

November 6, 2020

Date

Mail to: Appropriate Division Contract Administrator

(Signature)
 11/13/2020

(Signature) Belinda Pettiford
 11/24/20 | 5:42 PM EST

DHHS-DPH Contract Administrator Signature & Date

DHHS-DPH Branch Head Signature & Date

I'ara Owens Shuler
 DHHS-DPH Contract Administrator Printed Name

Belinda Pettiford
 DHHS-DPH Branch Head Printed Name

MONTHLY FINANCIAL REPORT

| | |
|--------------------------|----------------------------------|
| CONTRACTOR: | Mountain Area Pregnancy Services |
| CONTRACT PERIOD: | July 1, 2020- June 30, 2021 |
| REPORTING PERIOD: | October 2020 |

| ACCOUNTS | APPROVED CONTRACT BUDGET | *PREVIOUS ACCUMULATED EXPENDITURES | CURRENT MONTH EXPENDITURES | NEW ENDING BALANCE |
|---|--------------------------------|--|----------------------------------|--------------------------|
| (Accounts should match approved budget) | | | | |
| Salary/Wages | \$33,280.00 | \$1,598.72 | \$1,512.00 | \$30,169.28 |
| Fringe Benefits | \$2,546.00 | \$126.53 | \$118.92 | \$2,300.55 |
| Supplies and Materials- Furniture | \$725.00 | \$0.00 | | \$725.00 |
| Supplies and Materials- Other | \$980.00 | \$524.56 | \$31.40 | \$424.04 |
| Equipment- Communication | \$150.00 | \$0.00 | | \$150.00 |
| Equipment- Office | \$350.00 | \$204.56 | | \$145.44 |
| Equipment- IT | \$2,045.00 | \$813.79 | \$239.99 | \$991.22 |
| Travel- Contractor Staff | \$9,122.00 | \$30.48 | \$32.20 | \$9,059.32 |
| Utilities- Telephone | \$480.00 | \$80.00 | \$40.00 | \$360.00 |
| Staff Development | \$5,471.00 | \$375.00 | \$5,000.00 | \$96.00 |
| Media/Communications- Advertising | \$125,241.00 | \$18,637.66 | \$4,782.70 | \$101,820.64 |
| Media/Communications- Multimedia, TV, Radio Presentations | \$800.00 | \$0.00 | | \$800.00 |
| Media/Communications- Logos | | \$0.00 | | \$0.00 |
| Media/Communications- Promotional Items | \$15,638.00 | \$489.45 | | \$15,148.55 |
| Media/Communications- Publications | \$85.00 | \$85.00 | | \$0.00 |
| Media/Communications- PSAs and Ads | \$14,580.00 | \$0.00 | \$760.00 | \$13,820.00 |
| Media/Communications- Reprints | \$175.00 | \$139.20 | | \$35.80 |
| Media/Communications- Text translation | | \$0.00 | | \$0.00 |
| Media/Communications- Websites and Web Materials | \$400.00 | \$0.00 | | \$400.00 |
| Professional Services- IT | \$560.00 | \$210.00 | | \$350.00 |
| Professional Services- Accounting | | \$0.00 | | \$0.00 |
| Subcontractors and Grants | \$6,007.00 | \$0.00 | | \$6,007.00 |
| Dues and Subscriptions | | \$0.00 | | \$0.00 |
| Other- Incentives and Participants | \$8,935.00 | \$0.00 | | \$8,935.00 |
| Indirect Cost | \$22,430.00 | \$2,229.65 | \$1,227.72 | \$18,972.63 |
| TOTAL | \$250,000.00 | \$25,544.60 | \$13,744.93 | \$210,710.47 |

* Total of ALL expenditures previously submitted under this contract budget period.

Nov 18, 2020 8:35:18 AM

N23 PS

PO INVOICE MATCHING INFORMATION

PMI

NEXT FUNCTION: _____ ACTION: _____ HISTORY: _ 11/18/2020 08:35:12
BROWSE:

BUY ENTITY 2BBS VENDOR: MOUNTAIN AREA PREGNANCY
PO NO. 1600140085
PO LINE NO. 0001
BLANKET REL. NO.
CURRENCY CODE
PAYMENT BASIS SIGNATURE

| | BASE PERMIT TO PAY | INVOICED TO DATE | PERMIT TO PAY |
|---------------------|--------------------|------------------|---------------|
| PO HEADER | 250,000.00 | 14,516.52 | 235,483.48 |
| PO HEADER TAX/VAT | .00 | .00 | .00 |
| PO HEADER ADDL COST | .00 | .00 | .00 |
| BLANKET | | | |
| BLANKET TAX/VAT | | | |
| BLANKET ADDL COST | | | |
| PO LINE | 250,000.00 | 14,516.52 | 235,483.48 |
| PO LINE TAX/VAT | .00 | .00 | .00 |
| PO LINE ADDL COST | .00 | .00 | .00 |

Nov 18, 2020 8:35:10 AM

N23 PS

PO LINE FINANCIAL INFORMATION

PLF

NEXT FUNCTION: _____ ACTION: _____ HISTORY: 11/18/2020 08:35:05
BROWSE:

BUY ENTITY 2BBS
PO NO. 1600140085
PO LINE NO. 1
BLANKET REL. NO. _____

TAX/VAT CODE

TAX/VAT COST .00

ADDITIONAL COST CODE:

ADDITIONAL COST .00

BC STATUS

OPER APPR/REJ

DATE APPR/REJ

GL EFF. DATE 07/10/2020

QUANTITY ORDERED UOP: 1

UNIT PRICE 250,000.00000

EXTENDED AMOUNT 250,000.00

TOTAL LINE VALUE 250,000.00

QUANTITY ORDERED SKU: 1.00

TARGET PRICE .00000

CURRENCY CODE

DISTRIBUTION IND:

GL COMPANY 2B01

GL ACCOUNT

GL CENTER 13A15832AR

EXTENDED AMOUNT .00

STANDARD UNIT COST .00000

EXTENDED AMOUNT .00

BID NUMBER

PROJ/NCG/FED 1G1Y

ACCOUNTING RULE 02

Nov 18, 2020 8:31:22 AM

BC

AVAILABLE FUNDS INQUIRY

162

NEXT FUNCTION: _____ ACTION:

| | |
|------------------------|-----------------------------|
| COMP/ ACCT/ CNTR | ALTERNATE COMP/ ACCT/ CNTR |
| 2B01 536G02 13A15832AR | 2B01 536G02XXXXX 13A15832AR |

ACCT DESC: NGO DIRECTED GRANTS OTHER ORIG APPROPRIATION: 650,000.00
 CNTR DESC: LAST ACTIVITY: 11/17/2020

| | |
|-----------------------------|---------------------------|
| 650,000.00 (AUTH. BUDGET) | 650,000.00 (AUTH. BUDGET) |
| 0.00 (COMMITMENT) - | 0.00 (COMMITMENT) |
| 546,951.25 (ENCUMBRANCE) - | 546,951.25 (ENCUMBRANCE |
| 103,048.75 (EXPENDITURE) - | 103,048.75 (EXPENDITURE |
| ----- | ----- |
| = 0.00 (AVAIL BAL) | = 0.00 (AVAIL BAL) |

| | | | | | | |
|---|--------------|-------------------|--------|-----|--------|-----------|
| L | OVEREXPEND | A | E | C G | | |
| V | TOLERANCE | BDG YTD P EST | N | L R | ACTIVE | INACTIVE |
| L | POST AMT PCT | GRP LTD P REV EXP | C COMM | S p | STAT | DATE DATE |
| 1 | Y 9999 999 | y y N y y y | 5 6 | 0 | | |

GENERAL CONTRACT COVER

This contract is hereby entered into by and between the North Carolina Department of Health and Human Services, Division of Public Health (the "Division") and Mountain Area Pregnancy Services (the "Contractor") (referred to collectively as the "Parties").

1. Contract Documents:

This contract consists of the following documents, which are incorporated herein by reference:

- (a) This contract cover
- (b) The General Terms and Conditions
- (c) Scope of Work
- (d) Performance Measures Chart
- (e) The Line Item Budget
- (f) State Grant Certification - No Overdue Tax Debts
- (g) Federal Certifications
- (h) IRS Tax Exemption Verification Form (Annual)
- (i) Conflict of Interest Verification (Annual)
- 0) State Certification

Incorporated By Reference

The following documents are reference materials and are available by going to the following website, [Open Window](http://dhhsopenwindow.nc.gov/index.aspx?pid=doc_ReferenceDocuments) (http://dhhsopenwindow.nc.gov/index.aspx?pid=doc_ReferenceDocuments).

- (a) Travel: Policies Governing Travel Related Expenses for Contractors
- (b) Notice of Certain Reporting and Audit Requirements
- (c) General Statutes G.S.143C6 NonState Entities Receiving State Funds
- (d) Subchapter 03M Uniform Administration of State Grants

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 the contract document section, 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 7/1/2020 and shall terminate on 6/30/2021, with the option to extend, if mutually agreed upon, through a written amendment as provided for in the General Terms and Conditions.

4. Contractor's Duties:

The Contractor shall provide the services as described in the scope of work and in accordance with the approved budget.

5. Division's Duties:

The Division shall pay the Contractor in the manner and in the amounts specified in the contract documents. The total amount paid by the Division to the Contractor under this contract shall not exceed \$250,000. This amount consists of \$0 in State funds, \$0 in Local funds, \$0 in Other funds and \$250,000 in Federal funds.

The total contract amount is \$250,000.

6. Conflict of Interest Policy:

The Division has determined that this contract is a financial assistance contract. The Contractor shall file with the Division, a copy of the Contractor's policy addressing conflicts of interest that may arise involving the Contractor's management employees and the members of its board of directors or other governing body. The policy shall address situations in which any of these individuals may directly or indirectly benefit, except as the Contractor's employees or members of its board or other governing body, from the Contractor's disbursing of state funds and shall include actions to be taken by the Contractor or the individual, or both to avoid conflicts of interest and the appearance of impropriety. The policy shall be filed before the Division may disburse the grant funds. (N.C.G.S. 143C-6-23(b)(2007))

7. Statement of No Overdue Tax Debts:

Contractor's sworn written statement pursuant to N.C.G.S. 143C-6-23(c), stating that the Contractor does not have any overdue tax debts, as defined by G.S. 105-243.1, at the federal, state, or local level. The Contractor acknowledges that the written statement must be filed before the Division may disburse the grant funds.

8. Reversion of Unexpended Funds:

Any unexpended grant funds shall revert to the Division upon termination of this contract.

9. Grants:

The Contractor/Grantee has the responsibility to ensure that all sub-grantees, if any, provide all information necessary to permit the Contractor/Grantee to comply with the standards set forth in this contract.

10. Reporting Requirements:

The Division has determined that this is a contract for financial assistance, and therefore is subject to the reporting requirements in Uniform Administration of State Awards of Financial Assistance at 09 NCAC 03M.0205

11. Payment Provisions:

Upon execution of this contract, the Contractor shall submit to the Division contract administrator, a monthly reimbursement request for services rendered the previous month by the 10th of each month and, upon approval by the Division, receive payment within 30 days. The Division must make all payments to the Contractor by June 30. Therefore, the Contractor shall submit any adjusted reimbursement request for services, the final request for reimbursement and return any unearned funds, relating to this contract period, to the Division no later than June 10 of the current state fiscal year. The Division shall have no obligation for payment of reimbursement request received later than June 10. If this contract is terminated prior to the original end date, the Contractor is required to submit a final reimbursement report and to return any unearned funds to the Division within 30 days of the contract termination date or no later than June 10. All payments are contingent upon fund availability.

12. 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 Division:

| IF DELIVERED BY US POSTAL SERVICE | IF DELIVERED BY ANY OTHER MEANS |
|--|--|
| Rebecca Severin, Maternal Health Program Manager Division of Public Health 1929 Mail Service Center, Bldg 2, Floor 2, Room A7 Raleigh, NC 27699 Telephone : (919)-707-5680 Fax : (919)-870-4827 Email : rebecca.severin@dhhs.nc.Qov | Rebecca Severin, Maternal Health Program Manager Division of Public Health 5601 Six Forks Rd, Bldg 2, Floor 2, Room A7 Raleigh, NC 27609 |

For the Contractor:

| IF DELIVERED BY US POSTAL SERVICE | IF DELIVERED BY ANY OTHER MEANS |
|---|--|
| Kristi Brown, Executive Director Mountain Area Pregnancy Services 1710 Old Haywood Road Asheville, NC 28806 Telephone : (828)-252-1306 Fax : (-) Email : kbrown@oreQinfo.orQ | Kristi Brown, Executive Director Mountain Area Pregnancy Services 1710 Old Haywood Road Asheville, NC 28806 |

13. 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.

14. Disbursements:

As a condition of this contract, the Contractor acknowledges and agrees to make disbursements in accordance with the following requirements:

- (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) Assure adequate control of negotiable instruments; and
- (e) Implement procedures to insure that account balance is solvent and reconcile the account monthly.

15. Outsourcing to Other Countries:

The Contractor certifies that it has identified to the Division 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 Division.

16. 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 accompanied by a signature page and can be found in the Contractor's Managed Documents section of DHHS Open Window. The signature page is to be signed by the contractor's authorized representative.

17. Other Requirements:

Omni Circular Federal Award Reporting Requirements for Pass Through Agencies:

DUNS#: 832616338;

Federal Award Identification Number: B04MC33857;

Federal Award Date: 10/25/2019;

Total Amount of Federal Award: \$2,488,431;

Federal Funds Obligated by this Contract: \$250,000;

Federal Award Project Description: Maternal and Child Health Services;

Name of Federal Awarding Agency: DHHS, HRSA;

CFDA Number and Name: 93.994, Maternal and Child Health Block Grant;

Is award R&D?: No;

Indirect Cost Rate for the Federal Award: 10%.

18. Signature Warranty:

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

Signatures follow on next page

In Witness Whereof, the Contractor and the Division have executed this contract in duplicate originals, with one original being retained by each party.

M?::z:ncv Services

Signature

Rick Adams
Printed Name

6/12/20
Date

Board of Director's Chairperson
Title

ATTEST

Kristi A. Brown
Signature

k<1S+; A.]roO
Printed Name

Printed Name

[CORPORATE SEAL]

6-12-20
Date

6J. e J e J), 1<2- +nQ..
Title

Title

Division of Public Health, North Carolina Department of Health and Human Services

DocuSigned by:
Mark T. Benton/jp
Signature

Mark T. Benton
Printed Name

6/18/2020 | 1:29 PM EDT
Date

Assistant Secretary for Public Health
Title

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 Division.

Subcontracting: The Contractor shall not subcontract any of the work contemplated under this contract without prior written approval from the Division. 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 Division 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 State may: (a) Forward the Contractor's payment check 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. In no event shall such approval and action obligate the State 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 Division 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 Division and Contractor that any such person or entity, other than the Division 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 Division, the State of North Carolina, and any of their officers, agents and employees, from any claims of third parties arising out of any act or

omission of the Contractor in connection with the performance of this contract.

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

- (1) **Worker's Compensation Insurance:** The Contractor shall provide and maintain worker's compensation insurance, as required by the laws of the states in which its employees work, covering all of the Contractor's employees who are engaged in any work under the contract.
 - (2) **Employer's Liability Insurance:** The Contractor shall provide employer's liability insurance, with minimum limits of \$500,000.00, covering all of the Contractor's employees who are engaged in any work under the contract.
 - (3) **Commercial General Liability Insurance:** The Contractor shall provide commercial general liability insurance on a comprehensive broad form on an occurrence basis with a minimum combined single limit of \$1,000,000.00 for each occurrence.
 - (4) **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.
- (b) The insurance coverage minimums specified in subparagraph (a) are exclusive of defense costs.
 - (c) 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.
 - (d) 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 Division shall be the sole judge of whether such a waiver should be granted.

- (e) 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 Division shall be the sole judge of whether such a waiver should be granted.
- (f) 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.
- (g) 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.
- (h) The Contractor shall comply at all times with all lawful terms and conditions of its insurance policies and all lawful requirements of its insurer.
- (i) The Contractor shall require its subcontractors to comply with the requirements of this paragraph.
- U) The Contractor shall demonstrate its compliance with the requirements of this paragraph by submitting certificates of insurance, if requested, to the Division before the Contractor begins work under this contract.

Default and Termination

Termination Without Cause: The Division 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 Division 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 Division, 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 Division for damages sustained by the Division by virtue of the Contractor's breach of this agreement, and the Division may withhold any payment due the Contractor for the purpose of setoff until such time as the exact amount of damages due the Division from such breach can be determined. In case of default by the Contractor, without limiting any other remedies for breach available to ii, the Division 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 Division of any default or breach in compliance with the terms of this contract by the Contractor 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 Department 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 Division.

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 Division. 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 Division 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.

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 Division 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 Division may require to ensure compliance.

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 Division. 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.

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.

Duty to Report: The Contractor shall report a suspected or confirmed security breach to the Division's 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. During the performance of this contract, the contractor is to notify the Division contract administrator of any contact by the federal Office for Civil Rights (OCR) received by the contractor.

Cost Borne by Contractor: If any applicable federal, state, or local law, regulation, or rule requires the Division or the Contractor to give affected persons written notice of a security breach arising out of the Contractor's performance under this contract, the Contractor shall bear the cost of the notice.

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. 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.B(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.

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 Wake County,

North Carolina. The place of this contract and all transactions and agreements relating to it, and their situs and forum, shall be Wake County, North Carolina, 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 Division and the Contractor. The Purchase and Contract Divisions of the NC Department of Administration and the NC Department of Health and Human Services shall give prior approval to any amendment to a contract awarded through those offices.

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.

Gender and Number: Masculine pronouns shall be read to include feminine pronouns and the singular of any word or phrase shall be read to include the plural and vice versa.

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 Division. The term "key personnel" includes any and all persons identified by 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 Division for loss of, or damage to, such property. At the termination of this contract, the Contractor shall contact the Division 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 published in the applicable State rules. International travel shall not be reimbursed under this contract.

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.

N. C. Department of Health and Human Service
Division of Public Health
Mountain Area Pregnancy Services
SCOPE OF WORK
FY 20 - 21

BACKGROUND

Per Session Law 2019-192, Mountain Area Pregnancy Services (MAPS) were appropriated funds to promote and increase awareness of pregnancy support services in Buncombe county. It is the mission of the Women's Health Branch (WHB) to develop and promote programs and services that protect the health and well-being of infants and women during their child-bearing years. WHB offers technical assistance, consultation and training for professionals who provide women's health services throughout the state of North Carolina.

Mountain Area Pregnancy Services (MAPS), a 501(c)3 based in Asheville, North Carolina (Buncombe County) has been serving western North Carolina women and families facing unplanned pregnancies and infant loss for 39 years and provides the following services:

- Pregnancy tests;
- Limited OB ultrasounds;
- Referrals to community resources, including physician services, drug rehab programs, and basic household needs;
- Individual or Group grief counseling for men and women impacted by infant loss, including miscarriage, abortion, stillbirth, newborn death, or a devastating diagnosis;
- Counseling and birth planning for families impacted by an intrauterine fetal anomaly;

MAPS provides these services within the community with a mixture of full-time staff and client advocates, who are volunteers from the community.

Comparison Data:

According to 2017 US Census Data Buncombe County grew approximately 13% in population size between 2010-2017. The current demographic make-up of the county is 89.5% Caucasian, 6.4 % African American and 6.6% Hispanic/Latino. In contract year 2018-2019, Mountain Area Pregnancy Services (MAPS) served 200 unduplicated clients and of these clients, 16% were minority women (11.5% African American, 2% Asian, 1% Hispanic, 2 and 2.5% multi-race). During this time period, MAPS connected 52% of the women served to a Private OB Provider and 16% of women served to the Care Management for High Risk Pregnancy program. MAPS can increase the number and diversity of clients served by increasing visibility in the community and focusing services to women of color, and those living below the federal poverty level.

PURPOSE

Through this contract, MAPS will expand marketing and recruitment efforts to promote and increase the awareness of pregnancy support services offered by Mountain Area Pregnancy Services. This contract will support staff/volunteer training in Buncombe County to improve non-clinical services.

COUNTIES

This contract serves the following North Carolina County(ies): Buncombe County

PERFORMANCE REQUIREMENTS

The Contractor shall:

1. Convene a local, multidisciplinary planning group, representative of the community, to guide the development of a multimedia campaign to promote healthy pregnancies and increase engagement and utilization of services by minority women provided by Mountain Area Pregnancy Services.
2. Host six (6) meetings with the planning group between July and September 2020 to develop consistent and culturally appropriate messaging that will be distributed in various media presentation (i.e. power point, video, radio, social media, etc.)
3. Launch multimedia campaign to promote awareness of pregnancy support services and healthy pregnancy messages in November 2020. MAPS will purchase a mixture of radio impressions, print ads, television spots, and an on-air television interview by June 30, 2021. Printed or electronic copies of advertisements developed shall be included with quarterly reports.
4. Update MAPS website to ensure that the content is inclusive and diverse to reflect the inclusion of minority women. Convene one (1) focus group of minority women and service providers to provide feedback and recommendations on the website design. Provide the WHB Program Manager with a summary of the feedback from the focus group.
5. Exhibit at six (6) community health fairs or other community-sponsored events during the contract period. This will be evidenced by posters/flyers/photos of the event or sign in sheets of visitors to the exhibit table.
6. Provide life-skills and/or parenting education services by volunteer client advocates for up to 38 unduplicated clients per month by June 30, 2021.
7. Host the Racial Equity Institute's Groundwater Training for all Mountain Area Pregnancy Services staff, volunteers, board members and community members by November 15, 2020.
8. Train at least three (3) staff and/or volunteers in the two-day NC Racial Equity Institute training by June 30, 2021. One of these staff members must be the new Outreach Coordinator.
9. Send at least two (2) staff to the Juvenile Sex Trafficking (JuST) national conference in Washington, DC to be held on November 4-6, 2020.
10. Provide one (1) community training on signs and symptoms of trafficked victims by June 30, 2021. Contractor shall utilize the Outcome- Based Evaluation provided by the WHB Program Manager (Attachment II).
11. Utilize an existing client satisfaction survey to be given to all clients receiving life skills, parenting and/or bereavement care services by June 30, 2021. Contractor shall submit the survey template to the WHB Program Manager for approval. Contractor shall include a summation of overall client satisfaction with services in the Annual Report submitted to the WHB Program Manager.
12. Ensure that purchases of computer and office equipment are made by March 31, 2021.

13. Hire the new Outreach Coordinator, which will focus on patient engagement efforts in the community and increase utilization of the services offered by MAPS, by Sept. 1, 2020.
14. Ensure all purchases are completed by May 31, 2021.

PERFORMANCE STANDARDS

The Contractor shall:

1. Notify the Women's Health Branch (WHB) Program Manager of any changes in staff included in this contract within 10 days of the change and report the changes in the Contractor's Report.
2. Administer a client satisfaction survey to individuals that utilize MAPS services.
3. Ensure that MAPS staff are performing limited ultrasounds when medically indicated. The American Institute of Ultrasound Medicine (AIUM) recommends that ultrasounds should be used only when the patient's physician indicates that it will provide medical benefit to the patient. In addition, the American College of Obstetricians & Gynecologists (ACOG) recommends that ultrasonography be used prudently and only when its use is expected to answer a relevant clinical question or otherwise provide medical benefit to the patient. *{ACOG Committee Opinion, Guidelines for Diagnostic Imaging During Pregnancy and Lactation, February 2016}*
4. Submit four (4) quarterly reports, using the quarterly reporting template (Scope of Work, Attachment III) provided by the WHB Program Manager, and (1) one annual summary report of statewide outcomes to the WHB Program Manager according to the following schedule:

| <u>Service Period</u> | <u>Report Due Date</u> |
|------------------------|------------------------|
| July- September 2020 | October 15, 2020 |
| October- December 2020 | January 15, 2021 |
| January - March 2021 | April 15, 2021 |
| April - June 2021 | July 15, 2021 |
| Annual Summary Report | July 15, 2021 |

5. The Contractor shall not use the name, logo, or other insignia of DHHS or DPH in any print or broadcast media.
6. Purchase all print advertising, web material, television, radio broadcast and any other promotional media or public service announcement produced under this contract and for ensuring that media shall adhere to all the requirements of the federal grant funds allocated under this contract, including the Code of Federal Regulations (CFR), 28 CFR 38, wherein "Department" refers to the federal funding agency.
7. Attend and utilize state-approved Breastfeeding Support training sessions offered by the Division of Public Health's partners for the 35 Pregnancy Resource Center Staff. Staff will utilize the Breastfeeding Support training with clients being served by the program.
8. Adhere to all the requirements of the federal grant funds allocated under this contract, including the Code of Federal Regulations (CFR), 28 CFR 38, wherein "Department" refers to the federal funding agency. - This includes but is not limited to:
 - § 38.2 Applicability and scope.
 - (a) A faith-based or religious organization that applies for, or participates in, a social service program supported with Federal financial assistance may retain its independence and may continue to carry out its mission, including the definition, development, practice, and expression

of its religious beliefs, provided that it does not use direct Federal financial assistance, whether

received through a prime award or sub-award, to support or engage in any explicitly religious activities, including activities that involve overt religious content such as worship, religious instruction, or proselytization.

§ 38.5 Responsibilities.

(a) Organizations that receive direct financial assistance from the Department may not engage in explicitly religious activities, including activities that involve overt religious content such as worship, religious instruction, or proselytization, as part of the programs or services funded with direct financial assistance from the Department. If an organization conducts such explicitly religious activities, the activities must be offered separately, in time or location, from the programs or services funded with direct financial assistance from the Department, and participation must be voluntary for beneficiaries of the programs or services funded with such assistance.

(b) A faith-based or religious organization that participates in the Department-funded programs or services shall retain its independence from Federal, State, and local governments, and may continue to carry out its mission, including the definition, practice, and expression of its religious beliefs, provided that it does not use direct financial assistance from the Department to support any explicitly religious activities, including activities that involve overt religious content such as worship, religious instruction, or proselytization. Among other things, a faith-based or religious organization that receives financial assistance from the Department may use space in its facilities without removing religious art, icons, messages, scriptures, or symbols. In addition, a faith-based or religious organization that receives financial assistance from the Department retains its authority over its internal governance, and it may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its mission statements and other governing documents.

(c) Any organization that participates in programs funded by Federal financial assistance from the Department shall not, in providing services, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice. However, an organization that participates in a program funded by indirect financial assistance need not modify its program activities to accommodate a beneficiary who chooses to expend the indirect aid on the organization's program.

(d) No grant document, agreement, covenant, memorandum of understanding, policy, or regulation that the Department or a State or local government uses in administering financial assistance from the Department shall require only faith-based or religious organizations to provide assurances that they will not use monies or property for explicitly religious activities. All organizations, including religious ones, that participate in Department programs must carry out eligible activities in accordance with all program requirements and other applicable requirements governing the conduct of Department-funded activities, including those prohibiting the use of direct financial assistance from the Department to engage in explicitly religious activities. No grant document, agreement, covenant, memorandum of understanding, policy, or regulation that is used by the Department or a State or local government in administering financial assistance from the Department shall disqualify faith-based or religious organizations from participating in the Department's programs because such organizations are motivated or influenced by religious faith to provide social services, or because of their religious character or affiliation.

(e) Exemption from Title VII employment discrimination requirements. A faith-based or religious organization's exemption from the Federal prohibition on employment discrimination on the basis of religion, set forth in section 702(a) of the Civil Rights Act of 1964, 42 U.S.C. 2000e-1(a), is not forfeited when the organization receives direct or indirect Federal financial assistance from the Department. Some Department programs, however, contain independent statutory provisions requiring that all grantees agree not to discriminate in employment on the basis of

religion. Accordingly, grantees should consult with the appropriate Department program office to determine the scope of any applicable requirements.

(f) If an intermediary, acting under a contract, grant, or other agreement with the Federal Government or with a State or local government that is administering a program supported by Federal financial assistance, is given the authority under the contract, grant, or agreement to select organizations to provide services funded by the Federal Government, the intermediary must ensure the compliance of the recipient of a contract, grant, or agreement with the provisions of Executive Order 13279, as amended by Executive Order 13559, and any implementing rules or guidance. If the intermediary is a nongovernmental organization, it retains all other rights of a nongovernmental organization under the program's statutory and regulatory provisions.

(g) In general, the Department does not require that a grantee, including a religious organization, obtain tax-exempt status under section 501(c)(3) of the Internal Revenue Code to be eligible for funding under Department programs. Many grant programs, however, do require an organization to be a "nonprofit organization" in order to be eligible for funding. Individual solicitations that require organizations to have nonprofit status will specifically so indicate in the eligibility sections of the solicitations. In addition, any solicitation that requires an organization to maintain tax-exempt status shall expressly state the statutory authority for requiring such status. Grantees should consult with the appropriate Department program office to determine the scope of any applicable requirements. In Department programs in which an applicant must show that it is a nonprofit organization, the applicant may do so by any of the following means:

(1) Proof that the Internal Revenue Service currently recognizes the applicant as an organization to which contributions are tax deductible under section 501(c)(3) of the Internal Revenue Code;

(2) A statement from a State taxing body or the State secretary of state certifying that:

(i) The organization is a nonprofit organization operating within the State; and

(ii) No part of its net earnings may lawfully benefit any private shareholder or individual;

(3) A certified copy of the applicant's certificate of incorporation or similar document that clearly establishes the nonprofit status of the applicant; or

(4) Any item described in paragraphs (g)(1) through (g)(3) of this section if that item applies to a State or national parent organization, together with a statement by the State or parent organization that the applicant is a local nonprofit affiliate.

(h) Grantees should consult with the appropriate Department program office to determine the applicability of this part in foreign countries or sovereign lands.

9. The Contractor shall review content of all materials prior to purchase to ensure compliance with 28 CFR 38. Materials that do not comply shall not be purchased. The Contractor shall keep records of material review.

10. The Contractor shall review its policies and procedures, as well as the policies and procedures of all subcontractors under this grant, to ensure compliance with 28 CFR 38.

11. No deviations from this executed contract budget shall be allowed without prior review and approval by the WHB Program Manager.

(a) Substitutions for different brands of office supplies or furniture are not included in this requirement so long as the budget allocated for that item is not exceeded. Please note that educational and printed materials are not considered office supplies.

(b) The Contractor shall send a Budget Realignment request to the WHB Program Manager along with a list of the complete name of the newly proposed item/material, a copy of the newly proposed budget item/material, and its intended use.

(c) The Budget Realignment request must be sent to the WHB Program Manager for review and approval a minimum of 30 days before anticipated realigned budget would take effect.

PERFORMANCE MONITORING/QUALITY ASSURANCE PLAN

This contract will be monitored according to the following plan:

Deliverables will be monitored by site visits and the required quarterly reports. The WHB Program Manager will conduct a minimum of 1 (one) annual site visit and 1 (one) desk audit with the Contractor with the option to schedule more as deemed necessary.

If the contractor is deemed out of compliance, WHB Program Manager will provide technical assistance and funds may be withheld until Contractor is back in compliance with deliverables. If technical assistance does not prove beneficial, the contract may be suspended or terminated.

REIMBURSEMENT

The Contractor must submit monthly Contract Expenditure Reports (CER). Monthly Financial Statements (MFR) must accompany each CER and shall provide a detailed_list of expenditures by Contractor by budget line item.

CERs must be submitted as a hard copy document with an original signature and cannot be submitted via e-mail. CERs must be submitted even when no expenses are incurred in a given month. Failure to submit monthly sequential reports may delay receipt of reimbursement.

The Contractor must use funding in a manner that is consistent with the Executed Contract. Itemized reimbursement requests, copies of purchase documents, internal requisitions and invoices shall be kept on file for review during site visits. Changes to the line item budget ("Budget Realignments") must receive preapproval from the WHB Program Manager. The Contractor shall submit a Budget Realignment to the WHB Program Manager which will be processed as a formal amendment to the contract. The Budget Realignment Amendment must be executed by all parties prior to the expenditure of realigned funds.

| Attachment I | | | | |
|---|------------------------------|------------------------------|---------------------------|------------------------|
| FY 20-21 Mountain Area Pregnancy Services Quarterly Reporting Template | | | | |
| Reporting Instructions: Please email the total number of clients per calendar year and send this summary document to the Maternal Health Program Manager on dates outlined in the contract. | July 1 2020 - September 2020 | October 2020 - December 2020 | January 2021 - March 2021 | April 2021 - June 2021 |
| Age of female Clients Served (Number) | | | | |
| Less than 14 year olds | | | | |
| 15-19 year olds | | | | |
| 20-24 year olds | | | | |
| 25-30 year olds | | | | |
| 35+ year olds | | | | |
| Total: | | | | |
| Race | | | | |
| American Indian | | | | |
| Asian | | | | |
| Black/ African American | | | | |
| White | | | | |
| Multiracial | | | | |
| Other/ Unknown | | | | |
| Ethnicity | | | | |
| Hispanic | | | | |
| Non-Hispanic | | | | |
| Unknown | | | | |
| Types of Services Provided | | | | |
| Number of Pregnancy Tests Administered | | | | |
| Number of Educational/Training Sessions Held | | | | |
| Number of Clients Receiving One-on-One Education | | | | |
| Number of Community Referrals Made (Total) | | | | |
| Number of Community Outreach/Activities/Events Attended | | | | |
| Community Referrals By Type | | | | |
| Local Health Department Prenatal Care | | | | |
| Private OB Provider | | | | |
| Family Planning/Reproductive Health Services | | | | |
| Department of Social Services (Medicaid, Food Stamp) | | | | |
| Behavioral Health Counseling | | | | |
| Adoption Agency | | | | |
| Housing | | | | |
| WIC | | | | |
| Substance Use Services | | | | |
| Pregnancy Case Management | | | | |
| Other (please specify): | | | | |

| Attachment I | | | | |
|---|--------------------------|-----------------------------|--------------------------|----------------------|
| FY 20 -21 Mountain Area Pregnancy Services Quarterly Reporting Template | | | | |
| Report Instructions: Please enter total number of clients per category and send this summary document to the Maternal Health Program Manager based on dates outlined in the contract. | July 2020-September 2020 | October 2020- December 2020 | January 2021- March 2021 | April 2021-June 2021 |
| Age of Maternal Served (Number) | | | | |
| Less than 14 year olds | | | | |
| 15-19 year olds | | | | |
| 20-24 year olds | | | | |
| 25-30 year olds | | | | |
| 35+ year olds | | | | |
| Total: | | | | |
| Race | | | | |
| American Indian | | | | |
| Asian | | | | |
| Black/ African American | | | | |
| White | | | | |
| Multiracial | | | | |
| Other/ Unknown | | | | |
| Ethnicity | | | | |
| Hispanic | | | | |
| Non-Hispanic | | | | |
| Unknown | | | | |
| Types of Services Provided | | | | |
| Number of Educational/Training Sessions Held | | | | |
| Number of Clients Receiving One-on-One Education | | | | |
| Number of Community Referrals Made (Total) | | | | |
| Number of Community Outreach/Activities Evenings Attended | | | | |
| Community Referrals By Type | | | | |
| Local Health Department | | | | |
| Private Primary Care Provider | | | | |
| Family Planning/Reproductive Health Services | | | | |
| Department of Social Services (Medicaid, Food Stamps) | | | | |
| Behavioral Health Counseling | | | | |
| Adoption Agency | | | | |
| Housing | | | | |
| Substance Use Services | | | | |
| Other- (please specify): | | | | |

Attachment II
Sample Outcomes-based Evaluation

| | | | | | |
|--|----------------|-------|---------|----------|-------------------|
| Thank you for attending our program (<i>insert name and date/year of the program</i>). Please complete the evaluation below. | | | | | |
| 1. Please rate the following statements based on your experiences with this educational activity. | | | | | |
| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| My overall expectations for this educational activity were met. | | | | | |
| The format was appropriate for the content presented. | | | | | |
| Educational materials were useful for my learning. | | | | | |
| Additional comments: | | | | | |
| 2. Answer the following questions about the speaker: (<i>insert name</i>) | | | | | |
| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| The presentation was organized. | | | | | |
| The presentation kept my interest. | | | | | |
| The speaker encouraged questions. | | | | | |
| The speaker responded to questions in a helpful way. | | | | | |
| The speaker made the presentation interactive. | | | | | |
| The teaching methods were effective. | | | | | |
| The presentation was free of commercial bias. | | | | | |
| 3. I am now able to: (<i>insert the objectives of the learning activity below</i>) | | | | | |
| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Objective 1 | | | | | |
| Objective 2 | | | | | |
| 4. Please rate the effectiveness of the educational activity. | | | | | |
| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| The information presented enhanced my knowledge and skill levels. | | | | | |
| The information and materials will enhance my ability to improve patient care and outcomes. | | | | | |

Attachment II

Attachment II
Sample Outcomes-based Evaluation

| | | | | | |
|--|----------------|-------|---------|----------|-------------------|
| Additional comments: | | | | | |
| 5. The information learned in this educational activity will assist in the improvement or enhancement of my: | | | | | |
| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Knowledge | | | | | |
| Teaching skills | | | | | |
| Ability to make appropriate referrals | | | | | |
| 6. Based on what you learned in this activity, please indicate your level of commitment in making the following changes at your Center. | | | | | |
| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Use resources and referrals more effectively_ | | | | | |
| Use enhanced community methodologies with clients, families, and other members of the Pregnancy Resource Center team. | | | | | |
| Change my assessment and support practices | | | | | |
| Other: | | | | | |
| 7. Based on what I learned at this educational activity, I will implement the following changes or strategies in my work with the Mountain Area Pregnancy Services Center: | | | | | |
| | | | | | |

PERFORMANCE MEASURES CHART

The Department of Health and Human Services uses performance measures rubrics as a tool to determine the success of a project and how well services and products are being delivered. Together they enable the Department to gauge efficiency, determine progress toward desired results and assess whether the Department is on track with meeting its goals. The contractor shall adhere to all of the performance requirements/standards in the scope of work, including performance measures in the performance measures chart below.

| | | | |
|---------------------|--|----------------------------|--------|
| Measure Type | Demand | Reporting Frequency | Annual |
| Measure | Number of women in childbearing age served by Mountain Area Pregnancy Services | | |

| | | | |
|---|---|--------------|----------|
| Budget Year | 1 | Trend | Maintain |
| Baseline Value | 456 | | |
| Target Value | 456 | | |
| Data Source | Contractor agency reports | | |
| Collection Process and Calculation | Report template developed by DPH and submitted Program Manager based on reporting schedule in contract. | | |
| Collection Frequency | Annually | | |

| | | | |
|---------------------|--|----------------------------|--------|
| Measure Type | Input | Reporting Frequency | Annual |
| Measure | Number of Full Time Equivalent (FTE) positions | | |

| | | | |
|---|--|--------------|----------|
| Budget Year | 1 | Trend | Maintain |
| Baseline Value | 1 | | |
| target Value | 1 | | |
| Data Source | Contractor Budget and Contractor Reports | | |
| Collection Process and Calculation | The Contractor budget proposes the staff time spent on the contract. Contractor documents how much staff time is spent on the project and it is included in submitted reports. | | |

| | |
|-----------------------------|----------|
| Collection Frequency | Annually |
|-----------------------------|----------|

| | | | |
|---------------------|-------------------------------|----------------------------|--------|
| Measure Type | Input | Reporting Frequency | Annual |
| Measure | Contract not to exceed amount | | |

| | | | |
|---|--|--------------|----------|
| Budget Year | 1 | Trend | Increase |
| Baseline Value | \$159,925 | | |
| Target Value | \$250,000 | | |
| Data Source | Executed Contract | | |
| Collection Process and Calculation | State appropriations are provided and contracts are awarded. | | |
| Collection Frequency | Annually | | |

| | | | |
|---------------------|--|----------------------------|--------|
| Measure Type | Output | Reporting Frequency | Annual |
| Measure | Number of focus groups convened to provide feedback and recommendations on the website design. | | |

| | | | |
|---|--|--------------|----------|
| Budget Year | 1 | Trend | Maintain |
| Baseline Value | 1 | | |
| Target Value | 1 | | |
| Data Source | Contractor Report | | |
| Collection Process and Calculation | Sign- sheet; Summary of feedback/recommendations | | |
| Collection Frequency | Annually | | |

| | | | |
|---------------------|--|----------------------------|--------|
| Measure Type | Output | Reporting Frequency | Annual |
| Measure | Number of unduplicated clients per month participating in intake, education, counseling and referral services. | | |

| | | | |
|---|--|--------------|----------|
| Budget Year | 1 | Trend | Maintain |
| Baseline Value | 38 | | |
| Target Value | 38 | | |
| Data Source | Contractor agency reports | | |
| Collection Process and Calculation | Report template developed by DPH and submitted to Program Manager based on reporting schedule in contract. | | |
| Collection Frequency | Quarterly | | |

| | | | |
|---------------------|--|----------------------------|--------|
| Measure Type | Output | Reporting Frequency | Annual |
| Measure | Number of community-sponsored events MAPS staff will attend to exhibit their services. | | |

| | | | |
|---|---|--------------|----------|
| Budget Year | 1 | Trend | Maintain |
| Baseline Value | 6 | | |
| Target Value | 6 | | |
| Data Source | Quarterly reports | | |
| Collection Process and Calculation | Sign-in sheet and flyer documentation of the events | | |
| Collection Frequency | Annually | | |

| | | | |
|---------------------|---|----------------------------|--------|
| Measure Type | Output | Reporting Frequency | Annual |
| Measure | Number of meetings hosted with multidisciplinary planning group to guide the development of a multimedia campaign to promote healthy pregnancies and increase engagement and utilization of services by minority women. | | |

| | | | |
|---|----------------------------------|--------------|----------|
| Budget Year | 1 | Trend | Maintain |
| Baseline Value | 6 | | |
| Target Value | 6 | | |
| Data Source | Contractor reports | | |
| Collection Process and Calculation | Meeting Agendas; Sign- in sheets | | |
| Collection Frequency | Bi-annually | | |

| | | | |
|---------------------|---|----------------------------|--------|
| Measure Type | Output | Reporting Frequency | Annual |
| Measure | Number of MAPS staff and/ or volunteers to participate in the Racial Equity Institute Phase I training. | | |

| | | | |
|---|---|--------------|----------|
| Budget Year | 1 | Trend | Maintain |
| Baseline Value | 3 | | |
| Target Value | 3 | | |
| Data Source | Quarterly reports | | |
| Collection Process and Calculation | Copies of certificate of completion from training | | |
| Collection Frequency | Annually | | |

| | | | |
|---------------------|--|----------------------------|--------|
| Measure Type | Outcome | Reporting Frequency | Annual |
| Measure | Percent of community partners who report increased knowledge after attending training on signs and symptoms of trafficked victims hosted by MAPS | | |

| | | | |
|---|---------------------------------------|--------------|----------|
| Budget Year | 1 | Trend | Maintain |
| Baseline Value | 100% | | |
| Target Value | 100% | | |
| Data Source | Contractor reports | | |
| Collection Process and Calculation | Sign- in sheets; pre- and post- tests | | |
| Collection Frequency | Annually | | |

| | | | |
|---------------------|--|----------------------------|--------|
| Measure Type | Quality | Reporting Frequency | Annual |
| Measure | Percentage of clients who report that they are satisfied with the services received at MAPS. | | |

| | | | |
|---|----------------------------|--------------|----------|
| Budget Year | 1 | Trend | Maintain |
| Baseline Value | 85% | | |
| Target Value | 85% | | |
| Data Source | Contractor report | | |
| Collection Process and Calculation | Client satisfaction survey | | |
| Collection Frequency | Annually | | |

| | | | |
|---------------------|--|----------------------------|--------|
| Measure Type | Efficiency | Reporting Frequency | Annual |
| Measure | Cost per unduplicated participants who receive program services or training. | | |

| | | | |
|---|---|--------------|------------|
| Budget Year | 1 | Trend | / Increase |
| Baseline Value | \$350.71 | | |
| Target Value | \$548.25 | | |
| Data Source | Total amount expended by Contractor is recorded in NCAS. Total number of participants served is defined by Contractor's Final Report. | | |
| Collection Process and Calculation | \$250,000/456 unduplicated participants (estimated at 38 per month x 12 months) = \$548.25 per unduplicated participant. Contractor submits Contract Expenditure Reports and expenditures are recorded by NCAS. Contractor submits final report which details the number of unduplicated participants served. | | |
| Collection Frequency | Annually | | |

LINE ITEM BUDGET

This begins the line item budget for year 1

| Budget Detail - Year 1 | | | |
|------------------------|-------|--|-------------------|
| Category | Item | Narrative | Amount |
| Salary/Wages | | To Be Determined. Outreach Coordinator (00% FTE, \$33,280) primary role of this position is to promote awareness in the community about services at Mountain Area Pregnancy Services and increase engagement of pregnant women and specifically minority women. This position will conduct outreach via one-on-one meetings with pastors and churches, local medical community staff, and work at area housing complexes and community centers. | \$33,280.00 |
| Fringe Benefits | | To Be Determined, Outreach Coordinator: FICA/Social Security at \$33,280 x 7.65% = \$2,545.92 (Mountain Area Pregnancy Services does not provide retirement or health insurance benefits). | \$2,546.00 |
| Other | | | \$0.00 |
| Supplies and Materials | Other | Postage to mail grant documents (Overnight is \$45) - Total postage expense= \$45 x 14 mailings= \$630. Office Supplies to set up home office for new position - (Purchased via Amazon.Com) Roller ball Pens (20 pack)= \$15; 1 Case of Printer Paper = \$18 ; 1 Stapler:\$ 10.00; 1 stapler remover: \$8; | \$980.00 |

1 Tape Dispenser = \$5;

| Budget Detail - Year 1 | | | |
|------------------------|-----------|--|------------|
| Category | Item | Narrative | Amount |
| | | 1 box of 100 multi-colored file folders= \$16; 1 pack of Legal Pads= \$12; 1 Laptop bag = \$28; 1 box of 500 business cards from Integris Design= \$38. Educational Supplies: 1st Trimester, Brown, fetal model set from Heritage House Cost is \$99.95 1st Trimester, Black, fetal model set from Heritage House Cost is \$99.95 Total: \$979.90 | |
| Supplies and Materials | Furniture | 1 desk for New Outreach Coordinator position -purchased from PSI Furniture = \$350. 1 Office Desk Chair from PSI Furniture = \$250. One two-drawer file cabinet from Staples.com = \$125. Total: \$725 | \$725.00 |
| Equipment | Office | 1 Copier/fax/printer for home office for new position. Amazon.Com = \$350. | \$350.00 |
| Equipment | IT | 1 Dell Laptop for new Outreach Coordinator. Purchased from One Who Serves= \$1600. One 27" monitor for the laptop purchased from One Who Serves = | \$2,045.00 |

| Budget Detail - Year 1 | | | |
|------------------------|------------------|--|--|
| Category | Item | Narrative | Amount |
| | | <p>\$300</p> <p>USB purchased from One Who Serves to connect computer to monitor = \$130.</p> <p>One mouse = \$15.</p> | |
| Equipment | Communication | <p>Total: \$2,045</p> <p>1 straight talk cell phone for new position - Walmart = \$150</p> | \$150.00 |
| Travel | Contractor Staff | <p>Daily Mileage for Outreach Coordinator: \$.575 per mile x 400 miles/month x 12 months = \$2760 total mileage.</p> <p>Travel for 3 staff to attend NC Racial Equity Institute in Greensboro, NC Oct. 5-16th. Travel Costs include:</p> <p>Hotel for 2 nights x 2 rooms x \$75.10 per night = \$300.40;</p> <p>Mileage for training = 880 miles x .575 = \$506;</p> <p>2 dinners @ \$19.50 ea. x 3 staff = \$117;</p> <p>2 lunches @ \$11.30 ea. x 3 staff = \$67.80;</p> <p>2 Breakfasts @ \$8.60 each x 3 staff = \$51.60 total.</p> <p>Staff Travel to REI Training Total = \$1,042.80</p> | <p>Conference hosted by Shared Hope Intl. in Washington, D.C. Nov.</p> |

Travel for 2 staff to the Juvenile Sex Trafficking (JuST)

\$9,122
.00

| Budget Detail - YEmr,1 | | | |
|------------------------|------|---|--------|
| Category | Item | Narrative | Amount |
| | | <p>4-6:</p> <p>2 Flights to D.C. (\$400 each x 2) = \$800;</p> <p>Hotel for 3 nights x 2 rooms x \$88.70 per room= \$532.20.</p> <p>Mileage for training: 174 x .575 = \$100.05</p> <p>4 breakfasts x 2 people x \$8.60 per breakfast = \$68.80;</p> <p>4 lunches x 2 people x \$11.30 per lunch= \$90.40;</p> <p>4 dinners x 2 people x \$21.60 per dinner= \$172.80;</p> <p>Staff Travel to JuST Conference total: \$1,764.25.</p> <p>Travel associated with American Institute of Ultrasound in Medicine (AIUM)</p> <p>Round trip Flight: Asheville to Orlando, Delta \$257 x 2 nurses = \$514</p> <p>Mileage: .575 x 347.83 = \$200.00</p> <p>Hotel: \$88.70 per night x 4 nights x 2 nurses= \$709.60</p> <p>Breakfast: \$8.60 ea. x 5 dinners x 2 nurses = \$86</p> <p>Lunch: \$11.30 ea. x 4 dinners x 2 nurses= \$90.40</p> <p>Dinner: \$22.20 ea. x 4 dinners x 2 nurses=\$ 177.60</p> <p>Staff Travel to AIUM Total: \$1,777.60</p> | |

| Budget Detail - Year 1' | | | |
|-------------------------|-----------|--|---|
| Category | Item | Narrative | Amount |
| | | Travel associated with Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) (Exact FL city unknown- estimates based on Orlando) Round trip Flight: Asheville to Orlando, Delta \$257 x 2 nurses = \$514 Mileage: .575 x 347.83 = \$200.00 Hotel: \$88.70 per night x 4 nights x 2 nurses = \$709.60 Breakfast: \$8.60 ea. x 5 dinners x 2 nurses = \$86 Lunch: \$11.30 ea. x 4 dinners x 2 nurses = \$90.40 Dinner: \$22.20 ea. x 4 dinners x 2 nurses=\$ 177.60 Staff Travel to AWHONN Total: \$1,777.60 | |
| | | Total: \$9,122.25 | |
| Utilities | Telephone | \$40/month for mobile data plan x 12 months for new contract position = \$480 | \$480.00 |
| Repair and Maintenance | | | \$0.00 |
| Staff Development | | Registration for 2 staff to the JuST Conference= \$425 each x 2 = \$850. | Registration for American Institute of Ultrasound in Medicine |

\$5,471.00

| Budget Detail - Year 1 | | | |
|-------------------------------|--|---|---------------|
| Category | Item | Narrative | Amount |
| | | <p>(AIUM) Annual Convention 2021 in Orlando, FL April 10-14, 2021- \$1,070 registration x 2 nurses = \$2,140</p> <p>Registration for Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) 2021 Convention in To Be Determined, FL June 12-16, 2021 = \$798 x 2 nurses= \$1,596</p> <p>Racial Equity Institute (REI) Phase I training which is designed to develop the capacity of participants to better understand racism in its institutional and structural form. \$295 Registration x 3 staff= \$885</p> <p>Total: \$5,471</p> | |
| Media/Communication | Reprints | Reprint of current MAPS small business card with African American woman on front from Printville = \$0.175/ card x 1000 cards= \$175. | \$175.00 |
| Media/Communication | Websites and web materials | Create special landing page for African American Outreach from Integris Design @ \$400 flat rate | \$400.00 |
| Media/Communication | Public service announcements and ads | Ads in the Asheville Citizen-Times newspaper: \$1458/month (includes 6 quarter page ads in print ed. & 50,000 digital impressions) x 10 months= \$14,580 | \$14,580.00 |
| Media/Communication | Audiovisual presentations/multimedia/tv /radio presentations | Creation of YouTube Video by Integris Design for digital marketing. campaign = \$550 flat rate. Creation of a PowerPoint Presentation by Integris Design for use in African American churches and communities = \$250 flat-rate. | \$800.00 |

| Budget Detail -Year 1 | | | |
|------------------------------|-------------------|--|---------------|
| Category | Item | Narrative | Amount |
| | | TOTAL: \$800 | |
| Media/Communication | Advertising | <p>Client monthly digital marketing campaign from Integris Design - \$1850 month x 12 months= \$22,200.</p> <p>Weekly Radio Campaign on WRES FM Radio Station in Asheville: \$50/week x 48 weeks = \$2400.</p> <p>Weekly non-profit message on WRES@ \$10 each x 48 weeks=\$ 480.</p> <p>WLOS TV Commercial Campaign. Campaign includes: One Spotlight Carolina segment with African American client @ \$700.</p> <p>Digital Roku/Smart TV/XBox/Amazon Fire/ campaign= \$1500 monthly x 12 months = \$18,000;</p> <p>Monthly Commercials on WLOS at \$1,245.92 per month (includes 35 commercials) x 12 months= \$14,951.04</p> <p>Monthly commercials on WMYA at \$398.75 per month (includes 51 commercials) x 12 months= \$4,785.</p> <p>iHeart Radio Campaign on Star 104.3 radio (25 spots weekly for 51 weeks= 1275 spots). 1275 spots monthly@ \$23/spot = \$29,325.</p> <p>Asheville Radio Group radio/web campaign. Campaign includes Feb. 2021 takeover of 8 websites for black history month; Partnership with local Goombay Festival & digital/web partnership with our local YMI cultural center. (224 ads monthly =\$2700 monthly x 12 months = \$32,400</p> <p>TOTAL: \$125,241.04</p> | \$125,241.00 |
| Media/Communication | Promotional Items | 4 different (quarterly) direct mail pieces targeting African American Households in Buncombe County re: MAPS services. Cost | \$15,638.00 |

| Budget Detail - Year 1 | | | |
|------------------------|------|--|--------|
| Category | Item | Narrative | Amount |
| | | <p>includes \$400 per printing x 4 print jobs= \$1600 from Integris Design.</p> <p>Cost to mail each of the 4 pieces and to target and pinpoint African American homes by Allegra Design = \$800 per mailing x4 = \$3200.</p> <p>Purchase 1 MAPS Table Cloth for presentations @ \$215.50 from Marketing Enterprises.</p> <p>Purchase one Table Top Display from Mkt. Enterprises@ \$472.50.</p> <p>Purchase of incentive items for community engagement position to utilize in the community for awareness of services and participant recruitment. MAPS is required to exhibit at six community events throughout the contract year where they will pass out promotional items to community members, including those who attend the REI Groundwater training hosted by MAPS. Items will include:</p> <p>Tote bags for use in community events to place MAPS items in: \$2.30 each x 1000 ea. = \$2300</p> <p>500 Pens x \$0.50 ea = \$250.</p> <p>200 Stainless steel tumblers x \$11ea.= \$2,200.</p> <p>500 Spiral notebook/pen set x \$ 3.13 ea = \$1565.</p> <p>T-shirts@ \$5/each x 400 = \$2000.</p> <p>Plastic stadium cups @ .80 each x 750 = \$600.</p> <p>Cozy Clip hand sanitizer@ \$1.11 each x 500 = \$555.</p> | |

| Budget Detail - Year 1 | | | |
|------------------------|-----------------------------|--|------------|
| Category | Item | Narrative | Amount |
| | | <p>Lip moisturizer balm \$1.70 x 400 = \$680.</p> <p>TOTAL: \$15,638.</p> | |
| Media/Communication | Publications | Design & print new client recruitment document with focus on African American images= \$0.17/ card x 500 Rack Cards= \$85 from Integris Design. | \$85.00 |
| Professional Services | IT | Computer research & Installation of new laptop for new position. Provided from One Who Services. Cost is \$140/hour x 4 hours= \$560 | \$560.00 |
| Dues and Subscriptions | | | \$0.00 |
| Operational Other | Incentives and Participants | <p>Bump to Baby Pregnancy Planner for clients (Amazon.Com) - Cost is \$10 each x 100= \$1,000.</p> <p>37 Joovy Pack n- Play from Amazon x \$150 each= \$5,550.</p> <p>100 Nuby Bug -A-Loop Teether x \$5 each= \$500.</p> <p>Gerber 6- pack long sleeve onesies \$14.48 each x 16 packs = \$231.68.</p> <p>100 Infant baby rip cap = \$2.06 each x100 = \$206.</p> <p>Babyswaddle Blanket with Porn, Porn.= \$13.97 each x 100 = \$1,397.</p> <p>White Gift Bags with handles (pack of 100) = \$49.99.</p> | \$8,935.00 |

Total: \$8,934.67

Budget Detail - Year: ar; 1

| Category | Item | Narrative | Amount |
|-------------------------|------|---|--------------|
| Subcontracts and Grants | | | \$6,007.00 |
| Match | | | \$0.00 |
| Cost Per Service | | | \$0.00 |
| | | Sub Total | \$227,570.00 |
| Indirect Cost | | Contractor has elected to take the de minimis indirect cost rate of 10% on the Modified Total Direct Cost (MTDC). MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. | \$22,430.00 |

MTDC = Contract Subtotal \$227,570 less Equipment Subtotal of \$3,270 (\$725+\$150+ \$2,045 +\$350) = \$224,300 * 10% = \$22,430.

Total B1:ldget \$250,000.00

Subcontracting and Grants Budget Detail - Year 1

| Category | | Item | Narrative | Amount |
|----------|--|------|-----------|--------|
|----------|--|------|-----------|--------|

| Subcontracting am Grants Budget Detail - Year 1 | | | |
|---|------|---|------------|
| Category | Item | Narrative | Amount |
| Salary/Wages | | | \$0.00 |
| Fringe Benefits | | | \$0.00 |
| Other | | | \$0.00 |
| Repair and Maintenance | | | \$0.00 |
| Staff Development | | Groundwater Training from the Racial Equity Institute (REI) hosted by MAPS for agency staff, volunteers, board of directors and community members. REI Groundwater Training Fee: \$5,500. This Groundwater training will be open to MAPS staff as well as community members. | \$5,500.00 |
| Dues and Subscriptions | | | \$0.00 |
| Subcontracts and Grants | | | \$0.00 |
| Indirect Cost | | | \$0.00 |
| Cost Per Service | | | \$0.00 |

Subcontracting and Grants Budget Detail -Year 1

| C_ategory | Item | Narrative | Amount |
|-------------------|-----------------------------|---|-------------------|
| Travel | Contractor Staff | Travel expenses for 2 Racial Equity Institute trainers Mileage: .575 x 345.40 (roundtrip) = \$198.61 Breakfast: \$8.60 ea x 2 trainers = \$17.20 Lunch: \$ 11.30 ea x 2 trainers = \$22.60 Dinner: 2 dinners x 19.50 ea. X 2 trainers = \$78 Hotel: 75.10 per night x 1 night x 2 trainers = \$150.20 Total:\$ 466.61 | \$467.00 |
| Rent | Other | Buncombe Baptist Association building to host Racial Equity Institute training: \$40 | \$40.00 |
| Operational Other | Incentives and Participants | | \$0.00 |
| Total | | | \$6,007.00 |

Salaries - Year 1

| Persons | Position or Title | Annual Salary | Hourly Rate | Months | Work % | Fringe Amount | Ingrge Perc nt T tal | Total |
|---------|---------------------------|---------------|-------------|--------|----------|---------------|----------------------|-------------|
| 1 | TBD, Outreach Coordinator | \$33,280.00 | 0.0000 | 12 | 100.00 % | \$0.00 | \$2,546.00 | \$35,826.00 |



Phone: (828) 252-1306 • Email: ceo@preginfo.org • Website: www.mtnpregnancy.com

State Grant Certification - No Overdue Tax Debts¹

Date of Certification: 1-29-20

To: State Agency Head and Chief Fiscal Officer

Certification: We certify that the Mountain Pregnancy Services [Organization's full legal name] does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1¹, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143C-6-23(c) is guilty of a criminal offense punishable as provided by N.C.G.S. 143C-10-1(b).

Sworn Statement:

[Signature] and [Signature] [Names]

[Signature] of Board Chair and Second Authorizing Official] being duly sworn, say that we are the Board Chair and [Signature] [Title of Second Authorizing Official], respectively, of

[Organization's legal name] of [City] in the State of [State]

and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will

be appropriate authorities for the Board Chair

Signature [Signature]

Title Executive Director

Sworn to and subscribed before me on the day of the date of said certification [Signature]

Notary's commission expires February 4, 2023



FEDERAL CERTIFICATIONS

The undersigned states that:

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

He or she has completed the attached Disclosure of Lobbying Activities because the Contractor has made, or has an agreement to make, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;

OR

He or she has not completed the attached Disclosure of Lobbying Activities because the Contractor has not made, and has no agreement to make, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.

- 5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

Handwritten signature of Kishi A. Brown and title Executive Director.

Handwritten contractor name Mountain Area Pregnancy Services and date 1-29-20.

[This Certification must be signed by a representative of the Contractor who is authorized to sign contracts.]

I. Certification Regarding Nondiscrimination

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

II. Certification Regarding Drug-Free Workplace Requirements

- I. **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 engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
 - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
 - e. **Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;**
 - f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
 - (1) taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
 - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

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

Street Address No. 1: _____ & _____ 1-a 0-0 |-----

City, State, Zip Code: _____ ?-- t (:) la _____

Street Address No. 2: -----

City, State, Zip Code: -----

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

III. Certification Regarding Environmental Tobacco Smoke

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

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

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

Instructions

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

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originates may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. **The** prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

Certification

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

V. Certification Regarding Lobbying

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

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

VJ, Disclosure of Lobbying Activities

Instructious

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

- i. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the name and value of the in-kind payment.
13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

IRS Tax Exemption Verification Form (Annual)

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

Mountain Area Pregnancy Services
Name of Entity

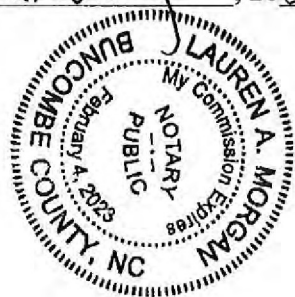
Krish An
Signatur of Chairman, Executive Director, or other authorized official

Executive Director
Title of above signed authorized official

Sworn to and subscribed before me this 29 day of January, 2020

Lauren A Morgan
Notary Signature and Seal

Notary's commission expires February 4, 2023



Conflict of Interest Verification {Annual}

We, the undersigned entity, hereby testify that our Organization's Conflict of Interest Acknowledgement and Policy adopted by the Board of Directors/Trustees or other governing body, is on file with the North Carolina Department of Health and Human Services (NCDHHS). If any changes are made to the Conflict of Interest Policy, we will submit a new Conflict of Interest Acknowledgment and Policy to the Department (NCDHHS).

Mountain rea Pregnancy Services



Signature of Organization's Authorized Agent

1-29-20

Date

x, S+--, A-, < '1

Printed Name of Organization's Authorized Agent

Executive Director

Title

Donald Chamberlain

Signature of Witness

29 / 2020

Date

Donald Chamberlain

Printed Name of Witness

Finance Manager

Title

State Certifications

Contractor Certifications Required by North Carolina Law

Instructions: The person who signs this document should read the text of the statutes and Executive Order listed below and consult with counsel and other knowledgeable persons before signing. The text of each North Carolina General Statutes and of the Executive Order can be found online at:

- Article 2 of Chapter 64: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
G.S. 133-32: http://www.ncga.state.nc.us/gascripts/statutes/statutlookup.pl?statute=133-32
Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): http://www.ethicscommission.nc.gov/library/pdfs/Laws/E024.pdf
G.S. 105-164.8(b): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
G.S. 143-48.5: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-48.5.html
G.S. 143-59.1: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
G.S. 143-59.2: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
G.S. 143-133.3: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-133.3.html
G.S. 143B-139.6C: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf

Certifications

- (1) Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009), the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.
(2) Pursuant to G.S. 143-48.5 and G.S. 143-133.3, 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.
(3) 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.

(4) 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.

(5) Pursuant to G.S. 143B-139.6C, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.

(6) 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. 143-59.1 and -59.2 shall be guilty of a Class I felony.

Contractor's Name: Effitiv-f\ 0-. \. : ,-e_ <e..3,,0.nt &nJ, tes

Contractor's Authorized Agent: [Signature] Date: 2/29/09

Printed Name: E.g. C. M. ... JIYe.cJ()-Q

Witness: [Signature] Date: 2/29/09

Printed Name: C.n lhb aA.. \. : "L Title: ...

Annual Summary for MAPS
July 12, 2021 for FY July 1, 2020-June 30, 2021

In March 2020, our nation went into shut-down mode with the COVID-19 pandemic. This factor played a huge role in MAPS being able to carry out all performance requirements in our grant. However, we are fortunate in that we were able to achieve all items except for one.

The focus of our 2020-21 grant cycle was on minority, and particularly African American client recruitment. This is challenging in our area simply because Buncombe County is currently only 6% African American in population. However, we were able, via the grant, to hire Parris Finley on staff to begin this outreach project. She faced multiple challenges as she contacted pastors of predominately black churches, community programs that support children of color, and other community agencies that work with diverse populations. Although she attempted repeatedly, many of the individuals never contacted her back, despite the fact that Parris, herself is African American and has personally used the MAPS' services before coming on staff with us.

Attachment I

FY 20 -21 Mountain Area Pregnancy Services Quarterly Reporting Template

Reporting Instructions: Please enter total number female clients per category and send this summary document to the Maternal Health Program Manager based on dates outlined in the contract.

| | July 2020- September 2020 | October 2020- December 2020 | January 2021- March 2021 | April 2021- June 2021 |
|---|------------------------------------|-----------------------------|--|-----------------------|
| Age of Female Clients Served (Number) | Note that we had 8 of unknown ages | | | |
| Less than 14 year olds | █ | █ | 0 | █ |
| 15-19 year olds | █ | █ | █ | █ |
| 20-24 year olds | 15 | 23 | 28 | 26 |
| 25-30 year olds | 25 | 12 | 20 | 23 |
| 35+ year olds | 23 | 19 | 32 | 34 |
| Total: | 71+8 = 79 | 60 | of unknown age + 87 = 992 + 6 unknown = 98 total | |
| Race | | | | |
| American Indian | █ | █ | █ | 0 |
| Asian | █ | 0 | 0 | 0 |
| Black/ African American | █ | █ | 11 | 11 |
| White | 50 | 47 | 65 | 77 |
| Multi-Race | █ | █ | █ | █ |
| Other/ Unknown | █ | 11 | █ | █ |
| Ethnicity | | | | |
| Hispanic | █ | █ | █ | █ |
| Non-Hispanic | 69 | 66 | 85 | 95 |
| Unknown | 3 | | | |
| Types of Services Provided | | | | |
| Number of Pregnancy Tests Administered | 59 | 46 | 66 | 60 |
| Number of Educational/Training Sessions Held | 38 | 28 | 20 | 49 |
| Number of Clients Receiving One-on-One Education | █ | 42 | 14 | 22 |
| Number of Community Referrals Made (Total) | 151 | 97 | 165 | 162 |
| Number of Community Outreach/Activities Events Attended | █ | █ | █ | █ |
| Community Referrals By Type | | | | |
| Local Health Department (prenatal care) | 11 | █ | █ | █ |
| Private OB Provider | 50 | 44 | 59 | 51 |
| Family Planning/Reproductive Health Services | 0 | 0 | 0 | 0 |
| Department of Social Services (Medicaid, Food Stamps) | 21 | 10 | █ | 11 |
| Behavioral Health Counseling | 0 | 0 | 0 | 0 |
| Adoption Agency | █ | █ | █ | █ |
| Housing | 0 | 0 | 0 | 0 |
| WIC | 35 | 34 | 41 | 45 |
| Substance Use Services | 0 | 0 | 0 | 0 |
| Pregnancy Care Management | 30 | 32 | 51 | 41 |
| Other (please specify): | See below | see below | see below | see below |
| | | | 10 for our own abortion recovery m | █ to the ER |
| | | | 10 for our own grief counseling pr | █ to the hospital |
| | | | 41 to our own Brightcourse program | |
| | | | █ to Helpmate | |
| | | | █ to hospital | |

Attachment I

Attachment I

| FY 19 -20 Mountain Area Pregnancy Services Quarterly Reporting Template | | | | |
|--|---------------------------|-----------------------------|--------------------------|-----------------------|
| Reporting Instructions: Please enter total number female clients per category and send this summary document to the Maternal Health Program Manager based on dates outlined in the contract. | July 2020- September 2020 | October 2020- December 2020 | January 2021- March 2021 | April 2021- June 2021 |
| Less than 14 year olds | 0 | | | |
| 15-19 year olds | 0 | | | |
| 20-24 year olds | 0 | | | █ |
| 25-30 year olds | 0 | | █ | █ |
| 35+ year olds | 0 | | | █ |
| Total: | 0 | 4 total but age unknown | █ | █ |
| Race | | | | |
| American Indian | | | | |
| Asian | | | | |
| Black/ African American | N/A | | | █ |
| White | | █ | █ | █ |
| Multi-Race | | | | █ |
| Other/ Unknown | | █ | | |
| Ethnicity | | | | |
| Hispanic | N/A | | | 0 |
| Non-Hispanic | | █ | █ | █ |
| Unknown | | | | |
| Types of Services Provided | | | | |
| Number of Educational/Training Sessions Held | | | █ | █ |
| Number of Clients Receiving One-on-On Education | N/A | | █ | |
| Number of Community Referrals Made (Total) | | 0 | | |
| Referrals By Type | | | | |
| Local Health Department (prenatal care) | 0 for all referrals | 0 for all referrals | 0 for all referrals | 0 for all referrals |
| Private OB Provider | | | | |
| Family Planning/Reproductive Health Services | | | | |
| Department of Social Services (Medicaid, Food Stamps) | | | | |
| Behavioral Health Counseling | | | | |
| Adoption Agency | | | | |
| Housing | | | | |
| WIC | | | | |
| Substance Use Services | | | | |
| Pregnancy Care Management | | | | |
| Other (please specify): | | | | |

Attachment I

FY 20 -21 Mountain Area Pregnancy Services Quarterly Reporting Template

| Reporting Instructions: Please enter total number female clients per category and send this summary document to the Maternal Health Program Manager based on dates outlined in the contract. | July 2020- September 2020 | October 2020- December 2020 | January 2021- March 2021 | April 2021- June 2021 |
|---|------------------------------------|-----------------------------|---|-----------------------|
| Age of Female Clients Served (Number) | Note that we had 8 of unknown ages | | | |
| Less than 14 year olds | █ | █ | 0 | |
| 15-19 year olds | █ | █ | █ | |
| 20-24 year olds | 15 | 23 | 28 | |
| 25-30 year olds | 25 | 12 | 20 | |
| 35+ year olds | 23 | 19 | 32 | |
| Total: | 71+8 = 79 | 60 | of unknown age + 87 = 92 | |
| Race | | | | |
| American Indian | █ | █ | █ | |
| Asian | █ | 0 | 0 | |
| Black/ African American | 9 | █ | 11 | |
| White | 50 | 47 | 65 | |
| Multi-Race | █ | █ | █ | |
| Other/ Unknown | █ | 11 | █ | |
| Ethnicity | | | | |
| Hispanic | █ | █ | █ | |
| Non-Hispanic | 69 | 66 | 85 | |
| Unknown | █ | | | |
| Types of Services Provided | | | | |
| Number of Pregnancy Tests Administered | 59 | 46 | 66 | |
| Number of Educational/Training Sessions Held | 38 | 28 | 20 | |
| Number of Clients Receiving One-on-On Education | █ | 42 | 14 | |
| Number of Community Referrals Made (Total) | 151 | 97 | 165 | |
| Number of Community Outreach/Activites Events Attended | █ | █ | █ | |
| Community Referrals By Type | | | | |
| Local Health Department (prenatal care) | 11 | █ | █ | |
| Private OB Provider | 50 | 44 | 59 | |
| Family Planning/Reproductive Health Services | 0 | 0 | 0 | |
| Department of Social Services (Medicaid, Food Stamps) | 21 | 10 | 9 | |
| Behavioral Health Counseling | 0 | 0 | 0 | |
| Adoption Agency | █ | █ | █ | |
| Housing | 0 | 0 | 0 | |
| WIC | 35 | 34 | 41 | |
| Substance Use Services | 0 | 0 | 0 | |
| Pregnancy Care Management | 30 | 32 | 51 | |
| Other (please specify): | See below | see below | see below | |
| | | | 10 for our own abortion recovery ministry | |
| | | | 10 for our own grief counseling program | |
| | | | 41 to our own Brightcourse program | |
| | | | █ to Helpmate | |
| | | | █ to hospital | |

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| FY 19 -20 Mountain Area Pregnancy Services Quarterly Reporting Template | | | | |
|--|---------------------------|-----------------------------|--------------------------|-----------------------|
| Reporting Instructions: Please enter total number female clients per category and send this summary document to the Maternal Health Program Manager based on dates outlined in the contract. | July 2020- September 2020 | October 2020- December 2020 | January 2021- March 2021 | April 2021- June 2021 |
| Less than 14 year olds | 0 | | | |
| 15-19 year olds | 0 | | | |
| 20-24 year olds | 0 | | | |
| 25-30 year olds | 0 | | | |
| 35+ year olds | 0 | | | |
| Total: | 0 | 4 total but age unknown | █ | |
| Race | | | | |
| American Indian | | | | |
| Asian | | | | |
| Black/ African American | N/A | | | |
| White | | █ | █ | |
| Multi-Race | | | | |
| Other/ Unknown | | █ | | |
| Ethnicity | | | | |
| Hispanic | N/A | | | |
| Non-Hispanic | | █ | █ | |
| Unknown | | | | |
| Types of Services Provided | | | | |
| Number of Educational/Training Sessions Held | | | █ | █ |
| Number of Clients Receiving One-on-On Education | N/A | | | |
| Number of Community Referrals Made (Total) | | 0 | | |
| Referrals By Type | | | | |
| Local Health Department (prenatal care) | 0 for all referrals | 0 for all referrals | 0 for all referrals | |
| Private OB Provider | | | | |
| Family Planning/Reproductive Health Services | | | | |
| Department of Social Services (Medicaid, Food Stamps) | | | | |
| Behavioral Health Counseling | | | | |
| Adoption Agency | | | | |
| Housing | | | | |
| WIC | | | | |
| Substance Use Services | | | | |
| Pregnancy Care Management | | | | |
| Other (please specify): | | | | |

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FY 20 -21 Mountain Area Pregnancy Services Quarterly Reporting Template

Reporting Instructions: Please enter total number female clients per category and send this summary document to the Maternal Health Program Manager based on dates outlined in the contract.

| | July 2020- September 2020 | October 2020- December 2020 | January 2021- March 2021 | April 2021- June 2021 |
|---|------------------------------------|-----------------------------|---|-----------------------|
| Age of Female Clients Served (Number) | Note that we had 8 of unknown ages | | | |
| Less than 14 year olds | █ | █ | 0 | █ |
| 15-19 year olds | █ | █ | █ | █ |
| 20-24 year olds | 15 | 23 | 28 | 26 |
| 25-30 year olds | 25 | 12 | 20 | 23 |
| 35+ year olds | 23 | 19 | 32 | 34 |
| Total: | 71+8 = 79 | 60 | of unknown age + 87 = 92 + 6 unknown = 98 total | |
| Race | | | | |
| American Indian | █ | █ | █ | 0 |
| Asian | █ | 0 | 0 | 0 |
| Black/ African American | █ | █ | 11 | 11 |
| White | 50 | 47 | 65 | 77 |
| Multi-Race | █ | █ | █ | █ |
| Other/ Unknown | █ | 11 | █ | █ |
| Ethnicity | | | | |
| Hispanic | █ | █ | █ | █ |
| Non-Hispanic | 69 | 66 | 85 | 95 |
| Unknown | █ | | | |
| Types of Services Provided | | | | |
| Number of Pregnancy Tests Administered | 59 | 46 | 66 | 60 |
| Number of Educational/Training Sessions Held | 38 | 28 | 20 | 49 |
| Number of Clients Receiving One-on-One Education | █ | 42 | 14 | 22 |
| Number of Community Referrals Made (Total) | 151 | 97 | 165 | 162 |
| Number of Community Outreach/Activities Events Attended | █ | █ | █ | █ |
| Community Referrals By Type | | | | |
| Local Health Department (prenatal care) | 11 | █ | █ | █ |
| Private OB Provider | 50 | 44 | 59 | 51 |
| Family Planning/Reproductive Health Services | 0 | 0 | 0 | 0 |
| Department of Social Services (Medicaid, Food Stamps) | 21 | 10 | █ | 11 |
| Behavioral Health Counseling | 0 | 0 | 0 | 0 |
| Adoption Agency | █ | █ | █ | █ |
| Housing | 0 | 0 | 0 | 0 |
| WIC | 35 | 34 | 41 | 45 |
| Substance Use Services | 0 | 0 | 0 | 0 |
| Pregnancy Care Management | 30 | 32 | 51 | 41 |
| Other (please specify): | See below | see below | see below | see below |
| | | | 10 for our own abortion recovery m | █ to the ER |
| | | | 10 for our own grief counseling pr | █ to the hospital |
| | | | 41 to our own Brightcourse program | |
| | | | █ to Helpmate | |
| | | | █ to hospital | |

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| FY 20-21 Mountain Area Pregnancy Services Quarterly Reporting Template | | | | |
|--|---------------------------|-----------------------------|--------------------------|-----------------------|
| Reporting Instructions: Please enter total number female clients per category and send this summary document to the Maternal Health Program Manager based on dates outlined in the contract. | July 2020- September 2020 | October 2020- December 2020 | January 2021- March 2021 | April 2021- June 2021 |
| Less than 14 year olds | 0 | | | |
| 15-19 year olds | 0 | | | |
| 20-24 year olds | 0 | | | █ |
| 25-30 year olds | 0 | | █ | █ |
| 35+ year olds | 0 | | | █ |
| Total: | 0 | 4 total but age unknown | █ | █ |
| Race | | | | |
| American Indian | | | | |
| Asian | | | | |
| Black/ African American | N/A | | | █ |
| White | | █ | █ | █ |
| Multi-Race | | | | █ |
| Other/ Unknown | | █ | | |
| Ethnicity | | | | |
| Hispanic | N/A | | | 0 |
| Non-Hispanic | | █ | █ | █ |
| Unknown | | | | |
| Types of Services Provided | | | | |
| Number of Educational/Training Sessions Held | | | █ | █ |
| Number of Clients Receiving One-on-One Education | N/A | | █ | |
| Number of Community Referrals Made (Total) | | 0 | | |
| Referrals By Type | | | | |
| Local Health Department (prenatal care) | 0 for all referrals | 0 for all referrals | 0 for all referrals | 0 for all referrals |
| Private OB Provider | | | | |
| Family Planning/Reproductive Health Services | | | | |
| Department of Social Services (Medicaid, Food Stamps) | | | | |
| Behavioral Health Counseling | | | | |
| Adoption Agency | | | | |
| Housing | | | | |
| WIC | | | | |
| Substance Use Services | | | | |
| Pregnancy Care Management | | | | |
| Other (please specify): | | | | |

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FY 20 -21 Mountain Area Pregnancy Services Quarterly Reporting Template

| Reporting Instructions: Please enter total number female clients per category and send this summary document to the Maternal Health Program Manager based on dates outlined in the contract. | July 2020- September 2020 | October 2019- December 2019 | January 2020- March 2020 | April 2020- June 2020 | | | |
|--|---|-----------------------------|--------------------------|-----------------------|--|--|------------------------------------|
| Age of Female Clients Served (Number) | | | | | | | |
| Less than 14 year olds | █ | | | | | | Note that we had 8 of unknown ages |
| 15-19 year olds | █ | | | | | | |
| 20-24 year olds | 15 | | | | | | |
| 25-30 year olds | 25 | | | | | | |
| 35+ year olds | 23 | | | | | | |
| Total: | 71+8 = 79 | | | | | | |
| Race | | | | | | | |
| American Indian | █ | | | | | | |
| Asian | █ | | | | | | |
| Black/ African American | 9 | | | | | | |
| White | 50 | | | | | | |
| Multi-Race | █ | | | | | | |
| Other/ Unknown | █ | | | | | | |
| Ethnicity | | | | | | | |
| Hispanic | █ | | | | | | |
| Non-Hispanic | 69 | | | | | | |
| Unknown | █ | | | | | | |
| Types of Services Provided | | | | | | | |
| Number of Pregnancy Tests Administered | 59 | | | | | | |
| Number of Educational/Training Sessions Held | 38 | | | | | | |
| Number of Clients Receiving One-on-On Education | █ | | | | | | |
| Number of Community Referrals Made (Total) | 151 | | | | | | |
| Number of Community Outreach/Activites Events Attended | █ | | | | | | |
| Community Referrals By Type | | | | | | | |
| Local Health Department (prenatal care) | 11 | | | | | | |
| Private OB Provider | 50 | | | | | | |
| Family Planning/Reproductive Health Services | 0 | | | | | | |
| Department of Social Services (Medicaid, Food Stamps) | 21 | | | | | | |
| Behavioral Health Counseling | 0 | | | | | | |
| Adoption Agency | █ | | | | | | |
| Housing | 0 | | | | | | |
| WIC | 35 | | | | | | |
| Substance Use Services | 0 | | | | | | |
| Pregnancy Care Management | 30 | | | | | | |
| Other (please specify): | See below | | | | | | |
| | █ to our MAPS Abortion Recovery Program | | | | | | |
| | █ to our MAPS Grief Counseling | | | | | | |
| | █ to our MAPS Eva's Footprints program | | | | | | |
| | █ 31 to MAPS parenting program | | | | | | |
| | █ to helpmate | | | | | | |
| | █ to Our Voice (abuse issues) | | | | | | |

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| FY 19 -20 Mountain Area Pregnancy Services Quarterly Reporting Template | | | | |
|--|---------------------------|-----------------------------|--------------------------|-----------------------|
| Reporting Instructions: Please enter total number female clients per category and send this summary document to the Maternal Health Program Manager based on dates outlined in the contract. | July 2019- September 2019 | October 2019- December 2019 | January 2020- March 2020 | April 2020- June 2020 |
| Less than 14 year olds | 0 | | | |
| 15-19 year olds | 0 | | | |
| 20-24 year olds | 0 | | | |
| 25-30 year olds | 0 | | | |
| 35+ year olds | 0 | | | |
| Total: | 0 | | | |
| Race | | | | |
| American Indian | | | | |
| Asian | | | | |
| Black/ African American | | N/A | | |
| White | | | | |
| Multi-Race | | | | |
| Other/ Unknown | | | | |
| Ethnicity | | | | |
| Hispanic | | N/A | | |
| Non-Hispanic | | | | |
| Unknown | | | | |
| Types of Services Provided | | | | |
| Number of Educational/Training Sessions Held | | | | |
| Number of Clients Receiving One-on-On Education | | N/A | | |
| Number of Community Referrals Made (Total) | | | | |
| Referrals By Type | | | | |
| Local Health Department (prenatal care) | | | | |
| Private OB Provider | | | | |
| Family Planning/Reproductive Health Services | | N/A | | |
| Department of Social Services (Medicaid, Food Stamps) | | | | |
| Behavioral Health Counseling | | | | |
| Adoption Agency | | | | |
| Housing | | | | |
| WIC | | | | |
| Substance Use Services | | | | |
| Pregnancy Care Management | | | | |
| Other (please specify): | | | | |

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FY 20 -21 Mountain Area Pregnancy Services Quarterly Reporting Template

| Reporting Instructions: Please enter total number female clients per category and send this summary document to the Maternal Health Program Manager based on dates outlined in the contract. | July 2020- September 2020 | October 2020- December 2020 | January 2020- March 2020 | April 2020- June 2020 |
|--|------------------------------------|-------------------------------------|--------------------------|-----------------------|
| Age of Female Clients Served (Number) | Note that we had 8 of unknown ages | | | |
| Less than 14 year olds | █ | █ | | |
| 15-19 year olds | | | | |
| 20-24 year olds | 15 | 23 | | |
| 25-30 year olds | 25 | 12 | | |
| 35+ year olds | 23 | 19 | | |
| Total: | 71+8 = 79 | 60 | | |
| Race | | | | |
| American Indian | █ | █ | | |
| Asian | | 0 | | |
| Black/ African American | █ | █ | | |
| White | 50 | 47 | | |
| Multi-Race | █ | █ | | |
| Other/ Unknown | | 11 | | |
| Ethnicity | | | | |
| Hispanic | █ | █ | | |
| Non-Hispanic | 69 | 66 | | |
| Unknown | █ | | | |
| Types of Services Provided | | | | |
| Number of Pregnancy Tests Administered | 59 | 46 | | |
| Number of Educational/Training Sessions Held | 38 | 28 | | |
| Number of Clients Receiving One-on-On Education | █ | 42 | | |
| Number of Community Referrals Made (Total) | 151 | 97 | | |
| Number of Community Outreach/Activites Events Attended | █ | █ | | |
| Community Referrals By Type | | | | |
| Local Health Department (prenatal care) | 11 | █ | | |
| Private OB Provider | 50 | 44 | | |
| Family Planning/Reproductive Health Services | 0 | 0 | | |
| Department of Social Services (Medicaid, Food Stamps) | 21 | 10 | | |
| Behavioral Health Counseling | 0 | 0 | | |
| Adoption Agency | █ | █ | | |
| Housing | 0 | 0 | | |
| WIC | 35 | 34 | | |
| Substance Use Services | 0 | 0 | | |
| Pregnancy Care Management | 30 | 32 | | |
| Other (please specify): | See below | see below | | |
| | █ to our MAPS Abortion Recovery Pr | █ to the ER | | |
| | █ to our MAPS Grief Counseling | █ in-house grief counseling service | | |
| | █ to our MAPS Eva's | █ to local churches for help | | |
| | 31 to MAPS parenting program | | | |
| | █ to helpmate | | | |
| | █ to Our Voice (abuse issues) | | | |

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| FY 19 -20 Mountain Area Pregnancy Services Quarterly Reporting Template | | | | |
|---|---------------------------|-----------------------------|--------------------------|-----------------------|
| Reporting Instructions: Please enter total number female clients per category and send this summary document to the Maternal Health Program Manager based on dates outlined in the contract. | July 2020- September 2020 | October 2020- December 2020 | January 2020- March 2020 | April 2020- June 2020 |
| Less than 14 year olds | 0 | | | |
| 15-19 year olds | 0 | | | |
| 20-24 year olds | 0 | | | |
| 25-30 year olds | 0 | | | |
| 35+ year olds | 0 | | | |
| Total: | 0 | 4 total but age unknown | | |
| Race | | | | |
| American Indian | | | | |
| Asian | | | | |
| Black/ African American | N/A | | | |
| White | | | █ | |
| Multi-Race | | | | |
| Other/ Unknown | | | █ | |
| Ethnicity | | | | |
| Hispanic | N/A | | | |
| Non-Hispanic | | | █ | |
| Unknown | | | | |
| Types of Services Provided | | | | |
| Number of Educational/Training Sessions Held | | | █ | |
| Number of Clients Receiving One-on-On Education | N/A | | | |
| Number of Community Referrals Made (Total) | | | 0 | |
| Referrals By Type | | | | |
| Local Health Department (prenatal care) | | | | 0 for all referrals |
| Private OB Provider | | | | |
| Family Planning/Reproductive Health Services | N/A | | | |
| Department of Social Services (Medicaid, Food Stamps) | | | | |
| Behavioral Health Counseling | | | | |
| Adoption Agency | | | | |
| Housing | | | | |
| WIC | | | | |
| Substance Use Services | | | | |
| Pregnancy Care Management | | | | |
| Other (please specify): | | | | |