



North Carolina
**DEPARTMENT OF MILITARY
AND VETERANS AFFAIRS**

APPLICATION-CONTRACT

GRANT PROGRAM FOR COUNTY VETERANS OFFICES

BACKGROUND:

Session Law 2023-134, Section 33.13(a) directed the North Carolina Department of Military and Veterans Affairs (NCDMVA) to establish a grant program for existing county veterans offices (CVOs) to provide services to veterans. A grant may be awarded up to \$20,000. To be eligible for the grant program, the CVO must be located in a county where there are eight (8) or less certified veteran service officers (VSOs). The VSO may be an employee of or volunteer with the federal government, State of North Carolina, county, or an entity in the county, including a nonprofit organization. NCDMVA will verify the presence of eight (8) or less certified VSOs in the county through the United States Department of Veterans Affairs (USDVA) prior to awarding a grant.

Instructions:

The County Veterans Office (the “RECIPIENT”) will complete the **PART I – RECIPIENT SECTION** of this document, including Attachments. The RECIPIENT will have an authorized official complete the **PART IV – EXECUTION SECTION** of this document.

The RECIPIENT shall complete and submit the following documents:

- Attachment A - Scope of Work and Budget
- Attachment B - W-9 Form
- Attachment C - Electronic Payment/Vendor Verification Form
- Attachment D - Conflict of Interest Policy (sample)
- Attachment E - Sworn (notarized) Certification of No Overdue Tax Debts
- Attachment F - State Grant Compliance Reporting
- Attachment G - Grant Certification
- Attachment H - Closeout Reporting Document

Upon receipt and approval of this completed document and attachments, NCDMVA will complete the **PART II – DMVA SECTION** of this document and have an authorized individual complete the **PART IV – EXECUTION SECTION** of this document.

Upon the execution page being signed in the **PART IV – EXECUTION SECTION** by both the RECIPIENT and NCDMVA (referred to collectively as the “PARTIES”), this document and all required attachments are incorporated herein and together constitute the contract agreement (Agreement) between the PARTIES.

PART I – RECIPIENT SECTION:

Section 1: RECIPIENT Organization Information

County Name: _____

County Address: _____

Recipient Contact: _____

Contact Phone: _____

Contact Email: _____

Grant Amount Request: \$ _____ (Up to \$20,000 - Final amount subject to allocation and appropriation of funds to NCDMVA)

Section 2: Award Amount

The award amount will not exceed \$20,000 per Session Law 2023-134, Section 33.13(a). The actual amount of the award is dependent on the number of eligible recipients as described in Part I, Section 4 of this document, and subject to the allocation and appropriation of funds to NCDMVA. The RECIPIENT's award amount can be found in Part II – Section 2 of this document, which will be finalized after the RECIPIENT completes all requirements within Part I – RECIPIENT SECTION (including Attachments A - E) and signs the execution page. (Attachments F-H will be completed post award as described below.)

Section 3: Use of funds

As required by Session Law 2023-134, Section 33.13(a), CVO grant awards are for the purpose of providing services to veterans. A CVO may receive a grant award up to \$20,000 for this purpose. The RECIPIENT will use Attachment A: Scope of Work and Budget, to provide a scope of work regarding how grant funds will be utilized to serve veterans and a budget with a detailed description of proposed grant expenditures.

The RECIPIENT agrees to expend funds in accordance with the scope of work and budget cost items set forth in the RECIPIENT's approved budget. Upon written notification to NCDMVA, the RECIPIENT may reallocate or redistribute funds among budgeted line items in an amount not to exceed ten percent (10%) of the total approved budget without requiring NCDMVA's prior written approval.

Any reallocation or redistribution of funds exceeding ten percent (10%) of the total approved budget shall require the prior written approval of NCDMVA, documented as a written amendment to the contract agreement (Agreement) as described in Part III, Section 3 of this document.

Section 4: Eligibility Requirements

The RECIPIENT confirms it meets the requirement as defined in Session Law 2023-134, Section 33.13(a) which dictates:

The CVO must be located in a county in which there are eight or less certified veteran service officers (VSOs). The VSO may be an employee of or volunteer with the federal government, State of North Carolina, county, or an entity in the county, including a nonprofit organization. DMVA shall verify the presence of eight or less certified VSOs in the county through the United States Department of Veterans Affairs prior to awarding a grant.

Section 5: Reporting Requirements

The RECIPIENT agrees and shall submit compliance reports and certify that all grant funds received or held are being used for the purposes for which the grant was awarded, and providing an accounting of all funds received. Such reporting shall be required at a minimum of once every six (6) months following the date on which funds are received and shall continue until all funds have been expended and accounted for to the satisfaction of NCDMVA. See Attachment F - Compliance Reporting and Attachment G- Grant Certification for fashion of reporting.

Upon project completion (i.e., once RECIPIENT has expended all grant funds) or No later than **August 3, 2026**, whichever is sooner, the RECIPIENT shall submit, as prescribed by NCDMVA, the following information to **SVC_DMVA_FSD.grants@milvets.nc.gov** :

- (1) The unduplicated number of veterans served by the CVO.
- (2) The number of times each individual veteran was served by the CVO.
- (3) The services that were provided to veterans using the grant funds awarded to the CVO.

See Attachment H: Closeout Reporting Document for form and fashion of reporting the information above.

PART II – NCDMVA SECTION:

Section 1: Eligibility Determination

It is the responsibility of NCDMVA to verify through the United States Department of Veterans Affairs that the RECIPIENT has eight (8) or less certified veteran service officers (VSOs). The VSO may be an employee of or volunteer with the federal government, State of North Carolina, county, or an entity in the county, including a nonprofit organization.

Section 2: Award Amount

The RECIPIENT will hereby be awarded the amount of \$_____. NCDMVA will disburse the full amount of the grant award to the RECIPIENT within 30 days of NCDMVA's receipt and approval of the RECIPIENT's required documentation, including attachments, in form and substance satisfactory to NCDMVA.

Section 3: Contract Information

Once executed, this document will serve as the Agreement between the PARTIES. The Agreement number is _____.

Section 4: Period of Performance

The period of performance shall begin on the date this Agreement is fully executed by all parties (Contract Execution Date) and shall continue through **June 30, 2026**.

PART III – OTHER CONTRACTUAL REQUIREMENTS:

Section 1: Compliance with Laws

All state grants are subject to corresponding statutes and rules, most notably the cost principles enunciated in the Code of Federal Regulations, 2 CFR, Part 200, N.C. Gen. Stat. 143C-6-23, and 09 N.C. Admin. Code 03M. The RECIPIENT shall be responsible for compliance with all laws, ordinances, codes, rules, regulations, licensing requirements and other regulatory matters that are applicable to the conduct of its business and work performance under this Agreement, including those of Federal, State, and local agencies having appropriate jurisdiction. Disbursement of funds is contingent upon RECIPIENT's compliance with the terms of this Agreement and any applicable federal or state requirements.

Section 2: Monitoring and Auditing

The RECIPIENT acknowledges and agrees that, from and after the date of execution of this Agreement and for five (5) years following its termination, the books, records, documents and facilities of the RECIPIENT are subject to being audited, inspected and monitored at any time by NCDMVA upon its request (whether in writing or otherwise). The RECIPIENT further agrees to provide NCDMVA staff and staff of the Office of State Auditor with access to financial and accounting records to support internal audit, financial reporting and related requirements.

Section 3: Amendments

This Agreement may be amended in writing which documents approval of changes by both the NCDMVA and the RECIPIENT. NCDMVA, in its sole discretion, may approve amendment requests to this Agreement.

A RECIPIENT may submit one (1) written amendment request to NCDMVA for an extension of the period of performance established under this Agreement. Any such extension requests must be made prior to the expiration of the current performance period and shall include justification or explanation for the requested extension. If approved, no extension shall extend the period of performance beyond **July 31, 2026**.

Section 4: Sub-Recipients

If the RECIPIENT grants to any sub-recipient, any of the grant funds awarded to the RECIPIENT under this Agreement, the RECIPIENT or sub-recipient is not relieved of any duties and responsibilities of this Agreement. Additionally, the sub-recipient agrees to abide by the standards contained in this contract and to provide information in its possession to all the RECIPIENT to comply with these standards.

Section 5: SITUS

This Agreement shall be governed by the laws of North Carolina and any claim for breach or enforcement of this Agreement shall be filed in State court in Wake County, North Carolina.

Section 6: Termination of Agreement

This agreement may be terminated by mutual consent upon sixty (60) days written notice to the other party, or as otherwise provided by law. As soon as possible following termination of this agreement, any residual, unexpended grant funds remaining at the end of the termination or the period of performance shall be returned to NCDMVA.

PART IV – EXECUTION:

The undersigned represent and warrant that they are authorized to bind their principals to the terms and conditions of this Agreement. In Witness Whereof, the RECIPIENT and NCDMVA have executed this Agreement electronically, with each party retaining an electronic version. This Agreement shall be effective as of the date of the last party's signature.

RECIPIENT NAME

AUTHORIZED SIGNATURE:

PRINTED NAME AND TITLE:

DATE

NC Department of Military and Veterans Affairs

AUTHORIZED SIGNATURE:

PRINTED NAME AND TITLE:


DATE

County Veterans Office State Grant - Scope of Work and Budget

Scope of Work and Budget with Detailed Description

Pursuant to Part I, Section 3 of the Agreement, please provide a scope of work and budget with detailed description for the use of the maximum amount of \$20,000 even though the award amount may be less.

Attachment B

NC Office of the State Controller (IRS Form W-9 will not be accepted in lieu of this form) *Denotes a Required Field	STATE OF NORTH CAROLINA SUBSTITUTE W-9 FORM Request for Taxpayer Identification Number			
Section 1 – Taxpayer Identification	*1. Social Security Number (SSN), OR Employer Identification Number (EIN), OR Individual Taxpayer Identification Number (ITIN) *2.		Please select the appropriate Taxpayer Identification Number (EIN, SSN, or ITIN) type and enter your 9-digit ID number. The U.S. Taxpayer Identification Number is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you or require The State of NC to withhold 24% for backup withholding tax.	
	*4. Legal Name (as registered with the IRS - see instructions):		3. Unique Entity Identifier or Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions):	
	5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:			
	Contact Information			
	*6. Legal Address		7. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable)	
	*Address Line 1:		Address Line 1:	
	Address Line 2:		Address Line 2:	
	*City	*State	*Zip (9 digit)	City State Zip (9 digit)
	*County		County	
	*8. Contact Name:			
*9. Phone Number:				
10. Fax Number:				
11. Email Address:				
	*12. Entity Type		*13. Entity Classification	14. Exemptions (see instructions)
	Individual/Sole Proprietor/Single-member LLC C-Corporation S-Corporation Partnership Trust/Estate Other _____ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____		Medical Services Legal/Attorney Services NC Local Govt Federal Govt NC State Agency Other Govt Other (specify)	Exempt payee code (if any): Exemption from FATCA reporting code (if any):
	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.			
Section 2 - Certification	Under penalties of perjury, I certify that:			
	1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding because of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.			
	Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website (https://www.irs.gov/):			
	*Printed Name:		*Printed Title:	
*Authorized U.S. Signature:		* Date:		

Please complete the Modification to Existing Supplier Records form if there have been any changes to the following: Tax Identification Number (TIN),

Legal Name, Business Name, Remittance Address.

If you would like to receive your payments electronically, please complete the Supplier Electronic Payment form.

Return all completed forms to the State Agency from which you are requesting payment.

General Instructions

For General Instructions, please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>).

Specific Instructions

Section 1 -Taxpayer Identification

1. Taxpayer Identification Type. Check the type of identification number provided in box 2.

2. Taxpayer Identification Number (TIN). Enter taxpayer's nine-digit Employer Identification Number (EIN), Social Security Number (SSN), or Individual Taxpayer Identification Number (ITIN) without dashes.

Note: If an LLC has one owner, the LLC's default tax status is "disregarded entity". If an LLC has two owners, the LLC's default tax status is "partnership". If an LLC has elected to be taxed as a corporation, it must file IRS Form 2553 (S Corporation) or IRS Form 8832 (C Corporation).

3. Unique Entity Identifier or DUNS Number. Suppliers are requested to enter their Unique Entity ID number or DUNS number created in SAM.gov, if applicable.

4. Legal Name. Enter the legal name as registered with the IRS or Social Security Administration. For individuals enter the name of the person who will do business with the State of NC as it appears on the Social Security Card or other reliable legal documents. For organizations, enter the name shown on its charter or other legal documents that create the organization. Do not abbreviate names. Do not enter a Disregarded Entity Name on this line.

5. Business Name. Business, Disregarded Entity, trade, or DBA ("doing business as") name.

Contact Information

6. Enter your **Legal Address**.

7. Enter your **Remittance Address, if applicable.** A **Remittance Address** is the location in which you or your entity receives business payments.

8. Enter the **Contact Name**.

9. Enter your **Business Phone Number**.

10. Enter your **Fax Number**, if applicable.

11. Enter your **Email Address**

For clarification on IRS Guidelines, see www.irs.gov.

12. Entity Type. Select the appropriate entity type.

13. Entity Classification. Select the appropriate classification type.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See Exempt payee code and Exemption from FATCA reporting code below.

14. Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2 - The United States or any of its agencies or instrumentalities
- 3 - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities
- 4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5 - A corporation
- 6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7 - A futures commission merchant registered with the Commodity Futures Trading Commission
- 8 - A real estate investment trust
- 9 - An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10 - A common trust fund operated by a bank under section 584(a)
- 11 - A financial institution
- 12 - A middleman known in the investment community as a nominee or custodian
- 13 - A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

If the payment is for...	THEN the payment is exempt for...
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

A - An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B - The United States or any of its agencies or instrumentalities

C - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

D - A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

E - A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)

F - A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G - A real estate investment trust

H - A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I - A common trust fund as defined in section 584(a)

J - A bank as defined in section 581

K - A broker

L - A trust exempt from tax under section 664 or described in section 4947(a)(1)

M - A tax exempt trust under a section 403(b) plan or section 457(g) plan

Section 2 - Certification

To establish to the paying agency that your TIN is correct, you are not subject to backup withholding, or you are a U.S. person, or resident alien, sign the certification on NC Substitute Form W-9. You are being requested to sign by the State of North Carolina.

For additional information please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>).

NC Office of the State Controller

See instructions for return information.

Telephone: 919-707-0795

www.osc.nc.gov | ncfsepay@osc.nc.gov



Supplier Electronic Payment Request

New Add Request

Change/Update Existing Account

Inactivate Existing Account

***Denotes a required field**

The State of North Carolina offers payees the opportunity to receive payments electronically through U.S. based banks. In addition to having the funds deposited electronically, you will also receive remittance information by e-mail.

We require you to submit a copy of a voided check, bank statement, or a bank authorization letter on bank letterhead signed by a bank representative for account verification.

*TAX ID # or SSN

--	--	--	--	--	--	--	--	--	--

*PAYEE NAME

--	--

*REMITTANCE ADDRESS

(AS PRINTED ON YOUR INVOICE)

STREET

--

SUITE/ROOM #

--

--

CITY

--

STATE

ZIP CODE

*CONTACT

NAME & TITLE

--

PHONE NUMBER

--

NEW FINANCIAL INFORMATION

*FINANCIAL INSTITUTION NAME:																				
*NAME ON ACCOUNT:																				
*NEW ROUTING NUMBER:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																			
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*ACCT TYPE:	<div>Checking</div> <div>Savings</div>																			
*REMIT E-MAIL ADDRESS																				

New add requests MUST include contact information for the state agency with which you are doing business.

*North Carolina Agency Name:	*North Carolina Agency Contact Name:
*North Carolina Agency Contact Email Address:	*North Carolina Agency Contact Phone Number:

PRIOR FINANCIAL INFORMATION (only required for updates)

FINANCIAL INSTITUTION NAME:																				
NAME ON ACCOUNT:																				
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ACCT TYPE:	<div>Checking</div> <div>Savings</div>																			
REMIT E-MAIL ADDRESS																				

* ALL BOXES BELOW MUST BE REVIEWED AND CHECKED

	I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, and the requirements of the Office of Foreign Assets Control (OFAC). I affirm the entire amount of the payment will not be transferred to a foreign bank account.
	I authorize the Office of the State Controller to initiate ACH payments, and if necessary, adjustments for any ACH payments in error, to the financial institution and account identified on the attached certification document. This authority will remain in effect until I, the supplier cancel it in writing or the authority is terminated by the NC Office of the State Controller.
	I have attached a copy of a current voided check, current bank statement, or a bank authorization letter on bank letterhead signed by a bank representative.
*PRINT NAME:	*DATE:
*SIGNATURE:	*PHONE NUMBER:

Instructions

*** Denotes a required field on the form**

1. *Check the appropriate box at the top of the form:
 - New Add Request – Supplier would like to begin receiving payments via ACH.
 - Change/Update Existing Account – Supplier's account number, routing number, or remittance email address has changed.
 - Inactivate Existing Account – Supplier no longer wants to receive payments via ACH.
2. *Enter the supplier's Tax Identification Number or Social Security Number.
3. *Enter the Payee Name – The name of the person or business receiving payment.
4. *Enter the supplier's remittance address. The remittance address is the address printed on your invoice where payments should be sent.
5. *Enter the supplier's contact name, title, and phone number.
6. *Enter the supplier's financial information:
 - Financial Institution Name – Name of the financial institution.
 - Name on Account – The account owner's name.
 - Routing Number – Nine-digit number identifying the financial institution.
 - Account Number – The bank account number where the funds should be deposited.
 - Account Type – Is this a checking or savings account? Check the appropriate box.
 - Remit E-mail address - Enter the email address to which the remittance advices should be sent.
7. *For a **new add request only**, provide the following:
 - North Carolina Agency Name – The state agency the supplier is doing business with.
 - North Carolina Agency Contact Name – The supplier's contact person name at the state agency.
 - North Carolina Agency Contact Email Address – The contact person's email address at the state agency.
 - North Carolina Agency Contact Phone Number – The contact person's phone number at the state agency.

NOTE: New add requests MUST include contact information for the state agency with which you are doing business.

8. Prior Financial Information – this is required if the supplier's bank account, routing number, or remittance email address has changed.
 - Financial Institution Name – Name of the prior financial institution.
 - Name on Account – The account owner's name.
 - Routing Number – Nine-digit number identifying the prior financial institution.
 - Account Number – The bank account number where the funds were being deposited.
 - Account Type – Is this a checking or savings account? Check the appropriate box.
 - Remit E-mail address - Enter the email address to which the remittance advices were being sent.
9. *Review all the information in the 3 attestation boxes located above the signature area. All 3 boxes must be checked – **otherwise the request will not be processed.**
10. *Print Name – Print the name of the authorized signee on the form.
 - *Date – Date of signature.
 - *Signature – The authorized signee's signature.
 - *Phone Number – The authorized signee's phone number.

Return to:

OSC - NCFS Support | 1410 Mail Service Center | Raleigh, NC 27699-1410

OR FAX - 919.875.3804

Please allow up to 30 days for processing

County Veterans Offices State Grant – Conflict of Interest Policy

County Veterans Office

Conflict-of-Interest Policy

The purpose of this policy is to ensure that the use of State of North Carolina grant funds awarded to the County Veteran Service Office (CVO) is free from actual or perceived conflicts of interest, in compliance with N.C. Gen. Stat 143C-6-23 and the North Carolina General Terms and Conditions. The purpose of the following policy is to prevent the personal interest of employees, officers, and directors of CVOs from interfering with the performance of their duties, or resulting in personal financial, professional, professional, and/or political gain on the part of such persons at the expense of CVOs.

The _____ County Veterans Service Office has adopted this conflict-of-interest policy.

The employees, officers, and directors of the _____ CVO shall avoid conflicts of interest and any conduct which may suggest the appearance of or actual impropriety in the disbursement of funds.

If a potential conflict of interest arises, the employee, officer, or director must disclose the potential conflict to the CVO and the North Carolina Department of Military and Veterans Affairs (NC DMVA). No director, officer, or staff member shall participate in the selection, award, or administration of a procurement transaction in which federal or state funds are used, where to his/her knowledge, any of the following has a financial interest in that transaction: (1) the staff member, officer, or director; (2) any member of his/her immediate family; (3) his/her partner; (4) an organization in which any of the above is an officer, director, or employee; or (5) a person or organization with whom any of the above is negotiating or has any arrangement concerning prospective employment.

An employee, staff member, officer, or director is not deemed to benefit directly or indirectly from a contract or grant if he or she receives only the salary or stipend due to him or her in the normal course of employment with or service to the _____.

All employees, staff members, officers, and directors shall be informed of this policy and provided a copy.

I certify that this is the current Conflict-of-Interest Policy of the _____.

(Signature)

Date

(Printed Name / Position Title)

County Veterans Offices State Grant – No Overdue Tax Debts ¹

Instructions:

Grantee should complete this certification for all state funds received. Enter appropriate data in the yellow highlighted areas. The completed and signed form should be attached to the application contract for the grant funds and submitted to the North Carolina Department of Military and Veterans Affairs. A copy of this form, along with the completed application/ contract, will be kept at the North Carolina Department of Military and Veterans Affairs and available for review by the Office of the State Auditor.

Date of Certification _____

To: The North Carolina Department of Military and Veterans Affairs

Certification:

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

Sworn Statement:

I, _____, being duly sworn, state that I am the authorizing official, of
(Name)

_____ County, in the State of North Carolina; and that the foregoing certification is true, accurate, and complete to the best of my knowledge and was made and subscribed by me. I also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

Signature Authorizing Official

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

(Notary Signature and Seal)

My Commission Expires: _____

If there are any questions, please contact the North Carolina Department of Military and Veterans Affairs, SVC_DMVA_FSD.grants@milvets.nc.gov – (984) 204-2980

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

Attachment F - Compliance Reporting

This information should be completed and submitted online by each grantee receiving less than \$25,000 in total grant funds.

State Grants Compliance Reporting ≤ \$25,000

Each grantee receiving at least \$1 but less than \$25,000 should complete the basic information requested here relative to the organization, as well as the accounting for State funds received, used or expended, and a description of activities and accomplishments undertaken by the grantee with the State funds.

1. Organization:	
Organization Name:	
Tax Identification #:	
Organization Fiscal Year End: (mm/dd/yyyy)	
Mailing Address (street, city, state, zip code):	
Phone Number (area code + number):	
Fax Number (area code + number):	
Contact Person:	
Contact Person Title:	
E-Mail Address:	

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	Employee	CPA/Accountant
Name of Preparer:		
Phone Number:		

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL LINES, IF NEEDED]	
Name of Board Member	Board Member Title

Please answer the following questions:				
4. What restrictions are placed upon the grant by the grant award document? If the grant award document does not identify specific restrictions, please identify the intended use of the grant funds as included in the award document.				
Restrictions:				
5. Does the organization have a Conflict of Interest policy?		yes		no
6. Is the organization a for profit entity?		yes		no

Please answer the following questions:		
7. Did the organization subgrant or pass down any funds to another organization?		
		yes
		no
If yes, answer the following:		
a. Name of Subrecipient	b. Program Name	c. Amount Subgranted

Attachment F - Compliance Reporting cont

This information should be completed and submitted online by each grantee receiving less than \$25,000 in total grant funds.

8. Financial Accounting: [Complete based on total dollars received, used or expended from this grant during this fiscal year]		
a. Receipts		
Funding State Agency	Grant Title	Total Receipts
b. Expenditures		
Category		Dollar Amount
Salary/Wages/Benefits		
Contracted Services		
Supplies and Materials		
Travel (example employee mileage, meals, hotel)		
Communication Costs (example telephone, postage, freight)		
Occupancy Costs (example rent, utilities, repair and maintenance)		
Advertising and Promotions		
Insurance and Bonding		
Capital Outlay (example furniture/equipment, data processing)		
Grants and Contracts		
Fundraising		
Other (provide description here): _____		
Total Expenditures		

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	
End of the year cash balance	
9. Program Activities and Accomplishments:	
In compliance with the requirements of G.S. 143C-6-23, <i>Use of State funds by non-State entities</i> , the following is a description of activities and accomplishments undertaken by our organization using the provided state funding.	
Original Goals	Brief Narrative of Program Accomplishments

If there are any questions, please contact the State agency that administered your grant funds.

Attachment G - Certification

State Grant Certification and Sworn Statement

Date

Certification:

We certify that the accompanying reports represent all financial activity related to the receipt, use, and expenditure of funds granted by the State of North Carolina to _____ for the fiscal year ended _____
Organization MM/DD/YYYY
and that the expenditures reported were for the purposes appropriated by the General Assembly or collected by the State of North Carolina and in compliance with the applicable laws, regulations, and terms and conditions of the grant documents.

The accompanying reports are presented on the cash basis of accounting and are supported by our financial records.

We understand that if it is found the expenditures reported were not used for the purpose(s) appropriated, that the grantor agency shall report such findings to the Attorney General, the Office of State Budget and Management, the Office of the State Auditor, and the Office of the State Controller. Any apparent violations of a criminal law or malfeasance, misfeasance, or nonfeasance in connection with the use of State funds shall be reported by the Office of State Budget and Management to the Attorney General and State Bureau of Investigation.

Sworn Statement:

_____ being duly sworn, say that we are the _____, respectively, of
Name of Authorizing Official Title of the Authorizing Official

_____ of _____ in the _____ ; and that the foregoing certification is
Name of Organization City State

true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

Signature – Fiscal Officer

Date

Printed Name

Signature – Authorizing Official

Date

Printed Name

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

(Notary Signature and Seal)

My Commission Expires: _____

Attachment H – Closeout Reporting Document

County Veterans Offices State Grant – RCloseout Reporting Document

As specified in Part 1, Section 5 of the Agreement, upon project completion (i.e., once RECIPIENT has expended all grant funds) or no later than 5:00 p.m. on August 3, 2026, whichever is sooner, RECIPIENT shall provide to the North Carolina Department of Military and Veterans Affairs via email at SVC_DMVA_FSD.grants@milvets.nc.gov with the following information:

County Veterans Office Name:	
The unduplicated number of veterans served by the County Veterans Office.	[enter number]
The number of times each individual veteran was served by the County Veterans Office.	[enter number]
The services that were provided to veterans using the grant funds awarded to the County Veterans Office.	[enter description of all services provided]

Please add additional pages if needed.