

COVID-19 Vaccine Incentive Program

Request for Proposals

Section 1: General Information

A. General Information

About COVID-19

COVID-19 is an infectious disease caused by the novel coronavirus, SARS-CoV-2. Since it was first detected in China in December 2019, there have been many millions of cases of COVID-19 in the United States and over 300,000 associated deaths. While many people only experience mild symptoms, some persons, including seniors and persons with chronic health conditions, are at higher risk for severe illness and death. Social distancing measures and use of face coverings have helped to mitigate transmission; however, some social distancing measures, such as school and business closures, have also resulted in social and economic hardships. Immunization with a safe and effective COVID-19 vaccine is a critical component of the national strategy to reduce morbidity and mortality and to help restore societal functioning.

About the COVID-19 Vaccine Incentive Program

On August 17, 2021, the Athens-Clarke County Mayor and Commission approved a Memorandum of Agreement with the Clarke County Health Department to allocate American Rescue Plan Local Fiscal Recovery Funds (“ARP Funds”) for the Athens-Clarke County COVID-19 Vaccine Incentive Program. The vaccine incentive program is designed to increase vaccine uptake in the Athens-Clarke County community and reduce disparities. Incentives are \$100 gift cards to local stores. Only individuals who live, work, or attend school in Athens-Clarke County and receive their first COVID vaccine starting September 3, 2021 are eligible to receive the incentive. An additional \$100 gift card is also available for the second dose when it is received, usually 3-4 weeks later, depending on vaccine requirements.

Purpose of this RFP

The Unified Government of Athens-Clarke County (“ACCGov”) seeks to expand the COVID-19 Vaccination Incentive Program (“the Program”) to other vaccine providers with patients representing underserved areas of Athens-Clarke County. It is anticipated that up to \$500,000 will be designated by the M&C for this program, which is anticipated to be distributed to several different providers to further the reach of the vaccine into the community.

Eligibility for the gift card vaccine incentive requires that patient(s):

- Attest/certify to living, working, or attending school (including which school) in Athens-Clarke County;
- Receive their first COVID vaccine starting January 1, 2022.

B. Request for Proposals Contact

Sarah George
Manager’s Office
Unified Government of Athens-Clarke County
Email: Sarah.George@accgov.com
Phone: 706-613-3020

C. Anticipated Timeline

Provided below is a list of the anticipated schedule of events related to this solicitation. ACCGov reserves the right to modify and/or adjust the following schedule to meet the needs of the service. All times shown are Eastern Time (EST):

Anticipated Timeline	
Request for Proposals Released	Friday, October 8, 2021
Virtual RFP Technical Assistance Conference	Wednesday, October 13, 2021 from 3:00 PM – 4:30 PM RSVP for this Technical Assistance Conference by emailing Sarah.George@accgov.com by Tuesday, October 12, 2021. WebEx link to access the conference will be emailed upon RSVP.
Deadline for Written Questions and Technical Assistance	Wednesday, October 20, 2021
ACCGov Response to Questions	Friday, October 22, 2021
Submittal Due Date and Time	Friday, November 5, 2021 by 4:00pm <u>No late submissions will be accepted.</u>
Mayor and Commission Vote to Select Provider(s)	Tuesday, November 16, 2021
ACCGov Contracting Process	November 17 - December 17, 2021
Contract Execution	December 17, 2021

Section 2. Required Services

A. Roles and Responsibilities

The Program requires selected providers (“Providers”) to:

- (1) Provide and administer the COVID-19 vaccines and ancillary supplies in accordance with all local, state, and federal laws and any applicable rules and regulations, including any recommendations of CDC and CDC’s Advisory Committee on Immunization Practices.
- (2) Provide and administer the ARP Funds designated for vaccine incentives in the manner it deems necessary to increase vaccine uptake in the Athens-Clarke County community and reduce disparities, subject to any applicable Treasury Regulations related to the use of ARP Funds for vaccine incentives.
- (3) Provide and administer the Program at such locations as it deems necessary to increase vaccine uptake in the Athens-Clarke County community and reduce disparities, including prioritizing underserved areas.
- (4) Purchase and distribute \$100 gift cards for vaccine incentives in accordance with requirements described herein. The value of gift cards distributed must be \$100.
- (5) Complete and submit the Programmatic Risk Assessment provided in Section 5 of the RFP, including submitting all related attachments.
- (6) Require all participants in the Program to execute the Athens-Clarke County COVID-19 Vaccine Incentive Program Certification and Hold Harmless Agreement Form (“certification form”) as provided in accordance with the contracting process. *(Note: This form will be provided during the contracting process and will be required to be completed by individuals prior to receiving the vaccine incentive.)*
- (7) Properly account for the expenditure of all ARP Funds in such a manner as may be requested by ACCGov on a monthly basis.
- (8) Provide updates to ACCGov on a periodic basis (expected to be weekly) related to the Program’s activities.
- (9) Submit data and reports as may be required by ACCGov.
- (10) Maintain records associated with the Program, including but not limited to completed certification forms, expenditure documentation, and demographics of patients receiving gift card incentives in accordance with Treasury Regulations related to the use of ARP Funds for vaccine incentives.
- (11) Submit copies of all certification forms completed by patients receiving the gift card incentive to ACCGov, if requested. These certification forms may be used for compliance monitoring and auditing purposes.
- (12) Provide ACCGov a certificate of insurance.
- (13) Indemnify ACCGov, its assignees, officers, agents, and employees, and to hold each of them harmless against any and all claims, damages, losses, expenses, and liability resulting from, or relating to, any act or omission arising from the Provider’s performance in the Program.

Organization	Responsibilities
Provider	<ul style="list-style-type: none"> • Provide services according to RFP and contract criteria • Spend funds in accordance with federal grant awards • Serve as a positive ambassador for COVID-19 vaccinations • Purchase and distribute \$100 gift cards in accordance with RFP and contract requirements • Collect all mandatory data elements for documenting vaccination incentive

	<ul style="list-style-type: none"> • Screen individuals to determine eligibility in incentive program • Submit monthly invoices to ACCGov consistent with approved budget • Provide any additional documentation that may be required for compliance purposes
ACCGov	<ul style="list-style-type: none"> • Award selected Providers • Enter into and administer contracts with Providers • Provide funding to the Provider for vaccine incentives and related administrative costs, as awarded by the ACCGov Mayor and Commission, upon receipt of approved documentation • Perform, or cause to perform, compliance monitoring

B. Minimum Qualifications of Provider:

- Demonstrated experience in administering vaccinations and providing patient care; and
- Have a minimum of 30% of patients served qualify for Medicaid or as indigent (at or below 30% Area Median Income for Clarke County).

FY 2021 Income Limits Area	Median Family Income	FY 2021 Income Limit Category	Persons In Family							
			1	2	3	4	5	6	7	8
Athens-Clarke County	\$73,100	Extremely Low Income (30%)	\$14,500	\$16,550	\$18,600	\$20,650	\$22,350	\$24,000	\$25,650	\$27,300
		Very Low Income (50%)	\$24,100	\$27,550	\$31,000	\$34,400	\$37,200	\$39,950	\$42,700	\$45,450
		Low Income (80%)	\$38,550	\$44,050	\$49,550	\$55,050	\$59,500	\$63,900	\$68,300	\$72,700

*Effective June 1, 2021

C. Performance Outcomes and Required Data

- # of individuals that received the vaccine incentive
- % of individuals that received vaccine incentive that qualify for Medicaid or as Indigent
- # of individuals that received vaccine incentive that attest to living in Athens-Clarke County
- % of individuals that received the vaccine incentive that attest to living in Athens-Clarke County
- # of individuals that received the vaccine incentive that attest to working in Athens-Clarke County
- % of individuals that received the vaccine incentive that attest to working in Athens-Clarke County

- # of individuals that received the vaccine incentive that attest to attending school in Athens-Clarke County
 - This figure should also include a breakdown of # of individuals that indicated each school, including Athens Tech, UGA, Piedmont College, or Clarke County School District.
- % of individuals that received the vaccine incentive that attest to attending school in Athens-Clarke County
- Demographic characteristics, including by age group, race/ethnicity, and gender, of the individuals that received the vaccine incentive
- Location(s) where vaccine incentives were distributed, including # of individuals receiving the incentives at each location

Copies of completed certification forms are required to be provided to ACCGov, if requested.

D. Contract Amount

Contract amounts will vary based on the number of persons expected to be served (e.g., vaccinated) and the ability of the Provider to target hard-to-reach populations. ACCGov’s selection process will prioritize Providers that have demonstrated strong community connections and successful outreach to black or brown communities, or those whose outreach plans include vaccinating individuals that are elderly, disabled, or have limited mobility.

ACCGov intends to provide contract awards to the Provider on a reimbursement basis. Partial, advanced payments will be considered; however, the applicant should provide a detailed justification regarding the applicant organization’s inability to work on a reimbursement basis. Please provide detail regarding how much funding the applicant would need to have advanced in order to begin work on this program.

E. Duration

Contracts will generally be awarded for services to be provided for a duration of six months (the “Term”). ACCGov may terminate or amend a contract to extend the Term for an additional six months duration (the “Renewal Term”). Contracts are subject to available funding and compliance with contract terms.

Section 3. Submission Instructions

A. Deadline

All responses should be submitted by **4:00pm (EST) on Friday, November 5, 2021**. No late submissions will be accepted.

B. Method of Submission

- Email or USB drive submissions will be accepted.
- USB Drive Submissions should be delivered or mailed in a labeled envelope to:
The Unified Government of Athens-Clarke County
Attn: Sarah George

Manager's Office
301 College Avenue, Suite 301
Athens, Georgia 30601

- Email submissions should:
 - Include one single pdf file with all proposal sections and attachments
 - Include a clear subject line referencing: "Vaccine Incentive Program RFP"
 - Be emailed to Sarah George at Sarah.George@accgov.com
- **Submissions should be emailed/delivered no later than 4:00pm Eastern Standard Time on Friday, November 5, 2021.**
- Failure to comply with the written requirements of this proposal may result in rejection of the proposal by the government. The government reserves the right to reject any and all proposals, to waive any technicalities or irregularities, and to award the contract based on the highest and best interest of the government.
- A qualified interpreter for the hearing impaired is available upon request at least 10 (ten) days in advance of the proposal opening date. This service is in compliance with the Americans with Disabilities Act (ADA).

C. Required Submission Format

Responses should be listed sequentially as follows:

Part 1: Cover Letter

Provide an introduction letter summarizing the unique qualifications of your firm to meet the needs of this service requirement. This letter should be signed by an authorized representative who has the authority to enter into a contract with the Unified Government of Athens-Clarke County on behalf of the agency. Additionally, include the name, address, telephone and email address of the individual who serves as the point of contact for this solicitation.

Part 2: Applicant Organization

Provide information summarizing:

- Structure of Provider Organization (e.g., non-profit, for-profit)
- Background information including number of years the Provider Organization has existed
- Services currently offered by Provider and population(s) served, including percentage of Medicaid or Indigent patients.
- Experience administering vaccinations or providing similar services
- Medical qualifications and Georgia licensing of clinical staff involved in this project
- Employer Identification Number (EIN)
- Names and contact information for three (3) references familiar with the work of Provider
- Description of experience administering similar contracts or federal funded programs
- Description of your organization's ability to work on a reimbursement basis for this project. If your organization is unable to work on a reimbursement basis, please provide a detailed justification regarding the inability to work on a reimbursement basis, including detail regarding how much funding the applicant would need to have advanced in order to begin work on the Program.

If the Applicant plans for subcontractor(s) to provide some of the services, this information must also be provided for all subcontractors.

Part 2: Program Narrative

This section must respond to each item described in this RFP. Responses should state in detail how the Provider will carry out each task.

- Vaccine Administration:
 - Name specific address(es) of vaccination site(s) if known
 - Describe dates of service (start and end).
 - Describe hours of operation by day for vaccination site(s).
 - Describe approach for scheduling appointments, if applicable.
 - Describe how the Provider addresses health equity.
 - Describe site accessibility, including how line management will address persons who are elderly and/or disabled.
 - Describe any outreach plans to black or brown communities.
 - Describe any plans on how communication will be facilitated for persons with Limited English Proficiency.
 - Describe activities to promote or advertise vaccination services at your site(s).
 - Describe how you will assure patients receive a second dose of the vaccine, if applicable.
 - Provide a target number of vaccinations to be accomplished per week.
 - Describe how much you charge for vaccines, if applicable, and whether or not you bill insurance.

- Incentive Administration:
 - Describe plan to purchase and distribute \$100 gift cards, including what types of gift cards Provider plans to purchase as well as locations (if known) where the incentives will be distributed.
 - Describe plan to secure gift cards.
 - Describe process for screening patients for eligibility for incentive program.
 - Describe process for internal monitoring for compliance with program requirements.

- Data Collection and Reporting
 - Describe data system for collecting mandatory elements for reporting, including:
 - Who will collect the data
 - Who will enter the data
 - Who will assure or review quality and completeness of data, including the required data reporting elements
 - Describe how data will be reported to ACCGov, including:
 - Frequency of data reporting
 - Method of data reporting
 - Person/position responsible for data reporting

Part 3: Budget

Applicants should submit a budget and justification that describes line-item costs broken down into at least the categories set forth below. Applicants may use more categories if desired.

NOTE: This budget will be a fixed budget.

- Volume
 - Number of individuals proposed to be served
- Expenses
 - Gift cards

The budget must include the cost per projected vaccination. Note: This should be presented as “per vaccination,” because vaccines may require one or more doses.

Applicants should target administrative rates of up to five percent, with documented expenses which would include administrative costs associated with acquiring gift cards, distribution of the gift cards, and compliance reporting. Administrative rates above five percent will be considered; however, the applicant should include a detailed justification for a higher administrative rate. The Unified Government of Athens-Clarke County maintains the right to negotiate the cost of the project with the Proposer at the appropriate time.

Part 4: Programmatic Risk Assessment

Applicants should complete the Programmatic Risk Assessment, which is provided in Section 5 of this document, and submit it, along with required attachments, with their proposal.

Part 5: Additional Requirements

Current Certificate of Insurance must be submitted with proposal.

Insurance:

- Service provider must have and maintain during the entire performance of contract, at least the kinds and minimum amounts of insurance specified under Minimum Insurance Requirements below. ACCGov will verify that the insurer(s) listed on service provider’s submitted Certificate of Insurance are in good standing within the state of Georgia through the Insurance Commissioner’s Office where each must be currently rated “A” or better with AM Best Company.

Certificate of Insurance:

- Before beginning work as contracted, service provider will submit to the ACCGov Human Resources Department Safety and Risk Administrator, a current and valid Certificate of Insurance evidencing the required kinds and amounts of insurance.
- The Certificate of Insurance shall reference the proposal and project name as evidencing this requirement.

- The Certificate of Insurance evidencing required insurance shall contain an endorsement to the effect that any cancellation or any material change adversely affecting The Unified Government of Athens Clarke County's interest shall not be effective until 60 days after the insurer or the Contractor gives written notice to the ACCGov Purchasing Administrator.
- Service Provider shall insert the substance of this insurance requirement section, including this paragraph, in subcontracts under the controlling contract that require work on The Unified Government of Athens- Clarke County property, and shall require subcontractors to provide and maintain a copy of all subcontractors' proofs of required insurance, and shall make copies available to the Purchasing Administrator upon request.

Required Minimum Coverages:

- Workers' Compensation – Service provider is required to comply with applicable Federal and Georgia State workers' compensation statutes. Policies covering Workers' Compensation liability shall provide coverage of statutory benefits and employers liability of at least \$1,000,000 each accident; at least \$1,000,000 each employee for disease and \$1,000,000 policy limit for disease.
- General Liability - \$2,000,000 aggregate; \$1,000,000 per occurrence; \$50,000 fire damage; \$5,000 medical expenses; \$1,000,000 products completed operations; \$1,000,000 personal and advertising injury or greater. Coverage should be on a per occurrence basis.
- Professional Liability – \$2,000,000 per occurrence; \$2,000,000 per aggregate.
- Automobile Liability – Automobile liability insurance shall be written on the comprehensive form of policy – Combined single limit of at least \$1,000,000 to include Owned, Hired Autos and Non-owned Autos. The policy shall provide for bodily injury and property damage liability covering the operation of all automobiles used in connection with performing the contract.
- Excess Liability - \$2,000,000 on a per occurrence basis
- Specialty or additional lines of insurance coverage identified prior to contract as necessary and prudent by ACCGov.
 - Medical Malpractice coverage – 1MM aggregate and 1MM per occurrence.
- The Provider shall list the Unified Government of Athens-Clarke County as additional insured to the General Liability policy. The Provider shall provide a waiver of subrogation in favor of the Unified Government of Athens-Clarke County for all policies including Workers' Compensation.

Section 4. Evaluation and Selection Process

A. Evaluation Criteria

This is not a bid. There will not be a public opening. The submittals received in response to this RFP will be evaluated and ranked, by the Evaluation Committee in accordance with the process and evaluation criteria contained below. Responses will be evaluated considering the material and substantiating evidence presented in the response, and not on the basis of what is inferred. After thoroughly reading and reviewing this RFP, each Evaluation Committee member shall conduct his or her independent evaluation of the submissions received and grade the responses on their merit in accordance with the evaluation criteria set forth in the following table.

Criteria	Score
Applicant Organization's Approach, Experience, and Qualifications: operator's experience, qualifications, and commitment to providing COVID-19 vaccinations and plan to administer incentive program	25
Consideration of Health Equity: demonstrated connections and successful outreach to black or brown communities, strategy for reaching persons with Limited English Proficiency, and accommodations for persons who are elderly, disabled, or with limited mobility (including home-bound)	30
Sufficient Data System to Capture Required Elements: data system to capture all required elements including gender, race, or ethnicity	5
Proposed Budget: costs and budget are reasonable	20
References: references, past performance on similar projects	5
Programmatic Risk Assessment	15
Total Score	100

B. Final Selection

Proposals will be evaluated and ranked according to the criteria and score values set forth in Criteria Section. After a recommendation is made, negotiations of a contract with the most qualified Provider(s) will commence. If negotiations are unsuccessful, the Unified Government of Athens-Clarke County will then pursue negotiations with the next most qualified team. All Proposers will be notified of their standing immediately following the Unified Government of Athens-Clarke County's decision.

The Unified Government of Athens-Clarke County shall not be bound or in any way obligated until both parties have executed a contract. The Unified Government of Athens-Clarke County also reserves the right to delay the award of a contract or to not award a contract.

C. Submittal Questions

- It is the submitter’s responsibility to ensure that all addenda have been reviewed and considered in the preparation of their proposal. Requests for clarification and questions to this RFP must be received by the Unified Government of Athens-Clarke County not later than the date shown above in the Anticipated Timeline section, entitled “Anticipated Timeline” for the submittal of written inquires.
- A failure to request clarification and submit questions by the date in the Anticipated Timeline above shall be considered to constitute the acceptance of all Unified Government of Athens-Clarke County’s terms and conditions and requirements. The Unified Government of Athens-Clarke County shall issue addenda reflecting questions and answers to this RFP, if any, and shall be posted to the Unified Government of Athens-Clarke County website.
- Responses must follow the format outlined below. The Unified Government of Athens-Clarke County may reject as non-responsive at its sole discretion any submission that does not provide complete and/or adequate responses or departs in any substantial way from the required format.

D. RFP Documents

This RFP is comprised of the base RFP document, any attachments, and a response to any addenda released before Contract award. All attachments and addenda released for this RFP in advance of any Contract award are incorporated herein by reference

E. Notice to Proposers Regarding RFP Terms and Conditions

It shall be the Provider’s responsibility to read the Instructions, the Unified Government of Athens-Clarke County’s contract terms and all relevant exhibits, attachments, and any other components made a part of this RFP and comply with all requirements and specifications at time of contract execution. Proposers are also responsible for obtaining and complying with all Addenda and other changes that may be issued in connection with this RFP.

Section 5. Programmatic Risk Assessment

Coronavirus State and Local Fiscal Recovery Funds (“American Rescue Plan Funding”): Risk Assessment Questionnaire (RAQ)

Coronavirus State and Local Fiscal Recovery Funds (SLFRF) recipients that are pass-through entities as defined under 2 CFR 200.1 are required to manage and monitor their subrecipients to ensure compliance with requirements of the SLFRF award pursuant to 2 CFR 200.332 regarding requirements for pass-through entities. To comply with the federal risk assessment requirements of 2 CFR Part 200.332, the Unified Government of Athens-Clarke County must review the programmatic risks posed by all applicant agencies requesting State and Local Fiscal Recovery Funds/American Rescue Plan funding. This risk assessment includes such factors as:

- The subrecipient's prior experience with the same or similar subawards;
- The results of previous audits including whether or not the subrecipient receives a Single Audit;
- Whether the subrecipient has new personnel or new or substantially changed systems; and
- The extent and results of Federal awarding agency monitoring (*e.g.*, if the subrecipient also receives Federal awards directly from a Federal awarding agency).

The Unified Government of Athens-Clarke County utilizes this questionnaire to comply with federal requirements.

Organization Name:	
Program Associated with this RAQ:	
Individual Completing this RAQ:	
Contact Information for Person Completing this RAQ (Phone and Email):	
ORGANIZATIONAL INFORMATION:	Please provide brief responses below.
Mission Statement:	
Brief Description of Organization and Previous Experience with Federal Funding:	

WRITTEN POLICIES AND PROCEDURES:	YES	NO	NA
Does your organization have written policies and procedures that guide agency operations and program delivery on the topics of:			
General staff management policies and procedures.			
Code of Conduct for all agency staff.			
Code of Conduct for board members.			
Conflict of interest (real or perceived) for agency staff including all programmatic and administrative staff.			
Conflict of interest (real or perceived) for board members.			
Complaint/grievance resolution policy and procedures relative to agency staff.			
Complaint/grievance resolution policy and procedures relative to clients.			
Program participant eligibility, if applicable.			
FINANCIAL ACCOUNTABILITY:	YES	NO	NA
Organization has policies and procedures in place governing all financial transactions.			
Organizations procedures for financial transactions provide for adequate separation of duties.			
Claims for reimbursement are/will be reviewed by more than one staff person to ensure expenses are eligible, allocable, reasonable and necessary.			
Organization operates within a budget approved annually and reviewed by its Board of Directors no less frequently than quarterly.			
Organization maintains a chart of accounts for all financial accounts/codes.			
Organization has at least (3) years' experience managing federal funding.			
Organization's general ledger separates revenues and expenses by source of funding/program.			
Organization receives \$750,000 or more in federal funding annually AND undergoes a Single Audit as required.			
Organization does not receive at least \$750,000 in federal funding BUT undergoes a formal audit annually.			
Organization does not receive at least \$750,000 in federal funding BUT undergoes a formal audit biennially.			
Organization does not undergo a formal audit but undergoes a review of financial statements by an outside entity annually.			
Organization files a 990 annually.			

AGENCY GOVERNANCE:	YES	NO	NA
Organization has and follows approved by-laws.			
Organization has an active Board which meets regularly or as required in approved by-laws.			
Organization has a finance/audit committee or qualified board member responsible for overseeing financial and tax reporting.			
Organization is able to comply with all statutory requirements of SLFRF (Interim Final Rule https://www.govinfo.gov/content/pkg/FR-2021-05-17/pdf/2021-10283.pdf).			
HISTORY OF PERFORMANCE:	YES	NO	NA
Organization has at least (5) years' experience managing grants of comparable scope and/or capacity.			
In the last two fiscal years, the organization has always submitted required reports on time.			
In the last two fiscal years, the organization has sometimes submitted required reports on time.			
In the last two fiscal years, the organization has never submitted required reports on time.			
In the last two fiscal years, has your organization been out of compliance with Programmatic Agreement terms and conditions of any awards.			
In the last two fiscal years, has your organizations had Special Conditions placed on a grant award.			
Organization has a system in place to adequately track program beneficiary income and demographics.			
STAFFING:	YES	NO	NA
Organization maintains up-to-date job descriptions for all staff positions.			
Organization routinely notifies funders, as appropriate, when a change in program staff occurs.			
Organization has a system in place to adequately track program-specific work performed.			
<i>Certification: By signing this questionnaire, I certify to the best of my knowledge and belief that the responses are true, complete and accurate. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise (2 CFR 200.415)</i>			
Authorized Signature		Date	

Requested Attachments (Please provide the following documents):

- Non-profit determination letter, if applicable
- List of Board of Directors, if applicable
- Organizational Chart and Job Descriptions
- Resumes of all relevant program staff (including CEO/Executive Director)
- Financial Statement and Audit

CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State and County law prohibits employees and public officials of the Athens-Clarke County Unified Government from participating on behalf of the County in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for State and Local Fiscal Recovery (SLFRF) funding. The purpose of this questionnaire is to determine if the applicant, its staff, or any of the applicant's Board of Directors would be in conflict of interest.

- a. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this application a County employee or consultant, or a member of the ACCGov Commission?

Yes No

If yes, please list the names(s) below:

- b. Will the SLFRF funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been within one year of the date of this application a County employee, consultant, or a member of the ACCGov Commission?

Yes No

If yes, please list the name(s) below:

- c. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a County employee, consultant, or a member of the ACCGov Commission?

Yes No

If yes, please list the name(s) below:

If you have answered "YES" to any of the above, the HCD Department will review to determine whether a real or apparent conflict of interest exists.

Name of Organization:

Name of Applicant's Authorized Official:

Authorized Official's Title:

Signature of Authorized Official:

APPLICANT CERTIFICATIONS

Certification of Good Standing:

I certify that _____ (Organization Name) is in good standing with all Departments of Athens-Clarke County Government, including, but not limited to, the Tax Assessor, Public Utilities, Central Services and Building Inspections.

I understand that the following documentation and/or certifications are required to receive SLFRF funds from the Unified Government of Athens- Clarke County:

- Non-profit determination (if applicable)
- List of Board Members
- Designation of Authorized Official(s)
- Board Resolution Authorizing Grant Signatories
- Annual Financial Statements
- Signed Anti-lobbying Certification
- Signed Drug Free Workplace Certification

Signature

Date

Certification of Drug Free Workplace and Anti-Lobbying:

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, I certify that _____ (organization name):

Drug Free Workplace – Will begin or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about -
 - (a) The dangers of drug abuse in the workplace;
 - (b) The grantee's policy of maintaining a drug-free workplace;
 - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will -
 - (a) Abide by the terms of the statement; and
 - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute

- occurring in the workplace no later than five calendar days after such conviction;
5. Notifying Athens-Clarke County in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
 6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted -
 - (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (b) 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;
 7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.

Anti-Lobbying -- To the best of the jurisdiction's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, 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, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, 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 Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
3. It will require that the language of paragraph 1 and 2 of this anti-lobbying certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

Section 3 -- _____ (organization name) will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.

Signature (Authorized Official): _____

Title: _____

Date: _____

