

**Unified Government of Athens-Clarke County
2023 Eviction Prevention Program Request for Proposals**

INTRODUCTION

The Unified Government of Athens-Clarke County (ACCGov) desires to extend services related to the prevention of evictions and providing rent relief for eligible households in Athens-Clarke County in response to the COVID-19 pandemic. There is a total of \$800,000 of ARPA funds available for this use. ACCGov anticipates only one applicant will be awarded funding to carry out the program detailed within this RFP. The goal of this program is to offer a mutually beneficial solution that not only prevents homelessness, but also addresses the significant economic impact COVID-19 has had on both landlords and tenants in Athens-Clarke County.

APPLICATION TIMELINE

The anticipated schedule is as follows:

Application Released	Friday, February 3, 2023
Deadline for Application Submission.....	Friday, March 17, 2023
Technical Assistance Period.....	February 10, 2023 – March 10, 2023
Mayor and Commission Voting Session.....	Tuesday, May 2, 2023
Period of Performance.....	June 1, 2023 – May 30, 2024

TECHNICAL ASSISTANCE AND CONTACT PERSON

Technical questions may be directed to the Housing and Community Development Department at 706-613-3155 or by email to coral.rogers@accgov.com.

ELIGIBILITY REQUIREMENTS FOR EVICTION PREVENTION PROGRAM PARTNER

- Registered 501(c)(3) tax-exempt organization with the IRS for a minimum of one year, and
- Experience operating a similar service or program in the area(s) of: housing assistance, economic assistance, and/or homelessness prevention services for a minimum of one year, and
- Ability to operate the program on a monthly reimbursement basis, and
- Demonstrated capacity to meet performance requirements for federally contracted funds, including compliance reporting and other Federal Grant funding requirements.

EXPECTATIONS OF THE EVICTION PREVENTION PROGRAM PARTNER

Required:

- Employ a full-time position to serve as the program coordinator for the Eviction Prevention program;
- Meet with tenants virtually or in-person to assess eligibility and discuss the eviction process;
- Act as a liaison between tenants and property managers/landlords, attorneys, and the court system;
- Provide referral resources, information and assistance;

- Provide regular updates to tenants and property managers;
- Provide weekly case status reports to the Magistrate Court;
- Negotiate settlement agreements;
- Regularly attend dispossessory hearings;
- Prepare reports, forms and other documentation as required by federal regulations;
- Maintain records of tenants, property managers/landlords, attorneys and the court system;
- Abide by the Civil Rights Act of 1964, including Title VI - language access for those with limited English proficiency.

Preferred:

- Ability to have a full-time employee in place to serve as program coordinator by June 1, 2023;
- Receive calls and return voicemail and emails in a timely manner (e.g., within 7 days);
- Recruit and supervise volunteers, interns and community service workers;
- Partners and works with other agencies to best assist tenants with needed wraparound services.

PERFORMANCE MEASURES:

The following data shall be submitted monthly to ACC HCD:

- Number of households served by the eviction prevention program.
- Demographic characteristics, including household income, household size, and race/ethnicity.
- Financial expenditures accompanied by supporting documentation.

In addition to the above monthly reports, Partner will be required to conduct and submit 3- and 6-month follow-ups for all tenants who receive funding. These follow-ups will entail: asking recipients if they are still housed in the same location; if they have managed to remain current on their rental payments; and if current, if they are struggling to pay rent and/or other household bills.

PROGRAM PARTICIPATION ELIGIBILITY CRITERIA

1. Tenant must live in Athens-Clarke County;
2. Tenant Income Qualifications: maximum of 65% AMI with preference for 50% AMI or less;
3. There must be an unexpired lease in the applicant’s name;
4. Tenant must demonstrate that they have been financially impacted by COVID-19;
5. Landlord must be willing to negotiate with the Partner to settle past due rent;
6. If the landlord is able to reach an agreement with Partner to settle past due rent, the landlord must agree to allow the tenant to remain in the property subject to the terms of the unexpired lease (“pay and stay”);
7. Tenant must pay future rent as required by the lease and agree to dismiss any counterclaims;

8. Tenant may only receive assistance through Eviction Prevention program once per 12-month period.

Eligible tenants must meet the following criteria and provide the following documentation:

- Active executed lease with at least 3 months remaining;
- How COVID-19 has impacted the ability to pay rent;
- Past two months of household income documentation or provide a signed zero income affidavit for all household members over the age of 18;
- Household size and demographics.

Eligible landlords must meet the following criteria and provide the following documentation:

- Proof of Ownership/Authorization for Property Management Company or Representative to Act on Behalf of Property Owner: Warranty Deed, Tax Record, Insurance Binder; Memorandum of Understanding with Property Owner;
- Active executed lease with at least three months remaining;
- A ledger with the balance owed by the tenant that goes back to March 1, 2020 or the date the tenant established occupancy if they were not a tenant as of March 1, 2020;
- Tax ID# (Employer ID Number (EIN) for a business or a Social Security Number for an individual) or completed and signed IRS W-9 Form.

Either landlords or tenants can apply for eviction prevention/rental assistance. Only tenants can apply for the Eviction Prevention Program utility assistance, and the request must accompany a rental assistance request. Upon the filing of a dispossessory case, the Magistrate Court will distribute information to both parties. If either party is interested, applications must be submitted through the Partner. Partner will screen applications for eligibility and contact both the landlord and tenant directly to follow up.

Once both parties have completed the application process, Partner will work with the landlord to settle the amount of past due rent owed by tenant. If the landlord reaches an agreement with Partner, the Partner will pay the landlord directly. The Partner, tenant and property manager/landlord will enter into a Consent Agreement with the Magistrate Court. Upon meeting the terms of the consent agreement, the dispossessory case and any counterclaims will be dismissed by landlord and tenant respectively. Once the request for dismissal is filed, the tenant will become responsible for all rent going forward through the end of the existing lease. The Eviction Prevention Program does not extend or renegotiate leases. If the tenant does not pay future rents owed, the landlord can file a new eviction and the tenant may renew any counterclaims as permitted by law.

The Eviction Prevention Program is completely voluntary and does not prevent the landlord or tenant from asserting any rights under the lease agreement. However, the benefit to the landlord is that this program can help recoup past due rent in a relatively quick and easy manner, without having to wait for a judgment and avoiding the lengthy and complicated post-judgment collection process. This program also benefits the tenants by giving them the

opportunity to remain in the property through the end of the lease by wiping out the past due rent and allowing tenants to focus on current and future rental payments. It also avoids the tenant having an eviction judgment entered against them. Cases that do not apply for or settle through this program will be handled by Magistrate Court in the normal course, subject to any Orders Declaring Judicial Emergency, moratoriums, or any other eviction protections in place.

PROGRAM WORKFLOW STEPS

1. Eviction Prevention Program Information – Responsibility: **Magistrate Court**
 - Magistrate Court will provide program information to both parties in the targeted cases. The information will explain the Eviction Prevention Program and instructions on how to apply for assistance.
2. Application Submitted – Responsibility: **Tenant/Landlord**
 - Either party can apply for eviction prevention. However, both parties will have to provide adequate documentation before eligibility can be determined.
3. Application Completeness Check #1 – Responsibility: **Partner**
 - Once the first application is received, Partner will review the application for completeness and follow up as necessary to get all required information.
4. Other Party Contact to Complete Application – Responsibility: **Partner**
 - As soon as the first application is received, Partner will contact the other party to make them aware and obtain any further documentation needed.
5. Application Completeness Check #2 – Responsibility: **Partner**
 - Partner will conduct any follow up to obtain all necessary information for both parties.
6. Eligibility Determination – Responsibility: **Partner**
 - Upon receipt of any completed application, Partner will contact both parties to let them know that their application is accepted for review and under consideration.
 - Eligible: if deemed eligible, Partner will notify the parties and the application will proceed to a Settlement Negotiation.
 - Ineligible: If deemed ineligible, Partner will notify the parties of the reason and then report the status back to the Magistrate Court.
7. Settlement Negotiation – Responsibility: **Partner**
 - After determining eligibility, an initial settlement offer will be made to the landlord to cure all outstanding arrears. The standard practice for settlement offers will be on a sliding scale based on the total arrears currently owed. The sliding scale is as follows:

Arrears Amount	Settlement Discount
\$1-\$2,500	5%
\$2,501 - \$5,000	10%
\$5,001 - \$7,500	15%
\$7,500+	20%
 - The Eviction Prevention Program will not pay for late fees, interest accrual, or court filing fees as part of this program. These will not be considered as part of the settlement discount identified above. The landlord can accept, reject, or negotiate

- the settlement amount to try and reach an agreeable figure. The Partner will make a good faith effort to reach a settlement in a timely manner. If all attempts to settle fail, then the case will be reported back to Magistrate Court as “Unable to Resolve.”
8. Case Status Report to Courts – Responsibility: **Partner**
 - Every week, Partner will prepare and send a case status report to the Magistrate Court.
 9. Payment Processed – Responsibility: **Partner**
 - All settlement payments will be disbursed by the Partner **directly to the Landlord**.
 10. Case Resolution – Responsibility: **Magistrate Court**
 - The Magistrate Court will calendar cases within 2 weeks of tenants being served, as legally required. The weekly case status report the Partner provides regarding the progress of the applications will determine the following courses of action:
 - Pending Applications – A deadline for settling will be entered into the consent agreement. A writ may be issued if the deadline is not met or if a settlement cannot be reached.
 - Settled Cases – The settlement terms will be entered into the consent agreement. A deadline for the defendant to pay and/or the plaintiff to file a writ will be entered into the consent agreement. Once a payment has been made or the deadline to file a writ has passed, the case will be dismissed.
 - Cases that do not settle – Cases that do not settle will proceed as usual through the eviction process.

SUBMISSION REQUIREMENTS

Proposals are due no later than **Friday, March 17, 2023, by 4:30 pm.**

All proposals shall be submitted in one of two ways:

- As a single complete PDF document via the Athens-Clarke County file transfer service located at <https://accftp.accgov.com:444/messageportal#/dropoff>. *Please select HCD as the recipient and click “I am not a robot” to ensure delivery.*
- Drop off a complete, printed copy of the proposal at the Housing and Community Development office located at 375 Satula Avenue, Athens, GA 30601. Proposal must be labeled: 2023 Eviction Prevention Program Proposal along with agency name. Hand delivered copies may be delivered to the above address ONLY between the hours of 8:00 a.m. and 5:00 p.m. E.T., Monday through Friday, excluding holidays observed by the Unified Government of Athens-Clarke County.

ADDITIONAL INFORMATION

- ACCGov intends to provide funding on a reimbursement basis only. Organizations which lack the ability to work on a reimbursement basis will not be eligible.
- **Partner will be required to conduct a Single Audit to conform to federal regulations per [2 CFR 200.501](#).**
- Partner must avoid conflict of interest when approving applications. If Partner owns rental property, they and their tenants are ineligible to apply. Employees, staff, and family members of Partner are also ineligible to apply.

- Payments must be made directly to the landlord or utility company

INSURANCE REQUIREMENTS

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.

As part of the RFP, **applicants are required to obtain and submit an insurance estimate letter for all kinds and amounts of insurance listed below.**

If approved for funding, a current Certificate of Insurance must be submitted after awards have been made. During contracting, selected Providers will also be required to submit their insurance policy and declarations page along with the additional insured, primary and non-contributory and notice of cancellation endorsement documents. These documents can be requested through the organization's insurance provider.

Certificate of Insurance:

- Before beginning work as contracted, Partner 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 Provider gives written notice to the ACCGov Purchasing Administrator. The Provider shall provide a Primary and Non-contributory endorsement.
- As stated above, the Provider shall submit their insurance policy and declarations page along with the certificate of insurance and additional insured, primary and non-contributory endorsement documents during the contracting process.
- 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 Grant Administrator upon request.

Required Minimum Coverages:

- Workers' Compensation/Employers Liability – 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; \$5,000 medical expenses; \$1,000,000 products completed operations; \$1,000,000 personal and advertising injury or greater;
- 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. Excess coverage should follow form of the primary coverage.
- Employee Dishonesty/Crime Coverage- Service provider shall provide proof of an employee dishonesty/crime or fidelity policy in the amount of or greater than the contract amount.
- Specialty or additional lines of insurance coverage identified prior to contract execution as deemed necessary and prudent by ACCGov.
- The Provider shall list the Unified Government of Athens-Clarke County as additional insured to the General Liability, Automobile and Excess policies. The Provider shall provide a waiver of subrogation in favor of the Unified Government of Athens-Clarke County for all policies including Workers' Compensation. The provider shall provide a Primary and Non-contributory endorsement in favor of the Unified Government of Athens Clarke County for all policies and a Notice of Cancellation Endorsement for all policies.
- **If grantee is unable to meet insurance requirements within 30 days of award, the award may be rescinded and the contract may not be executed.**

EVALUATION CRITERIA

Criteria Definition	Points/100
Project Description. Are the proposed scope and procedures adequate to administer the program and provide an eligible service? Are outreach efforts robust?	20
Experience. How many years of experience does this organization have in effectively and efficiently administering similar programs? Does applicant provide a detailed explanation of experience and past successes? Does the risk assessment indicate this is a low-risk agency?	25
Project Readiness. Is this organization ready to hire or have existing staff in place to begin this program by June 1, 2023?	15
Community Collaboration and Equity. Does the organization collaborate with other agencies to provide program services? Does the proposal adequately address DEI principles?	20
Budget. Is the budget reasonable? Are there other sources of funding for this project? Does the applicant have the means to support the project on a reimbursement basis?	20

Proposal Application

Date Submitted:	
Submitted By:	
Mailing Address:	
Telephone Number:	
Email:	
EIN:	
SAM UEID:	
Program or Project Name:	
Total Proposed Project Cost:	\$

APPLICANT ELIGIBILITY QUESTIONS

1. Is your agency a registered 501(c)(3) tax exempt organization that has operated in Athens-Clarke County for at least 1 year?
 Yes
 No

2. Does your organization have at least one year of experience operating similar programs or services in the areas of housing assistance, economic assistance, and/or homelessness prevention?
 Yes
 No

3. Does your organization have the ability to document and maintain records of all households served and their demographic information?
 Yes
 No

4. Is your organization in default on the payment of any taxes, license fees, or other monies due to the Unified Government?
 Yes
 No

5. Does your organization have the ability to work on a reimbursement basis?
 Yes
 No

APPLICATION QUESTIONS

Note: If you plan to submit a physical copy, please answer the following questions in a separate document.

1. Please provide a scope of services to be provided by your organization while operating the Eviction Prevention Program. The Scope should include the following headings and information: Program Description, Eligibility Criteria, Staff Job Descriptions and Responsibilities, Project Work Flow, Project Timeline, and Performance Measurements.
2. Please provide any past information on similar services or programs provided and individuals/households served by your organization.
3. Please describe any experience negotiating with landlords or other debtors on behalf of low-income clients. Include specific experience, if any, in eviction prevention activities.
4. Please describe your organization's methods of outreach.
5. Please describe your procedures for verifying and documenting eligible status of program participants.
6. Please describe how your organization has collaborated with other community organizations and how your organization will partner with other organizations to carry out this service. Please list specific organizations.
7. If your organization is awarded funding, will your organization be able to have a full-time employee in place to begin work as the Eviction Prevention Program Coordinator by June 1, 2023? Please explain.

8. Please describe your proposed program budget to administer the program and fill out the program budget table below. The budget must include the total program cost and an itemized budget. Please also describe any additional funding to support this program.

Eviction Prevention Program Budget			
Expense	ARPA Request Amount	Non-ARPA Support	Notes
Total			

PROGRAM LINE ITEM BUDGET

Expense examples: staff salaries, direct financial assistance, materials and supplies, etc.

REQUIRED ATTACHMENTS

- IRS 501(c)(3) Designation letter
- Scope of Services (if turning in a physical copy)
- Board of Directors list with contact information (phone and email address)
- Resumes of all staff who will work on the project, including the Executive Director
- Organizational Chart
- Organizational Risk Assessment (provided)
- Equity Assessment (provided)
- Most current Financial Statement and Audit
- Insurance Estimate Letter
- Georgia Security and Immigration Compliance (GSIC) Affidavit Form (provided)
- SAVE Affidavit (provided)
- Conflict of Interest Questionnaire (provided)
- Applicant Certifications (Good Standing, Drug-free Workplace, and Anti-lobbying) (provided)

Sec. 7: Acknowledgement of Required Assurances

Applications which do not contain a signed Acknowledgement of Required Assurances are ineligible for consideration. Funded grants and contracts are subject to a variety of required executive orders, statutes, regulations, contract and procurement clauses. It is the responsibility of the respondent to be aware of and comply with these requirements. The list below is not exhaustive, and other provisions may apply based on the type of work being performed and the dollar amount of the awarded contract.

By submitting the accompanying application with an authorized signature on this document, I understand and agree that any funding award resulting from this solicitation will require compliance with the signed agreement and certifications, regulations and policies identified below, including but not limited to:

- Compliance with the U. S. Department of Treasury Compliance and Guidance for State and Local Fiscal Recovery Funds;
- Compliance with 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (as appropriate);
- Comply with SLFRF Award Terms and Conditions
- Comply with Treasury's Compliance and Reporting Guidance
- Federal Funding Accountability and Transparency Act;
- Nondiscrimination policy
- The Fair Housing Act;
- Equal Opportunity in Housing Act;
- Equal Employment Opportunity Act;
- Americans with Disabilities Act;
- Section 504 of the Rehabilitation Act;
- Environmental Regulations (maybe subject to NEPA review if funded with other federal funds); Phase I Environmental Site Assessment report required prior to construction or acquisition
- Davis- Bacon Act (if applicable with funds from another federal program that requires enforcement of the Davis-Bacon Act)
- Lead Based Paint Hazard Reduction Act of 1992
- Copeland "Anti-kick" Act;
- Section 3 certification
- Minority and Women's Business Enterprise;
- Hatch Act
- Uniform Relocation Assistance and Real Property Acquisitions Act of 1970
- Residential Anti-Displacement and/or Relocation Plan
- Drug-Free Workplace certification
- Anti-Lobbying certification
- E-Verify Contractor requirements
- Conflict of Interest
- Compliance with Insurance and Bonding requirements
- Certification of Good Standing with Athens-Clarke County, GA
- Good Standing with the State of Georgia

- Certification that the firm, organization, corporation or has not received other federal, state, or local assistance for the same expenses as submitted in this application.
- Certification that the firm, association, corporation, or any person in a controlling capacity or any position involving the administration of federal, state, or local funds is not currently under suspension, debarment, voluntary exclusion, or a determination of ineligibility by any agency; has not been suspended, debarred, voluntarily excluded, or determined ineligible by any agency within the past three (3) years; does not have a proposed debarment pending; has not been indicted, convicted, or has not had a civil judgment rendered against said person, firm, association, or corporation by a court of competent jurisdiction in any matter involving fraud or misconduct with the past three (3) years.
- Certification that, in the past seven (7) years, the organization has not had any bankruptcy proceedings (closed or not) initiated against the Contractor and that there are no bankruptcy proceedings pending by or against the Contractor regardless of the date of filing;

The signatory certifies that he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received because of this application are used for the purposes set forth herein

Printed Name, Title and Agency

Signature and Date

Sec. 9: ARPA Risk Assessment Questionnaire

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.

APPLICANT & ORGANIZATIONAL INFORMATION	
Organization Name:	
Program or Project Associated with this RAQ:	
Individual Completing this RAQ:	
Phone Number and Email Address for the Person Completing this RAQ:	
Mission Statement:	
Brief Description of Organization and Previous Experience with Federal Funding:	

WRITTEN POLICIES AND PROCEDURES			
Does your organization have written policies and procedures that guide agency operations and program delivery on the topics of:	YES	NO	NA
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			
Please check yes, no, or na for the following:	YES	NO	NA
Organization has policies and procedures in place governing all financial transactions.			
Organization's procedures for financial transactions provide for adequate separation of duties.			
Expenditure claims 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 (or executive staff if a non-corporate, for-profit entity) ^[CR1] ^[CR2] 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 IRS tax forms annually.			
AGENCY GOVERNANCE			
Please check yes, no, or na for the following:	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 (Treasury Final Rule 2022-00292.pdf (govinfo.gov)).			
HISTORY OF PERFORMANCE			
Please check yes, no, or na for the following:	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 late.			
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			
Please check yes, no, or na for the following:	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 or project-specific work performed.			
CERTIFICATION			
<i>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	

Sec. 8: Proposal Equity Assessment

Proposal:

- 1. What are the desired results and outcomes?**

Community Engagement:

- 1. How have community members and stakeholders been engaged?**

- 2. Whose voice did you listen to? Whose voice did you possibly leave out?**

- 3. Did barriers and/or opportunities to engagement exist and were they explored?**

Impact:

- 1. What populations are impacted by the decisions made if this proposal is chosen?**

- 2. Who is burdened by this proposal? Who will benefit?**

- 3. What does this proposal have the ability to impact (community and equity indicators, ex: housing, food access, youth development, education, economic development)?**

Analysis and Strategies:

1. Are there strategies in this proposal for advancing opportunity and/or minimizing negative or unintended outcomes?

2. What impacts are aligned with desired community outcomes?

3. What have you learned from data and stakeholder involvement that is reflected in this proposal?

Implementation:

1. What is the plan for implementation of this proposal?

2. Are you adequately funded, staffed, resourced to implement this proposal?

3. What resources and/or actions are still needed for effective implementation?

Accountability and Evaluation:

1. How will you ensure accountability, communicate, and evaluate results of this funding?

2. How will the impact of this funding on the community be documented and evaluated?

3. How will you continue to communicate, partner, and sustain relationships in the community around this proposal's impact?

C. GEORGIA SECURITY & IMMIGRATION COMPLIANCE (GSIC) AFFIDAVIT FORM

The Unified Government of Athens-Clarke County and Contractor agree that compliance with the requirements of O.C.G.A. § 13-10-91, as amended, and Rule 300-10-1-.02 of the Rules of the Georgia Department of Labor are conditions of this Agreement for the physical performance of services.

The Contractor further agrees that its compliance with the requirements of O.C.G.A. § 13-10-91, as amended, and DOL Rule 300-10-1-.02 is attested to on the executed Contractor Affidavit and Agreement attached hereto.

If employing or contracting with any subcontractor(s) in connection with this Agreement, Contractor further agrees:

- (1) To secure from the subcontractor(s) an affidavit attesting to the subcontractor's compliance with O.C.G.A. § 13-10-91, as amended, and DOL Rule 300-10-1-.02; such affidavit being in the form attached hereto; and

The failure of Contractor to supply the affidavit of compliance at the time of execution of this Agreement and/or the failure of Contractor to continue to satisfy the obligations of O.C.G.A. § 13-10-91, as amended, and DOL Rule 300-10-1-.02 as set forth in this Agreement throughout the contract period shall constitute a material breach of the contract. Upon notice of such breach, Contractor shall be entitled to cure the breach within ten days, upon providing satisfactory evidence of compliance with the terms of this Agreement and State law. Should the breach not be cured, Athens-Clarke County shall be entitled to all available remedies, including termination of the contract and damages.

SEE AFFIDAVIT ON FOLLOWING PAGE



CONTRACTOR AFFIDAVIT & AGREEMENT UNDER O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, as amended, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of The Unified Government of Athens-Clarke County, Georgia, has registered with, is authorized to use, and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the provisions and deadlines established in O.C.G.A. § 13- 10-91, as amended.

Furthermore, the undersigned will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization Company Identification Number Date of Authorization

Name of Contractor: _____

Name of Project: _____

Name of Public Employer: The Unified Government of Athens-Clarke County _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 2023 in _____.

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 2023.

Notary Public

My Commission Expires



D. AFFIDAVIT VERIFYING STATUS FOR PUBLIC BENEFIT-REQUIRED BY THE GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT

SAVE AFFIDAVIT

By executing this affidavit under oath, as an applicant for an Athens-Clarke County contract or other public benefit as referenced in the Georgia Security and Immigration Compliance Act (O.C.G.A. § 50-36-1 *as amended*), the undersigned applicant representing _____ (name of business), verifies one of the following with respect to my application for a public benefit.

____ (1) **I am a United States citizen**

(document example: Driver’s License, US Passport, US Military Card, etc.)

____ (2) **I am a legal permanent resident of the United States**

(document example: I-551 Permanent Resident Card, Certificate of Citizenship, etc.)

____ (3) **I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.**

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

(document example: Temporary Resident Card; Employment Authorization Card, etc.)

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1-(e), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed on the _____ day of _____, 20____ in _____(city) _____(state)

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires: _____

PLEASE COMPLETE THIS AFFIDAVIT AND SUBMIT A COPY OF THE IDENTIFICATION DOCUMENT (front and back) FROM THE LIST ON THE BACK OF THIS FORM.



**Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia**

The following list of secure and verifiable documents, published under the authority of O.C.G.A. §50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card
- A United States military identification card
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the United States Virgin Islands, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the United States Virgin Islands, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or listed sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <https://www.bia.gov/service/tribal-leaders-directory/federally-recognized-tribes>
- A United States Permanent Resident Card or Alien Registration Receipt Card
- An Employment Authorization Document that contains a photograph of the bearer
- A passport issued by a foreign government
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard
- A Free and Secure Trade (FAST) card
- A NEXUS card
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- A driver's license issued by a Canadian government authority
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit.

FOR ATHENS-CLARKE COUNTY USE ONLY:

ID DOCUMENT PRESENTED: _____

VERIFIED BY SAVE: _____

PROCESSED BY: _____

DATE: _____

E. 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 names(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 names(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: _____



F. 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 (2 CFR Appendix II to Part 200(I))– 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.

Signature (Authorized Official): _____

Title: _____ Date: _____



SECTION VIII – ATTACHMENTS

A. What Your Business Needs to Know about Georgia's E-Verify Requirements (Effective July 1, 2013)

E-Verify Contractor Requirements

Georgia law, **O.C.G.A. § 13-10-91**, requires **all businesses** that contract with a public employer for **labor or services** by bid or by contract in which the labor or services **exceed \$2499.99** to sign an affidavit attesting that they are registered for and use E-Verify **unless** 1) the contractor has **no employees** (in which case they must present an approved state issued identification card/drivers' license from an approved state as provided on the [Attorney General's website](#)) or, 2) the contract is with an individual licensed under Title 26, Title 43, or the State Bar of Georgia who is in good standing and that individual is performing that service. Anyone your business subcontracts with for labor and services, as well as the subcontractors of your subcontractors, in furtherance of that contract is also subject to this requirement. E-Verify Contractor, Subcontractor, and Sub-Subcontractor affidavits can be found [here](#).

E-Verify Private Employer Requirements

Georgia law, **O.C.G.A. § 36-60-6**, requires all businesses, **with more than 10 employees** that are seeking an occupation tax certificate/business license or other document required to operate a business with a county or city to sign an affidavit attesting that they are registered for and use E-Verify. Businesses with **10 or fewer employees** are required to sign an affidavit attesting that they are exempt from this requirement. Once a business has provided this affidavit to the county, all subsequent renewals can be provided with the submission of the E-Verify number, as long as it is the same number as provided on the affidavit, or assertion that your business is exempt. The county will provide the format in which renewal information is collected. E-Verify Private Employer and Exemption Affidavits can be found [here](#).

What Is E-Verify?

E-Verify is a federal Web-based system that electronically verifies the employment eligibility of newly hired employees. It works by allowing participating employers to electronically compare employee information taken from the I-9 Form (the paper-based employee eligibility verification form used for all new hires) against records in the Social Security Administration's database and the records in the Department of Homeland Security immigration databases.

Where Do I Find My E-Verify Number?

The Human Resources Department for your business should have that information, if you have registered. The E-Verify number, which consists of four to six numerical characters, is located directly below the E-Verify logo on the first page of the memorandum of understanding (MOU) entered into between your business and the Department of Homeland Security (DHS) to use E-Verify.

What if I cannot locate or do not have access to my MOU?

If the HR director/program administrator for E-Verify from your business has taken the E-Verify



tutorial, you may obtain your company ID number by: 1) Logging in to E-Verify with your assigned user ID and password; 2) From 'My Company,' select 'Edit Company Profile;' 3) The Company Information page will display the company ID number. If your HR director/ program administrator has not completed the tutorial, you must contact E-Verify Customer Support at 888- 464-4218 or at E-Verify@dhs.gov for assistance.

Is the Federal Tax Identification Number/Employer Identification Number (EIN) the same as the E-Verify Number?

No. While you will be required to provide the Federal Tax Identification Number/EIN for your business to DHS in order to register for E-Verify, a separate number, which consists of four to six numerical characters, will be provided as the E-Verify number for your business by DHS, which will be located on the MOU.

How Do I Register for E-Verify? To register for E-Verify, please visit the [DHS website](#). If you need assistance in completing the registration process or need additional information relating to E-Verify, call their customer service number at 1-888-464-4218, email them at E-Verify@dhs.gov or visit their website at <http://www.dhs.gov/e-verify>.

