

**MOBILE URBAN COUNTY
HOME-AMERICAN RESCUE PLAN (HOME-ARP) GRANT
PROGRAM
HOME-ARP SUPPORTIVE SERVICE APPLICATION**



PROPOSAL DEADLINE:

March 17, 2025 by 12:00 p.m.



**Mobile County Grants Department
South Tower 8th Floor, Government Plaza
205 Government Street
Mobile, AL 36644-1800**

If you have questions or require technical assistance, please contact the Mobile County Grants Department at (251) 574-8099 or (251) 574-8095.

**Application may be downloaded from <http://www.mobilecountyal.gov/HUDgrant>.
For your convenience, this application form has been created in a fillable PDF format. After completion it should be digitally signed, saved, and submitted electronically. See Application Deadline section on page 4 for detailed instructions.**

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GENERAL INFORMATION

Mobile County Urban County is a recipient of HOME-American Rescue Plan Program (HOME-ARP) funds from the U.S. Department of Housing and Urban Development. This program is designed to support housing needs and supportive services of individuals and families that meet one of the Qualifying Populations defined in CPD Notice: *Requirements for the Use of Funds in the HOME-American Rescue Plan Program* (“the Notice”). Qualifying Populations can be defined as: persons who are experiencing homelessness, persons at risk of homelessness, persons fleeing or attempting to flee domestic violence or human trafficking, and veterans or other populations experiencing housing instability. To learn more about the HOME-ARP Program, please visit: <https://www.hudexchange.info/programs/home-arp/>. As lead agency for the Urban County, Mobile County Commission requests applications from public and private agencies/entities in the Mobile County Urban County area. The Urban County consists of City of Bayou La Batre, City of Chickasaw, City of Citronelle, City of Creola, Town of Mount Vernon, City of Prichard, City of Saraland, City of Satsuma, City of Semmes and the unincorporated areas of Mobile County. All eligible applications are reviewed by a Project Review Committee and a recommended budget is presented to the Mobile County Commission for review and final action. The Committee considers proposals based upon eligibility criteria set forth in the Federal regulations promulgated by HUD, the extent to which proposals address the priorities and support the goals established in the HOME-ARP Allocation Plan, and how the proposals fit into the availability of grant funds.

The Mobile County Commission proposes to focus its HOME-ARP funding on development of affordable rental housing and supportive services.

Supportive Services	\$800,000
Development of Affordable Rental Housing	\$1,061,758
Administration and Planning	\$328,545
Total HOME-ARP Allocation	\$2,190,303

Of the amount awarded, Mobile County Commission proposes to deduct for program administration, planning, and program costs as allowed.

For this funding, Mobile County Commission is accepting applications for supportive services which include, but not limited to, mental health, physical health, transportation and child care. Support services also include homeless prevention services, housing counseling and other services as described in 24 CFR 578.53 (Supportive Services).

Neither this request for applications nor the acceptance of any application shall imply a funding obligation to any applicant. Submitting a request does not guarantee funding. The County, its elected officials, employees, and agents shall not be held responsible or liable for any losses incurred from claims, suits, damages, costs, or expenses of any kind or of any nature that any proposing entity may suffer, incur, or pay arising out of decisions by the County concerning any proposal, application, or action(s) associated with the administration of any HUD programs.



This Application Package is to request HOME-American Rescue Plan Program funds for supportive services activities. There is a separate application package for HOME-ARP Rental Housing Development.

APPLICATION DEADLINE

Applications for HOME-ARP funds must be submitted to the Grants Department by 12:00 p.m. CST on March 17, 2025. Electronic submission is preferred, however if you need to submit your proposal in hard-copy form, via mail or hand- delivery, it will be accepted. See cover page for physical address.

Please submit a PDF of your proposal via email to GrantsDept@mobilecountyal.gov, making certain to exclude any PII (Personally Identifiable Information). An acknowledgement will be sent upon receipt of your proposal; if you do not receive an acknowledgement, be sure to let us know.

This requirement is firm as to the mode of submission, inclusive of date and time.

HOME-ARP PROGRAM CALENDAR

Advertisement for Public Hearing Published	February 19, 2023
1st Public Hearing	March 9, 2023
Deadline for Proposal Submission	Noon, March 17, 2025
Proposal Review by Review Committee	March 31, 2025
Notification of Award to Agencies	April 14, 2025
Program Begins	May 1, 2025

(The above dates are subject to change.)



WHO MAY APPLY FOR HOME-ARP

A governmental unit that is a member of the Mobile Urban County, a for-profit business that wants to implement and provide supportive services, or an incorporated not-for-profit agency capable of undertaking approved programs that serve persons who reside within the geographic designation of the Mobile Urban County, namely City of Bayou La Batre, City of Chickasaw, City of Citronelle, City of Creola, Town of Mount Vernon, City of Prichard, City of Saraland, City of Satsuma, City of Semmes, and the unincorporated areas of Mobile County may apply for HOME-ARP funds. Supportive Service activities are primarily administered through not-for-profit agencies.

Please note Federal guidelines require that funds be spent in a timely manner. Therefore, funded programs will need to be underway and all funds expended within the timeframe as specified in the executed agreement with the County, otherwise funds may be deobligated.

ELIGIBILITY AND PROGRAM OBJECTIVES

A guide for eligible activities can be found in CPD Notice: Requirements for the Use of Funds in the HOME-American Rescue Plan Program ("the Notice") located at <https://www.hudexchange.info/programs/home-arp/>. Please note: To be considered for funding, the proposed activity must be consistent with the HOME-ARP Allocation Plan Priorities for Mobile County (as noted above). These priorities will serve as the basis for review of program applications and in finalizing funding decisions.

A proposed activity must be eligible and must meet at least one of the program objectives mandated by HUD. The program objectives are to assist and benefit the Qualifying Individuals or Families who are: 1) homeless; 2) at risk of homelessness; 3) fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; and 4) veterans or other populations who are at risk of housing instability.

Income limits for 2025 are anticipated to be released by HUD in or around June 2025.

Currently income limits for 2024 are based on the 2024 income limits, effective June 1, 2024:

Family Size à	1	2	3	4	5	6	7	8+
30%	\$16,000	\$18,250	\$20,550	\$22,800	\$24,650	\$26,450	\$28,300	\$30,100

(These limits are subject to change annually.)

The primary objective of the HOME-ARP Supportive Service Program is to provide funding to organizations that serve the qualifying population. The proposed activity must be a new service or a measurable expansion of an existing service.



HOME-ARP SUPPORTIVE SERVICE APPLICATION

**HOME-AMERICAN RESCUE PLAN (HOME-ARP)
SUPPORTIVE SERVICES
CHECKLIST OF REQUIRED DOCUMENTS**

The following documents must be submitted before this request can be processed. Mark as enclosed the documents included with your application. Note as pending any items that will not be available until later.

ENCLOSED PENDING

- | | | | |
|-----|---|---|--|
| 1. | £ | £ | Completed Application Form |
| 2. | £ | £ | Completed Form W-9 |
| 3. | £ | £ | Completed Form regarding Designation of Responsible Officials |
| 4. | £ | £ | Completed Form regarding FFATA Report |
| 5. | £ | £ | Completed Certification regarding Section 504 |
| 6. | £ | £ | Completed Certification regarding MBE/WBE/SBC |
| 7. | £ | £ | Completed Certification regarding Debarment |
| 8. | £ | £ | Completed Certification regarding Lobbying |
| 9. | £ | £ | Completed Certification regarding Drug-Free Workplace |
| 10. | £ | £ | Completed Certification regarding Conflict of Interest |
| 11. | £ | £ | Completed Activity Budget |
| 12. | £ | £ | Completed Budget Narrative - Please format by budget category and provide detailed expenditure information of HOME-ARP funds. Please note what proportion of the proposed budget will support direct services. (HOME-ARP funds can only be used for expenditures that directly benefit HOME-APR eligible clients.) |

Not all items below will be applicable to every organization/entity. Mark as enclosed the items included with your application, and for those items that are not applicable, denote as "NA".

ENCLOSED NA

- | | | | |
|----|---|---|--|
| 1. | £ | £ | Articles of Incorporation (if applicable) |
| 2. | £ | £ | Bylaws (if applicable) |
| 3. | £ | £ | Documentation that certifies that the Organization is a not-for-profit 501(c)(3) (if applicable) |
| 4. | £ | £ | Organization's budget for its 2025 fiscal year (if applicable) |
| 5. | £ | £ | Organization's independently audited financial statements for its past two fiscal years. If an independent audit has not been conducted for those years, a printout from your accounting system or an accountant's compilation is acceptable. |
| 6. | £ | £ | Resolution or certified copy of the minutes of the Organization's governing body reflecting approval of the application and potential entry into a contract with the Mobile County Commission and of the expenditures described in the program statement/scope of work |
| 7. | £ | £ | Proof of E-Verify enrollment to include copy of MOU for Employers with electronic verification by Department of Homeland Security |
| 8. | £ | £ | Certificate of Insurance (COI) evidencing the County minimum requirements (see Exhibit A); must be provided prior to signing an Agreement with the County |



**HOME-AMERICAN RESCUE PLAN (HOME-ARP)
SUPPORTIVE SERVICE APPLICATION FORM**

Legal Name of Organization: _____

Address: _____ Telephone: _____

Email: _____

UEI Number (DUNS no longer used): _____ Federal EI Number: _____

Name and Title of Person(s) authorized to execute contracts on behalf of the Organization:

Name: _____ Title: _____

Please indicate type of organization: Municipality For-Profit Not-for-Profit

Summary of proposed Program/Service: _____

Program/Service Site Address: _____

Service Area: _____

Amount of Funds Requested: \$ _____

Check one: New Program Expansion Continuation

Quantify the number of proposed unduplicated qualifying population beneficiaries who will benefit from the proposed project. Beneficiaries will vary based on the type of project. Estimate **either** the number of households to be served, **or** number of persons.

Households: _____ Persons: _____

Has your Organization spent \$750,000 or more of Federal funds in a calendar year? Y N

(Note: Expenditure of Federal funds can be a cumulative from various Federal sources.)

If yes, complete the following (attach separate sheet if needed):

<u>Funding Source</u>	<u>Years</u>	<u>Amount</u>	<u>*Name of Activity</u>	<u>Completion Status</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



FORM W-9

Please submit a completed Form W-9 using the following link: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>



DESIGNATION OF RESPONSIBLE OFFICIALS FOR HOME-ARP

Applicant _____ Activity Name _____

All general HOME-ARP correspondence will be mailed to the Mayor/Board Chairperson at the applicant's official address. Please provide an email address for the Mayor/Board Chairperson if one is available or any special mailing instructions. Also, if correspondence is to be copied to a project management person, please complete the appropriate information below.

MAYOR/BOARD CHAIRPERSON

Name _____

Address _____

City/State/Zip _____

Telephone Number _____ Email Address _____

HOME-ARP PROJECT MANAGEMENT PERSON

Name _____

Address _____

City/State/Zip _____

Telephone Number _____ Email Address _____

DESIGNATION OF EQUAL OPPORTUNITY OFFICER

Name _____

Address _____

City/State/Zip _____

Telephone Number _____ Email Address _____

Signed _____

Mayor/Board Chairperson



FFATA REPORT

Federal Funding Accountability and Transparency Act of 2006 (FFATA)

The FFATA requires that all Federal program recipients (or awardees) report award information on any first-tier subawardees (or subrecipients) totaling \$25,000 or more, and, in some cases, to report information on the names and total compensation of the five most highly compensated executives of the subrecipients. Further information regarding this subaward reporting can be found at www.fsrs.gov. This Act also requires all potential subrecipients to acquire and provide a Unique Entity Identifier (UEI) by applying online at www.SAM.gov.

Please fill out the items below for proposed activities using HOME-ARP funds:

Subrecipient Name: _____

Subrecipient Address: _____

Federal EIN: _____ UEI Number: _____

Please mark your answers below:

Does your Organization receive more than 80% of its funding (revenue) from the Federal Government?

£ **If NO – Stop.** You do not need to proceed with this FFATA report.

£ **If YES – Go to the next question:**

Does your Organization receive more than \$25M annually from the Federal Government?

£ **If NO – Stop.** You do not need to proceed with this FFATA report.

£ **If YES – Go to the next question:**

Is the executive compensation information already available through reporting to the SEC?

£ **If Yes – Stop.** You do not need to proceed with this FFATA report.

£ **If NO – Please provide the names and compensation of the five most highly compensated officers:**

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

5. _____ \$ _____

Total Compensation of Officers: \$ _____



CERTIFICATION REGARDING SECTION 504 OF THE REHABILITATION ACT OF 1973

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against persons with disabilities in the operation of programs receiving Federal financial assistance. HUD regulations implementing Section 504 contain accessibility requirements for new construction and rehabilitation of housing as well as requirements for ensuring that the programs themselves are operated in a manner that is accessible to and usable by persons with disabilities. Both individual units and the common areas of buildings must be accessible under Section 504.

Section 504 states that "no qualified individuals with a disability in the United States shall be excluded from, denied the benefits of, or be subject to discrimination under" any program or activity that receives Federal financial assistance. Requirements common to these regulations include program accessibility, effective communication with people who have hearing or vision disabilities, and accessible new construction and alterations (See 24 CFR Part 8). Further information concerning compliance with any of these requirements may be obtained through the HUD web page: <https://www.hud.gov/programdescription/sec504>.

Signature and Certification:

The undersigned certifies that he or she has read and understands all of the Organization's obligations under the Section 504 requirements. The undersigned acknowledges that this certification will be relied upon by the Mobile County Commission in its review and approval of proposed funding and any misrepresentations of information or failure to comply with any conditions stated in this certification could result in disqualification of the application, disallowance of reimbursement requests, or termination of HOME-ARP Subrecipient Agreement. The undersigned also agrees to cooperate in any compliance review and to provide reasonable access to the premises of all places of business and employment and to records, files, information, and employees therein to Mobile County Commission for reviewing compliance with Section 504 requirements.

- £ Good faith self-certification
- £ Not in compliance with Section 504/ADA requirements, but seeking HOME-ARP funds to address Sect 504 issues
- £ Not in compliance with Section 504/ADA requirements, but in compliance with Applicant-approved ADA Self-Evaluation & Transition Plan (attach separate explanation)

Signature of Authorized Signing Official/Representative _____
Date

Printed Name of Signer _____
Name of Organization



CERTIFICATION REGARDING COMPLIANCE WITH MINORITY BUSINESS ENTERPRISE (MBE), WOMEN'S BUSINESS ENTERPRISE (WBE), AND SMALL BUSINESS CONTRACTING REQUIREMENTS

The Organization listed below certifies that it will comply with 2 CFR Part 200.321, as follows:

The non-Federal Entity/Organization will take all necessary affirmative steps to assure that minority firms, women's business enterprises, and labor surplus area firms are used when possible. Affirmative steps shall include:

- (1) Placing qualified small and minority businesses and women's business enterprises on solicitation lists;
- (2) Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;
- (3) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;
- (4) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises;
- (5) Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce; and
- (6) Requiring the prime contractor, if subcontracts are to be let, to take the affirmative steps listed in paragraphs (1) through (5) of this section.

The Organization further certifies that it will submit a report of the MBE and WBE status of all subcontractors to be paid with HOME-ARP funds in a format and with specified deadline(s) to be provided by the County.

Signature of Authorized Signing Official/Representative _____
Date

Printed Name of Signer _____
Name of Organization



CERTIFICATION REGARDING DEBARMENT, SUSPENSION, PROPOSED DEBARMENT, INELIGIBILITY, AND OTHER RESPONSIBILITY MATTERS

1. By signing and submitting this certification, the undersigned certifies to the best of his or her knowledge and belief, that the Organization and its principals:
 - a) Are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency;
 - b) Have not within a three-year period preceding this award, been convicted of or had a civil judgment rendered against them for: commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property;
 - c) Are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in Section (1.b) of this certification;
 - d) Have not within a three-year period preceding this award, had one or more contracts (Federal, State, or local) terminated for cause or default;
 - e) Will not knowingly enter into any subcontract with a person who is, or organization that is, debarred, suspended, proposed for debarment, or declared ineligible for award of contracts by any Federal agency; and
 - f) Will require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
2. "Principals", for the purposes of this certification, means officers, directors, owners, partners, and persons having primary management or supervisory responsibilities within a business entity.
3. Where the undersigned is unable to certify to the statements listed in Section (1) in this certification, an explanation shall be attached. The Contractor shall provide immediate written notice if, at any time prior to or during the negotiated contract period, the Contractor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by Section (1) of this provision. The knowledge and information of Contractor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

This certification submitted to the Mobile County Commission is a material representation of fact upon which reliance was placed when entering into a contract agreement. If it is later determined that the Contractor knowingly rendered an erroneous certification, in addition to other remedies available, the Mobile County Commission may terminate the contract for default.

Signature of Authorized Signing Official/Representative

Date

Printed Name of Signer

Name of Organization



CERTIFICATION REGARDING LOBBYING

By signing and submitting this certification, the undersigned certifies to the best of his or her knowledge and belief that the Organization and its principals shall be in compliance with the following:

- 1) Organization shall not use, and shall require its subcontractors not to use, any of the funds, personnel, or materials received in connection with any agreement (contracts, grants, cooperative agreements) awarded by the Mobile County Commission to influence or attempt to influence any governmental decision or election in any manner whatsoever. This prohibition shall apply to any decision of any kind to be made by any electorate, legislative body, agency, bureau, board, commission, district, or any other instrument of Federal, State, or local government. The term “influence or attempt to influence” shall mean the making, with the intent to influence, any communication to or appearance before any officer, employee, or appointee of any governmental entity, as well as any communication made to any electorate, regarding any ballot measure or candidate election.

- 2) Organization acknowledges that Federal funds received from the Mobile County Commission for individual program(s) have been provided pursuant to a Federal grant, and shall comply with the laws set forth at 31 USC section 1352 and 2 CFR Part 200 Subtitle B, Chapter IV, Part 418.

- 3) Organization shall disclose any funds from any other source which have been paid by Contractor or its principals and agents within the last year to influence or attempt to influence decisions of the Federal government by completing, signing, and submitting Standard Form LLL, “Disclosure of Lobbying Activities.” Contractor understands that the duty to disclose lobbying activities is a continuing requirement, and therefore shall make such disclosures at the end of each calendar quarter in which there occurs any event requiring disclosure.

- 4) Organization shall require the language of this certification be included in the award documents for all subawards at all tiers (including subagreements, subcontracts, subgrants, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly

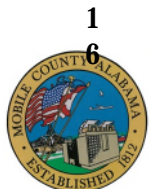
This certification submitted to the Mobile County Commission is a material representation of fact upon which reliance was placed when entering into a contract agreement. If it is later determined that the Organization rendered an erroneous certification, in addition to other remedies available, the Mobile County Commission may terminate the contract for default.

Signature of Authorized Signing Official/Representative

Date

Printed Name of Signer

Name of Organization



CERTIFICATION FOR A DRUG-FREE WORKPLACE

A. Every person or organization awarded a contract or grant by the Mobile County Commission for the provision of services shall certify to the County that it will provide a drug-free workplace. By signing and submitting this certification, the undersigned certifies that the Organization and its subcontractors shall provide a drug-free workplace by doing all of the following:

- 1) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the person's or Organization's workplace and specifying the actions that will be taken against employees for violations of the prohibition.
- 2) Establishing a drug-free awareness program to inform employees about all of the following:
 - a) The dangers of drug abuse in the workplace.
 - b) The person's or Organization's policy of maintaining a drug-free workplace.
 - c) Any available drug counseling, rehabilitation, and employee assistance programs.
 - d) The penalties that may be imposed upon employees for drug abuse violations.
- 3) Posting the statement required by Section (A.1) of this certification in a prominent place at the Organization's main office. For activities large enough to necessitate a construction trailer at the job site, the required signage would also be posted at the job site.

B. Organizations shall include language in each subcontract agreement which indicates the subcontractor's agreement to abide by the provisions of Sections (A.1) through (A.3) of this certification. Organizations and subcontractors shall be individually responsible for their own drug-free workplace programs.

This certification submitted to the Mobile County Commission is a material representation of fact upon which reliance was placed when entering into a contract agreement. If it is later determined that the Organization knowingly rendered an erroneous certification, in addition to other remedies available, the Mobile County Commission may terminate the contract for default.

Signature of Authorized Signing Official/Representative _____
Date

Printed Name of Signer _____
Name of Organization



MOBILE COUNTY CONFLICT-OF-INTEREST DISCLOSURE FORM

Answer all questions or respond "Not Applicable" or "NA" if a question does not apply. Attach additional pages as needed to fully disclose requested information.

1. Name of Agency/Organization: _____

2. Physical Street Address of Agency/Organization: _____

3. Phone Number of Agency/Organization: _____

4. Key Contact Person for Agency/Organization: _____

Phone Number and Email Information: _____

5. Identify all officers and directors as well as other key persons who are involved with decision making of the Agency/Organization (attach list): _____

6. Are any of these persons Mobile County employees? Yes No

7. Are any of these persons related by blood or by marriage to Mobile County officials or employees?

Yes No

If yes, list all pertinent relationships _____

8. Has the Agency/Organization retained, hired, or paid any person or organization to assist in its efforts to obtain funding from Mobile County? Yes No (If yes, identify below)

Name of Key Person: _____

Firm name: _____

Address: _____

Phone Number and Email Information: _____



9. If applicable, identify any business or organization in which the following apply (attach separate list if necessary):

a) The Agency/Organization or any of its officers, directors, or key personnel owns 5% or more of the following business or organization:

b) The Agency/Organization or any of its officers, directors, or key personnel serves as an officer or director of the following business or organization:

c) The Agency/Organization or any of its officers, directors, or key personnel is a partner in the following business or organization:

By signing this form, I certify to the best of my knowledge and belief that the report is 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. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Signature: _____ Print Name: _____

Print Title/Position: _____ Date: _____



BUDGET AND BUDGET NARRATIVE



EXHIBIT A - INSURANCE REQUIREMENTS

Subrecipient, at its sole expense, shall obtain and maintain in full force the following insurance to protect the County at limits and coverages specified herein. These limits and coverages specified are the minimum to be maintained and are not intended to represent the correct insurance needed to fully and adequately protect the Subrecipient.

The Subrecipient shall require any and all subcontractors, sub-subcontractors, and Third-Party Organizations to maintain the same insurance as specified.

All insurance will be provided by insurers licensed to conduct business in the State of Alabama and shall have a minimum A.M. Best rating of A VII and must be acceptable to the County. Self-insured plans and/or group funds not having an A.M. Best rating must be submitted to the County for prior approval.

(a) Commercial General Liability

Coverage on an Occurrence form with a combined single limit (Bodily Injury and Property Damage combined) as follows:

Each Occurrence	\$1,000,000
Personal and Advertising Injury	\$1,000,000
Products/Completed Operation Aggregate	\$2,000,000
General Aggregate	\$2,000,000

- Coverage to include
 - Premises and Operations
 - Personal Injury and Advertising Injury
 - Products/Completed Operations
 - Independent Contractors
 - Contractual Liability
 - Abuse & Molestation
- The County, its employees, and agents shall be named as additional insureds.

(b) Automobile Liability

Covering all Owned, Non-Owned, and Hired vehicles with a combined single limit (bodily injury and property damage combined) of \$1,000,000 each accident. The policy shall name the County as an Additional Insured.

(c) Worker's Compensation and Employer's Liability – IF APPLICABLE

Part One: Statutory Benefits as required by the State of Alabama

Part Two: Employer's Liability \$1,000,000 Each Accident
 \$1,000,000 Each Employee
 \$1,000,000 Policy Limit



This policy shall be endorsed to Waive All Rights of Subrogation against the County, its employees, and agents.

Certificate of Insurance

A Certificate of Insurance evidencing the above minimum requirements must be provided to and accepted by the County PRIOR to commencement of any work on the Agreement. Each policy shall be endorsed to provide thirty (30) days written notice of cancellation to the County.

