

INTRODUCED: September 25, 2023

AN ORDINANCE No. 2023-274

To authorize the Chief Administrative Officer, for and on behalf of the City of Richmond, to accept funds in the amount of \$460,674.00 from the Virginia Department of Social Services, to amend the Fiscal Year 2023-2024 Special Fund Budget by creating a new special fund for the Office of Community Wealth Building called the RVA Health Corps AmeriCorps Special Fund, and to appropriate the increase to the Fiscal Year 2023-2024 Special Fund Budget by increasing estimated revenues and the amount appropriated to the Office of Community Wealth Building's RVA Health Corps AmeriCorps Special Fund by \$460,674.00, for the purpose of providing funding for 16 specially-trained community health workers for underserved neighborhoods in the city.

Patron – Mayor Stoney

Approved as to form and legality
by the City Attorney

PUBLIC HEARING: OCT 10 2023 AT 6 P.M.

THE CITY OF RICHMOND HEREBY ORDAINS:

§ 1. That the Chief Administrative Officer, for and on behalf of the City of Richmond, is authorized to accept funds in the amount of \$460,674.00 from the Virginia Department of Social Services, for the purpose of providing funding for 16 specially-trained community health workers for underserved neighborhoods in the city.

AYES: 9 NOES: 0 ABSTAIN: _____

ADOPTED: OCT 10 2023 REJECTED: _____ STRICKEN: _____

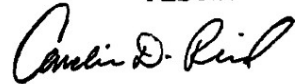
§ 2. That Article I, Section 2 of Ordinance No. 2023-071, adopted May 8, 2023, which adopted a Special Fund Budget for the fiscal year commencing July 1, 2023, and ending June 30, 2024, and made appropriations pursuant thereto, be and is hereby amended by creating a new special fund for the Office of Community Wealth Building called the RVA Health Corps AmeriCorps Special Fund for the purpose of providing funding for 16 specially-trained community health workers for underserved neighborhoods in the city.

§ 3. That the funds received from the Virginia Department of Social Services are hereby appropriated to the Special Fund Budget for the fiscal year commencing July 1, 2023, and ending June 30, 2024, by increasing estimated revenues by \$460,674.00, increasing the amount appropriated for expenditures by \$460,674.00, and allotting to the Office of Community Wealth Building's RVA Health Corps AmeriCorps Special Fund the sum of \$460,674.00, for the purpose of providing funding for 16 specially-trained community health workers for underserved neighborhoods in the city.

§ 4. This ordinance shall be in force and effect upon adoption.

A TRUE COPY:

TESTE:

A handwritten signature in black ink, appearing to read "Caroline D. Reed".

City Clerk



City of Richmond

900 East Broad Street
2nd Floor of City Hall
Richmond, VA 23219
www.rva.gov

Master

File Number: Admin-2023-1410

File ID: Admin-2023-1410

Type: Request for Ordinance or Resolution

Status: Regular Agenda

Version: 1

Reference:

In Control: City Clerk Waiting Room

Department:

Cost:

File Created: 08/30/2023

Subject: Acceptance and appropriation of grant funds for the city's RVA Health Corps, an AmeriCorps program that will train and engage low-income residents in national service as Community Health Workers (CHWs).

Final Action:

Title:

Internal Notes:

Code Sections:

Agenda Date: 09/25/2023

Indexes:

Agenda Number:

Patron(s):

Enactment Date:

Attachments: ADMIN- 2023-1410 CVS-23-015-03 Agreement

Enactment Number:

Contact:

Introduction Date: 09/25/2023

Drafter:

Effective Date:

Related Files:

Approval History

Version	Seq #	Action Date	Approver	Action	Due Date
1	1	8/31/2023	Caprichia Spellman	Approve	9/1/2023
1	2	8/31/2023	Traci DeShazor	Delegated	
1	3	9/1/2023	Shunda Giles	Approve	9/4/2023
1	4	9/1/2023	Jason May	Approve	9/5/2023
1	5	9/1/2023	Sheila White	Approve	9/5/2023
1	6	9/5/2023	Sabrina Joy-Hogg	Approve	9/5/2023
1	7	9/8/2023	Lincoln Saunders	Approve	9/7/2023
1	8	9/15/2023	Mayor Stoney	Approve	9/13/2023

History of Legislative File

Ver- sion:	Acting Body:	Date:	Action:	Sent To:	Due Date:	Return Date:	Result:
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Text of Legislative File Admin-2023-1410

O&R REQUEST

DATE: August 22, 2023

EDITION: 1

TO: The Honorable Members of City Council

THROUGH: The Honorable Levar M. Stoney, Mayor

THROUGH: Lincoln Saunders, Chief Administrative Officer

THROUGH: Sabrina Joy-Hogg, Deputy CAO for Finance and Administration

THROUGH: Sheila White, Director of Finance

THROUGH: Jason May, Director of Budget and Strategic Planning

THROUGH: Traci DeShazor, DCAO for Human Services

FROM: Caprichia Spellman, Director - Office of Community Wealth Building

RE: Acceptance and appropriation of grant funds for the city's RVA Health Corps, an AmeriCorps program that will train and engage low-income residents in national service as Community Health Workers (CHWs).

ORD. OR RES. No.

PURPOSE:

To authorize the Chief Administrative Officer to accept grant funds in the amount of \$535,352.00 for FY24 (AmeriCorps program year is 9/1/23 - 8/31/24) from AmeriCorps, to amend the FY 2023 -2024 Special Fund Budget by creating a new special fund for the Office of Community Wealth Building called the RVA Health Corps AmeriCorps fund and to appropriate the increase to the Fiscal Year 2024 Special Fund Budget by increasing estimated revenues and the amount appropriated to the Office of Community Wealth Building's RVA Health Corps AmeriCorps fund by \$535,352.00 for the purpose of deploying sixteen (16) city residents from underrepresented communities as Community Health Workers (CHWs) to serve the city's most impacted neighborhoods, providing residents with nutrition education, mental health awareness, and chronic disease support.

REASON: For OCWB to leverage the power of national service by way of Public Health AmeriCorps grant funding to engage the AmeriCorps members in service learning that will improve the health of vulnerable residents and move the AmeriCorps members towards a career in the health field.

RECOMMENDATION: It is recommended that this funding be accepted and appropriated to the Fiscal Year 2024 Special Fund Budget for the Office of Community Wealth Building.

BACKGROUND: The mission of the Office of Community Wealth Building is to facilitate equitable solutions to reduce the effects of poverty and enhance wealth development for the city of Richmond's most impacted communities. The acceptance of this award will allow the City to launch its newest AmeriCorps program that will recruit and train sixteen residents to serve as Community Health Workers (CHWs) in Richmond's low-income neighborhoods, providing residents with services including nutrition education, mental health awareness, and chronic illness support. This grant is vital in helping to (1) address the public health needs

of vulnerable residents and advancing more equitable health outcomes for underserved communities and (2) create pathways to good quality public health-related careers through onsite experience and training, with a focus on recruiting AmeriCorps members who reflect the communities in which they will serve. Additionally, this grant program will provide the sixteen members with a pathway to critical public health careers for underrepresented Richmonders.

FISCAL IMPACT / COST: The RVA Health Corps FY24 budget is \$535,352.00. This is a reimbursable (monthly) grant with the city's and AmeriCorps' portions being \$74,678.00 and \$460,674, respectively. Funding is to address public health issues that historically have plagued African American and Hispanic neighborhoods where residents live below the poverty line.

FISCAL IMPLICATIONS: Services rendered by the AmeriCorps members are free to residents, thus there will be no fiscal implication for the city beyond what the City needs to match to get the grant.

BUDGET AMENDMENT NECESSARY: Yes. An amendment to the Fiscal Year 2024 Special Fund Budget is necessary in order to appropriate the grant funds from AmeriCorps/Serve Virginia (Virginia Department of Social Services). to the Office of Community Wealth Building.

REVENUE TO CITY FY 24 SPECIAL FUND BUDGET INCREASE: \$74,678.00

DESIRED EFFECTIVE DATE: Upon Adoption

REQUESTED INTRODUCTION DATE: September 1125, 2023

CITY COUNCIL PUBLIC HEARING DATE: September 25October 10, 2023

REQUESTED AGENDA: Consent

RECOMMENDED COUNCIL COMMITTEE: None, pursuant to Rule VI(B)(3)(c) of the Council's Rules of Procedure.

CONSIDERATION BY OTHER GOVERNMENTAL ENTITIES: None

AFFECTED AGENCIES: Office of Community Wealth Building

RELATIONSHIP TO EXISTING ORD. OR RES.:

REQUIRED CHANGES TO WORK PROGRAM(S):

ATTACHMENTS: Grant Agreement

STAFF: Paul A. Manning - Management Analyst, Senior
Office of Community Wealth Building - 646-6528

COMMONWEALTH OF VIRGINIA
SUB-AWARD AGREEMENT

Agreement Number #CVS-23-015-03

THIS IS AN AGREEMENT (the “Contract,” “Sub-Award,” or “Agreement”) between the Commonwealth of Virginia (“Commonwealth,” “Virginia Department of Social Services,” “Grantee” or “VDSS”) and City of Richmond (the “Subrecipient”), a non-stock corporation, having its principal place of business located at 900 E. Broad St., Ste 201, Richmond VA 23219-1702, for the provision of 2023-2024 Public Health AmeriCorps Grant Services (“Services”), pursuant to the Commonwealth's Request for Applications #CVS-23-015 dated October 20, 2022 and the Subrecipient’s application, dated November 18, 2022 in response thereto.

WITNESSETH that the Subrecipient and the VDSS, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

SCOPE OF AGREEMENT: The Subrecipient shall provide the Services to the VDSS as set forth in the Agreement documents.

PERIOD OF PERFORMANCE: Beginning September 11, 2023 through August 31, 2024.

COMPENSATION: The Subrecipient shall be paid by the VDSS a maximum reimbursement of \$460,674.00 upon submission of valid itemized invoices.

The Agreement documents shall consist of:

1. This signed form.
2. The Request for Applications dated October 20, 2022 with Attachments and Addenda:
 - (i) Number 1 dated October 24, 2022.
 - (ii) Number 2 dated November 9, 2022.
3. The Subrecipient’s Application dated November 18, 2022, Exhibit I Record of Negotiations dated December 9, 2022, and Attachments identified and incorporated herein.

IN WITNESS WHEREOF, the parties have caused this Sub-Award to be duly executed intending to be bound thereby.

City of Richmond

By: _____
(Signature)

Name: _____
(Print)

Title: _____

Date: _____

**Commonwealth of Virginia
Department of Social Services**

By: _____
(Signature)

Name: _____
(Print)

Title: _____

Date: _____

Note: This public body does not discriminate against faith-based organizations in accordance with the *Code of Virginia*, § 2.2-4343.1 or against an Applicant because of race, religion, color, sex, national origin, age, disability, sexual orientation, gender identity, political affiliation, or veteran status or any other basis prohibited by state law relating to discrimination in employment.



**VIRGINIA DEPARTMENT OF
SOCIAL SERVICES**

**REQUEST FOR APPLICATIONS (RFA)
2023-2024 Public Health AmeriCorps Grant
REQUEST FOR APPLICATION NUMBER CVS-23-015
Published on October 20, 2022**

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ATTACHMENTS

- A. Certification of Organization Authorization
- B. Certification Regarding Lobbying Form
- C. FFATA Form
- D. Assurances for Non-Construction Programs (SF-424B)
- E. Commonwealth of VA Substitute Form W9 (no other W9 Form will be accepted)
- F. State Corporation Commission Form
- G. Electronic Data Interchange Form
- H. Proprietary/Confidential Information Identification
- I. Operational and Financial Management Survey (OFMS)
- J. Step by Step Vendor Registration Information

APPENDICES

- I. FY23 Public Health AmeriCorps Grants Notice of Funding Opportunity (NOFO)
- II. FY23 Mandatory Supplemental Information
- III. FY23 Application Instructions
- IV. FY23 Public Health AmeriCorps Performance Measures Instructions

I. PURPOSE

- A. Purpose of Request for Applications (RFA): The purpose of this Request for Applications (RFA) is to solicit applications from eligible applicants in order to establish awards in response to the Fiscal Year (FY) 2023 AmeriCorps State and National Public Health Grants Notice of Funding Opportunity (NOFO) released on August 10, 2022. **This RFA is for Public Health AmeriCorps funding for “single-state applicant organizations that propose to operate in the Commonwealth of Virginia only.**

Applicants that propose to operate AmeriCorps programs in more than one State must apply directly to the AmeriCorps agency. It does not constitute an application for other AmeriCorps funding streams, including the currently open FY23 AmeriCorps Competitive RFA (CVS-23-016) or the AmeriCorps State Formula solicitation. Applications for the same project may not be submitted under this RFA and the open AmeriCorps Competitive RFA. Application will be evaluated against the requirements of the RFA under which they are submitted.

Diversity, Equity & Inclusion Statement: VDSS is a diverse, multi-racial and multicultural organization. Our commitment to fully embrace diversity, equity and inclusion is central to our mission, embedded in our core values and critical to the well-being of our staff and the communities we serve. As human service professionals, our success rests in our ability to cultivate inclusive environments, promote equitable outcomes, and demonstrate leadership through service. We all must choose to be informed, self-reflective and proactive in our advocacy. This includes constant evaluation of structures, norms and policies that perpetuate discrimination, racism, disparities and exclusion. This also includes full embedding our commitment to diversity, equity and inclusion into specific and actionable practices throughout our entire social services system.

Informational Purposes: Contracted service providers are highly encouraged to join Unite Virginia, a statewide coordinated care network of health and social service providers. Partners in the network send and receive closed-loop, secure, electronic referrals across multiple sectors and organizations through the shared Unite Us platform. The platform enables providers to track every person's total health journey and report on tangible outcomes.

Unite Us is the vendor selected by the state to power the Unite Virginia network and is partnering with the Office of the Virginia Secretary of Health and Human Resources, Virginia Department of Social Services, the Virginia Department of Health, Optima Health, Kaiser Permanente, the Virginia Mental Health Access Program, Partnering for a Healthy Virginia, and Virginia Hospital & Healthcare Association, among others. The platform is available at no cost to nonprofits and many organizations that are part of the safety net, like community health centers and mental health centers. For more information and to join, please visit <https://virginia.uniteus.com>.

- B. Funding Information: The AmeriCorps State program is 100% supported with federal funds from AmeriCorps the Agency. The number and amount of subawards may vary and shall be determined by the results of the national competition.

Federal Awarding Agency: AmeriCorps

Federal Award Identification Number (FAIN): 22ACBVA001

Federal Award Date: To Be Determined

CFDA Number: 94.006

Federal Award Project Description: AmeriCorps grants are awarded to eligible organizations proposing to engage AmeriCorps members in evidence-based or evidence-informed interventions/practices to strengthen communities. Specifically, Public Health AmeriCorps enables the recruitment, training, and development of a new generation of public health leaders who are ready to respond to the public health needs of the nation by providing public health service in communities.
Total Amount of the Federal Award: To Be Determined
Amount of Federal Funds Obligated by this Action: To Be Determined

Note: This is not a Research and Development (R&D) Grant

There are general Federal cost principles that are applicable to awards made with Federal funds. These general principles are found in 2 CFR Part 200 *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

C. Period of Performance: The period of performance shall be for (1) one-year, with one (1) one-year renewal option.

1. The anticipated period of performance is September 1, 2023, or upon notification(s) received from AmeriCorps and upon full execution of the subaward through August 31, 2024.

AmeriCorps anticipates making two-year grant awards with an initial award for the first year of the period of performance based on a one-year budget. Continuation awards for the subsequent year is not guaranteed; they depend upon availability of appropriations and satisfactory performance. As a result of the above, VDSS will issue Public Health AmeriCorps subawards for period of performance stated above.

2. The subaward/project start date may not occur prior to the date AmeriCorps issues its Notice of Grant Award (NOGA) to VDSS and a subsequent subaward agreement has been fully executed between VDSS and the subrecipient. AmeriCorps programs may not enroll members, and members may not begin service, prior to the date of full execution of the VDSS subaward agreement with the subrecipient.
3. Applicants with program designs which require an alternate period of performance must clearly state the proposed period in the application narrative and supporting application attachments, including the SF-424. VDSS reserves the right to decline alternate periods of performance.

D. Optional Pre-Application Conference: An optional pre-application conference will be held on November 1, 2022 from 2:00pm - 4:00pm. Below is the call in information for this conference.

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 212 411 666 887

Passcode: vYf2K7

[Download Teams](#) | [Join on the web](#)

Or call in (audio only)

+1-434-230-0065,,56596010# United States, Lynchburg

Phone Conference ID: 565 960 10#

The purpose of the conference is to allow potential applicants an opportunity to present questions and receive clarification on any section of this RFA. After the pre-application conference, however, all additional questions must be submitted in writing to the Procurement Officer only, Christy Sharpe at

christy.sharpe@dss.virginia.gov. The last day for receipt of questions is November 4, 2022. VDSS will answer questions as expeditiously as possible. **Potential applicant attendees are encouraged to have a copy of this RFA while attending the pre-application teleconference meeting. Unauthorized contact with any other VDSS staff of Virginia Commission Staff (VSC) member regarding this RFA will result in the applicant's application being disqualified for consideration.** Any changes to the RFA resulting from this conference or questions received will be issued in a written addendum to the RFA and will be posted on the statewide electronic procurement system eVA website at www.eva.virginia.gov.

- E. Copies of this RFA, including the necessary forms, instructions, attachments, and addenda (if applicable) may be downloaded from the DGS/DPS eVA website at www.eva.virginia.gov. The application can be found by clicking on the "Business Opportunities" button located at the top of the screen, then click on "Virginia Business Opportunities (VBO)". In the Keyword Search box enter the solicitation number or the solicitation title: **CVS-23-015 2023 – 2024 Public AmeriCorps Competitive Grants**.

II. PROGRAM OPPORTUNITY DESCRIPTION & REQUIREMENTS

- A. Program History or Background. AmeriCorps is a network of local, state, and national service programs that connects over 70,000 Americans every year in intensive service to meet community needs in education, the environment, public safety, health, and homeland security. AmeriCorps members serve with more than 2,000 non- profits, public agencies, and community organizations. AmeriCorps brings people together to tackle some of the country's most pressing challenges through national service and volunteering.

AmeriCorps members and AmeriCorps Senior volunteers serve with organizations dedicated to the improvement of communities. AmeriCorps helps make services a cornerstone of our national culture. AmeriCorps grants are awarded to eligible organizations proposing to engage AmeriCorps members in evidence-based or evidence-informed interventions/practices to strengthen communities. An AmeriCorps member is an individual who engages in community services through an approved national service position. Members may receive a living allowance and other benefits while serving. Upon successful completion of their service, members earn a Segal Education Award that they can use to pay for higher education expenses or apply to qualified student loans.

AmeriCorps State programs in the Commonwealth are managed by the Virginia Service Commission (VSC), within the Virginia Department of Social Services, Office on Volunteerism and Community Service, at the direction of the Governor's Advisory Board on Service and Volunteerism. For more information on the Board, Commission staff and the activities promoting volunteerism, national service, and community support programs in the Commonwealth, including AmeriCorps, please visit <http://virginiasservice.virginia.gov/>.

- B. Award Process: The VDSS RFA is designed only to identify those applications that the Commonwealth recommends for consideration and final selection for funding by the AmeriCorps agency. At the federal level, application will complete nationally against submissions from other states and territories.

The VSC reserves the right to negotiate the scope, number of requested members and Member Service Year (MSY), and funding level with successful applicants prior to application submission.

The selections made by VDSS are not binding on AmeriCorps which has sole authority to select which applications to fund. The Commonwealth may cancel this RFA or reject applications at any time prior to an award.

Applicants for Continuation Funding under Public Health AmeriCorps: Organizations that have current awards with the VSC that will be in Program Year 2 or Year 3 in FY 2023 are considered “continuation” applicants. Continuation applicants must submit an application in order to be eligible to receive funding for the FY 2023 program year. Continuation applicants must follow the requirements for continuation applications beginning on Page 13 of Appendix III - FY23 Application Instructions.

The review will also be based on progress reports, the federal financial report, evaluation plans, and AmeriCorps staff’s knowledge of the grant program. To be approved for continuation funding, subrecipients must demonstrate satisfactory performance with respect to key program goals and requirements, as well as compliance with the terms and conditions of the grant. Please see Appendix III - FY23 Application Instructions for all guidance on unexpended funds.

- C. Program Requirements: To gain a full understanding of AmeriCorps program requirements in order to appropriately respond to this RFA, all applicants must thoroughly review the FY23 AmeriCorps State and National Public Health AmeriCorps Grants Notice of Funding Opportunity (NOFO) (Appendix I), FY23 AmeriCorps State and National Mandatory Supplemental Information (Appendix II), FY23 Application Instructions (Appendix III), and the FY23 Public Health AmeriCorps Performance Measures Instructions (Appendix IV).

1. Minimum Member Service Year / Member Request

Under this RFA, AmeriCorps members serve primarily in state, local Tribal, and territorial public health departments or in service to public health departments. It is strongly recommended that AmeriCorps member serve in at least teams of two. AmeriCorps has found placing at least two members at a service site location provides economies of scale and aids in retention of members. The types of member slots available are: Full-time, Three Quarter-time, Half-time, Reduced Half-time, Quarter-time, Minimum-time, and Abbreviated-time.

2. Maximum Cost per Member Service Year (MSY)

Under this RFA, the maximum Cost per Member Service Year is \$28,800. The maximum amount an applicant may request from AmeriCorps per MSY is determined on an annual basis. The AmeriCorps Cost per MSY is determined by dividing the AmeriCorps share of budgeted grant costs by the number of MSYs requested. It does not include childcare or the value of the education award a member may earn.

3. Member Living Allowance

A living allowance is not considered a salary or a wage. Programs are not required to provide a living allowance for members serving in less than full-time terms of service. If a program chooses to provide a living allowance to a less than full-time member, it must comply with the maximum limits in the table below. The amount must be included in the proposed budget as either AmeriCorps or subrecipient share.

Table: Minimum and Maximum Living Allowances

Service Term	Minimum Number of Hours	Minimum Living Allowance	Maximum Total Living Allowance
Full-time	1,700	\$17,600	\$35,200
Three quarter-time	1,200	n/a	\$24,640
Half-time	900	n/a	\$17,600
Reduce half-time	675	n/a	\$13,376
Quarter-time	450	n/a	\$9,152
Minimum-time	300	n/a	\$7,392
Abbreviated-time	100	n/a	\$2,112

4. Cost Share/Match Requirements

There is no cost share or matching requirement per the Interagency Agreement with the Centers for Disease Control and Prevention (CDC), which has provided the funding for this program. An applicant may elect to provide additional cash and/or in-kind match resources to the program. If so, the match should be shown under Grantee share in the application budget. There is no competitive scoring advantage in providing the cost share/match requirement.

5. AmeriCorps State and National Performance Measures Instructions (Appendix IV)

AmeriCorps expects applicants to use National Performance Measures as part of a comprehensive performance measurement strategy that relies on both performance and evaluation data to learn from their work and make tactical and strategic adjustments to achieve their goals.

All applicants must include at least one aligned performance measure (output and outcome) that corresponds to the proposed primary intervention. All applications must include Public Health AmeriCorps determined performance measures. Please see Appendix IV – FY23 Public Health AmeriCorps Performance Measures Instructions.

6. National Service Criminal History Check Requirements

The National Service Criminal History Check (NSCHS) is a specific screening procedure established by law to protect the beneficiaries of national service. The law requires subrecipients to conduct and document NSCHC's on persons (including award-funded staff, national service participants, or volunteers) receiving a salary, living allowance, stipend, or education award through a program receiving AmeriCorps funds. This includes staff that receive part of their salary through a subgrant. An individual is ineligible to work or serve in a position that receives such AmeriCorps funding if the individual is registered, or required to be registered, on a sex offender registry or has been convicted of murder. The cost of

conducting NSCHCs is an allowable expense under the AmeriCorps share of the award. Applicants must utilize the two vendors that AmeriCorps has engaged to conduct the required NSCHCs. Failure to conduct an NSCHC may result in significant disallowed costs. Unless AmeriCorps has provided a grant recipient with a written exemption or written approval of an alternative search procedure, recipients must perform the following checks:

All staff, participants, and volunteers in covered positions must undergo NSCHCs that include:

- A nationwide name-based search of the National Sex Offender Public Website (NSOPW) using Truescreen;
- A name-based search of the statewide criminal history registry in the person's state of residence, if outside of Virginia and available in Truescreen, using Truescreen; and
- A fingerprint-based FBI criminal history check using Fieldprint.

The Virginia Service Commission requires that all covered individuals receive:

- NSOPW and applicable out of state checks conducted through Truescreen. Truescreen is a vendor approved by AmeriCorps to provide NSOPW and state criminal history checks; research source-level documentation when needed; make adjudication recommendations to applicants; facilitate compliance with the Fair Credit Reporting Act (FCRA), including pre-adverse and adverse action notices; provide time records of relevant compliance steps like adjudication; and maintain records. All AmeriCorps applicants may use Truescreen. Service to AmeriCorps applicants began in November 2018 and can be accessed here: <https://applicationstation.truescreen.com>, using the AmeriCorps specific agreement code: CNCS Agreement
- A fingerprint-based FBI check through Fieldprint.
- Applicants must establish accounts through Fieldprint's AmeriCorps specific webpage www.fieldprintcnscs.com. Fieldprint can provide FBI checks on individuals that have applied to work or serve in positions that receive an education award from AmeriCorps or an AmeriCorps grant-funded living allowance, stipend or salary.
- In addition, AmeriCorps and VSC shall consider a Truescreen NSOPW check and a Fieldprint FBI fingerprint-based check to constitute a compliant check for Virginia. The Virginia state check is not required to meet AmeriCorps requirements for Virginia if a subrecipient obtains an NSOPW check from Truescreen, obtains any required out-of-state state checks that are available from Truescreen, and conducts a fingerprint-based FBI check. Please review the link below. [National Service Criminal History Check Guidance](#).

7. Virginia Service Commission (VSC) Training and Event Requirements

Subrecipient programs are required to host events and participate in events and training offered by the VSC. Events may be virtual; however, costs must still be budgeted as applicable. The following is a list of events where attendance or participation by members and/or program and fiscal staff is mandatory.

*Program Director and Staff Orientation and Training (Program / Fiscal staff)	July 2023
9/11 National Day of Service and Remembrance (Program staff and members)	September 11, 2023
Program Year Launch (Program staff and members)	October 2023
MLK Day (Program staff and members)	January 15, 2024
Life After AmeriCorps (Members)	May 2024
*Funds for travel by staff to Richmond, Virginia for two (2) nights lodging with mileage and per diem must be reflected in the budget under Staff Travel.	

8. Audits

Under General Grant and Cooperative Agreement Terms and Conditions and Financial Management Standards in 2 CFR Part 200, organizations that expend \$750,000 or more in total Federal awards in a fiscal year shall have a single or program-specific audit conducted for that year in accordance with the Single Audit Act, as amended, 31 U.S.C. 7501, et. seq., and 2 CFR Part 200, Subpart F. *As a pass-through entity, the VDSS strongly encourages applicants not meeting the single audit threshold to obtain, at a minimum, an annual review of financial statements in conformance with Statements on Standards for Accounting and Review Services (SSARS) performed by an independent auditor.*

9. Federal and State program and Compliance Requirements

Subawards issued by VDSS as a result of this RFA and selection by AmeriCorps must adhere, at a minimum, to the following federal and state program and compliance requirements:

- a. AmeriCorps regulations at [45 CFR §§ 2520-2550](#). Key requirements on the following topics can be found in AmeriCorps regulations:

Topics	Citation
Member Service Activities	§2520.20 - §2520.55
Prohibited Activities	§2520.65
Tutoring Programs	§2522.900-2522.950
Matching Funds	§2521.35-2521.90
Member Benefits	§2522.240-2522.250
Calculating Cost Per Member Service Year (MSY)	§2522.485
Performance Measures	§2522.500-2522.650
Evaluation	§2522.500-2522.540 and §2522.700-2522.740

- b. All awards are subject to the FY23 AmeriCorps General Terms and Conditions, and the FY23 Program-Specific Terms and Conditions for the particular program (when applicable). These Terms and Conditions contain detailed, mandatory compliance and reporting requirements. Current versions of the AmeriCorps General and Program-Specific Terms and Conditions for each of its programs is available on the [AmeriCorps Manage Your Grant](#) webpage.
- c. 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards available online at: [eCFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)

D. Funding Requirements, Funding Restrictions, and Unallowable Activities

1. Pre-Award Costs: Under 2 CFR Part 200.458, pre-award costs are those costs incurred prior to the effective date of the Federal award directly pursuant to the negotiation and in anticipation of the Federal award where such costs are necessary for efficient and timely performance of the scope of work. Pre-award costs, where authorized, are allowed after receiving written approval from AmeriCorps.
2. Administrative Costs including Indirect Costs: Under section 121(d) of the NCSA and AmeriCorps's regulations at 45 CFR 2521.95 and 2540.110, no more than 5.26% of award funds may be used for administrative costs on AmeriCorps grants. Applicants have the option of using a federally approved indirect cost rate, a 10% de minimis rate of modified total direct costs or may claim certain costs directly as outline in 2 CFR §200.413 direct costs. Applicants with a federal negotiated indirect cost rate agreement (NICRA) must calculate administrative costs consistent with the Appendix III - FY23 Application Instructions.

The VSC will retain a Commission Support Fee equal to two percent (2%) of AmeriCorps funds expended during the program year. This fee should be included in the Administration/Indirect Cost section of the budget.

3. Worker's Compensation: Worker's Compensation coverage is required for all AmeriCorps Members regardless of slot type. Coverage is administered by the Commonwealth of Virginia through VDSS and is invoiced to subrecipients at the end of the program year. Worker's compensation coverage of \$50 per member must be included in the Member Support Costs section of the budget.
4. Unallowable Activities – Member Prohibited Activities: While charging time to the AmeriCorps program, accumulation services or training hours, or otherwise performing activities supported by the AmeriCorps program or AmeriCorps, staff and members may not engage in the following activities (see 45 CFR §2520.65):
 - 4.1 Attempting to influence legislation;
 - 4.2 Organizing or engaging protests, petitions, boycotts, or strikes;

- 4.3 Assisting, promoting, or deterring union organizing;
- 4.4 Impairing existing contracts for services or collective bargaining agreement;
- 4.5 Engaging in partisan political activities, or other activities designed to influence the outcome of an election to any public office;
- 4.6 Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials;
- 4.7 Engaging in religious instruction, conducting worship services, providing instruction as part of a program that includes mandatory religious instruction or worship, constructing or operating facilities devoted to religious instruction or worship, maintaining facilities primarily or inherently devoted to religious instruction or worship, or engaging in any form of religious proselytization;
- 4.8 Providing a direct benefit to — *a.* a business organized for profit; *b.* a labor union; *c.* a partisan political organization; *d.* a nonprofit organization that fails to comply with the restrictions contained in section 501(c)(3) of the Internal Revenue Code of 1986 related to engaging in political activities or substantial amount of lobbying except that nothing in these provisions shall be construed to prevent participants from engaging in advocacy activities undertaken at their own initiative; and *e.* an organization engaged in the religious activities described in paragraph 4.7 above, unless AmeriCorps assistance is not used to support those religious activities;
- 4.9 Conducting a voter registration drive or using AmeriCorps funds to conduct a voter registration drive;
- 4.10 Providing abortion services or referrals for receipt of such services; and
- 4.11 Such other activities as AmeriCorps may prohibit.

AmeriCorps members may not engage in the above activities directly or indirectly by recruiting, training, or managing others for the primary purpose of engaging in one of the activities listed above. Individuals may exercise their rights as private citizens and may participate in the activities listed above on their own initiative, on non-AmeriCorps time, and using non-AmeriCorps funds.

E. Funding Priorities

Public Health AmeriCorps has two main goals:

1. Help meet public health needs of local communities by providing needed capacity and support in state and local public health settings and advancing more equitable health outcomes for communities who are currently or historically underserved.
2. Provide pathways to good, quality public health-related careers by providing exposure through onsite experience, training, and more, with a focus on recruiting AmeriCorps members who reflect the communities in which they serve.

AmeriCorps has also identified the following funding priorities:

1. Efforts to help local communities respond to and recover from the COVID-19 pandemic. Applicants may propose programming to aid communities in their efforts to recover from the COVID-19 pandemic, including public health challenges that have been exacerbated by the pandemic, such as mental health and substance abuse.
2. Programs creating pathways to good-quality public health-related careers through onsite experience and training (including pre-apprenticeship or registered apprenticeship programs, work experience and job training programs, and other workforce training and development programs).
3. Organizations leading service in communities with concentrated poverty, rural communities, tribal communities, and those organizations serving historically underrepresented and underserved individuals, including but not limited to communities of color, immigrants and refugees, people with disabilities, people who identify as part of the LGBTQIA+ community, people with arrest and/or conviction records, and religious minorities.

To receive priority consideration, applicants must show that the priority area is a significant part of the program focus and intended outcomes and must include a high-quality program design. Proposing programs that receive priority consideration does not guarantee funding.

III. ELIGIBILITY INFORMATION

A. Eligible Applicants: The following non-federal entities are eligible to submit applications (as defined in the 2 CFR § 2001):

- Indian Tribes
- Institutions of Higher Education
- Local governments
- Public Health departments
- Nonprofit organizations
- State service commissions
- States and US Territories

All applicants must register with the System for Award Management (SAM) at <https://www.sam.gov/SAM/> and maintain an active SAM registration until the application process is complete. If an applicant is awarded a subaward, it must maintain an active SAM registration throughout the life of the award. See the [SAM Quick Guide for Grantees](#).

SAM registration must be renewed annually. AmeriCorps suggests that applicants finalize a new registration or renew an existing one at least three weeks before the application deadline, to allow time to resolve any issues that may arise. Applicants must use their SAM-registered legal name and physical address on all grant applications to AmeriCorps. The legal applicant's name and physical address in eGrants must match exactly the applicant's SAM-registered information.

Applicants must include an Employer Identification Number and a valid Unique Entity Identifier (UEI), which is generated as part of the SAM registration process when submitting their application. AmeriCorps will not make awards to entities that do not have a valid SAM

registration and Unique Entity Identify. If an applicant has not fully complied with these requirements by the time AmeriCorps is ready to make a federal award, AmeriCorps may determine that the applicant is not qualified to receive an award and use that determination as a basis for making a federal award to another applicant

B. Other Eligibility Requirements Under Section 132A(b) of the National and Community Service Act of 1990, as amended:

1. Organizations that have been convicted of a federal crime may not receive assistance described in Appendix I – FY23 AmeriCorps State and National Public Health AmeriCorps Grants NOFO.
2. Applications that propose to engage in activities that are prohibited under AmeriCorps' statutes, regulations, or the terms and conditions of its awards are not eligible to receive AmeriCorps funding.
3. If AmeriCorps is aware that any corporation has any unpaid federal tax liability –
 - that has been assessed;
 - for which all judicial and administrative remedies have been exhausted or have lapsed; and
 - that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability – that corporation is not eligible for an award under Appendix I – FY23 AmeriCorps State and National Public Health AmeriCorps Grants Notice of Funding Opportunity (NOFO). However, this exclusion does not apply to a corporation which a federal agency has considered for suspension or debarment and has made a determination that suspension or debarment is not necessary to protect the interests of the federal government.
4. Pursuant to the Lobbying Disclosure Act of 1995, an organization described in the Internal Revenue Code of 1986, 26 U.S.C. 501 (c) (4) that engages in lobbying activities is not eligible to apply of AmeriCorps funding.

IV. APPLICATION SUBMISSION INFORMATION

- A. Application Date and Time of Submittals:** In order to be considered for selection, an Applicant is to submit a complete response to this RFA in eGrants and to VDSS no later than 11:59pm EST on November 21, 2022. No responses will be accepted in eGrants, or received by email to VDSS, after the stated submission due date and time.

*Tentative Request for Applications (RFA) and Subaward Schedule (subject to change)**

AmeriCorps releases NOFO	August 8, 2022
VDSS releases RFA	October 21, 2022
Optional Pre-Application Webinar	November 1, 2022 10:30am – 12:30pm
Deadline for applications to VDSS (Submission in eGrants <u>and</u> submission to VDSS)	November 21, 2022
VDSS application review panel convenes for consensus scoring	December 2, 2022
Technical enhancements begin with successful applications (VSC staff with applicants)	December 5, 2022
Deadline for VDSS application package to AmeriCorps	January 4, 2023
AmeriCorps begins application clarification period	Mid-April 2023
AmeriCorps Award Notifications	Mid-July 2023
VDSS Initiates Subaward Process	End of July, 2023
Subaward Performance Period Estimated to Begin	September 1, 2023

- B. Application Submission: Applications shall only be submitted electronically through the AmeriCorps web-based system - **eGrants**. It is recommended that applicants create an eGrants account and begin the application creation process as soon as possible before the due date and time stated above.

NO OTHER DISTRIBUTION OF THIS APPLICATION SHALL BE MADE BY THE APPLICANT.

**New applicants shall establish an eGrants account by accessing this link:*

*<https://egrants.cns.gov/espan/main/login.jsp> and selecting “Don’t have an eGrants account? Create an account.” Once created, applicants should select **Grant Appl ID #23AC250812** to create a subapplication in eGrants for this funding opportunity.*

C. Application Preparation Instructions:

1. Applications shall be signed by an authorized representative of the applicant’s organization. All information requested should be completed. Submissions which are incomplete and/or lack required information may result in a determination that the application is non-responsive. Failure to submit all information requested may result in the VDSS requiring prompt submission of

missing information and/or giving a lowered evaluation of the application. Mandatory requirements are those required by law or regulation or are such that they cannot be waived and are not subject to negotiation.

2. Applications should be prepared simply and economically, providing a straightforward, concise description of capabilities to satisfy the requirements of the RFA. Emphasis should be placed on completeness and clarity of content.
 3. Ownership of all data, materials, and documentation originated and prepared for the State pursuant to the RFA shall belong exclusively to the State and be subject to public inspection in accordance with the *Virginia Freedom of Information Act*. Trade secrets or proprietary information submitted by an applicant shall not be subject to public disclosure under the *Virginia Freedom of Information Act*; however, the applicant must invoke the protections of § 2.2-4342F of the *Code of Virginia*, in writing, either before or at the time the data or other material is submitted. The written notice must specifically identify the data or materials to be protected and state the reasons why protection is necessary. The proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures, or paragraphs that constitute trade secrets or proprietary information. The classification of an entire application document, line-item prices, and/or total proposal prices as proprietary or trade secrets is not acceptable and will result in rejection of the application. If, after being given reasonable time, the applicant refuses to withdraw an entire classification designation, the application will be rejected.
- D. Oral Presentation: Offerors who submit a proposal in response to this RFA may be required to give an oral presentation of their proposal to the agency. This provides an opportunity for the offeror to clarify or elaborate on the proposal. This is a fact finding and explanation session only and does not include negotiation. The issuing agency will schedule the time and location of these presentations. Oral presentations are an option of the purchasing agency and may or may not be conducted.
- E. Deadline for Questions Concerning Application Requirements and Documents: If any prospective applicant has questions about the specifications or other application documents, the prospective applicant should contact the contract officer indicated below no later than November 4, 2022. Any revisions to the solicitation will be made only by addendum issued by the procurement officer.

Contract Officer: Christy Sharpe
Phone Number: 804-726-7183
Email: christy.sharpe@dss.virginia.gov

V. APPLICATION FORMAT, CONTENT AND REQUIRED FORMS

Applicants are responsible for reading the technical instructions for completing each section found in Appendix III – FY23 Application Instructions of this RFA. The following is an overview of the required components of the application to be completed and submitted by the due date and time.

- A. **eGrants Application Format:** A complete eGrants application submission shall consist of the following components required by AmeriCorps. Make sure to complete each section. Additional instructions for “New Requests” and “Continuation Requests” can be found in Appendix III – 2023 Application Instructions.

1. Below are the elements that need to be submitted in eGrants:

- Standard Form 424 (SF-424) Face Sheet: This is automatically generated when applicants complete the data elements in the eGrants system.
- Narrative Sections:
 - Executive Summary: This is a brief description of the proposed program.
 - Program Design
 - Organizational Capability
 - Cost-Effectiveness & Budget Adequacy
 - Evaluation Summary/Plan
- Logic Model
- Performance Measures
- Standard Form 424A Budget
- Continuation Changes
- Clarification
- Authorization, [Assurances](#), and [Certifications](#) (These are links.)

2. For evaluations briefs, reports, studies please refer to the Evidence Base section and Appendix III – FY23 Mandatory Supplemental Information for detailed instructions by evidence tier. If multiple evaluation briefs/reports/studies are submitted by the applicant, the most recent (as measured by the date of completion or publication) will be reviewed first, and any documents submitted beyond the allowable number will not be reviewed.

3. Labor union concurrence (if applicable).

4. All applicants regardless of funding level are required to submit the Operational and Financial Management Survey (OFMS) (Attachment I). Please submit the OFMS as a Word document. Forms submitted as a PDF or any other document format may not be accepted.

B. VDSS Submission Only NOT IN eGRANTS

Upon completion of the application in eGrants, **all applicants** must submit via email to americorpsinfo@dss.virginia.gov with a copy of the complete notice screenshot from eGrants and send the following documents as PDF attachments (except where otherwise noted). The subject line of the email should be the Solicitation Number, the name of the applicant's organization and the word "screenshot".

- All RFA Addenda issued in eVA, if applicable, shall be signed and returned
- Certification of Organization Authorization (**Attachment A**)
- Certification Regarding Lobbying Form (**Attachment B**)
- FFATA Form (**Attachment C**)
- Assurances for Non-Construction Programs (SF-424B) (**Attachment D**)
- Commonwealth of VA Substitute Form W9 (no other W9 Form will be accepted) (**Attachment E**)
- State Corporation Commission Form (**Attachment F**)
- Electronic Data Interchange Form (**Attachment G**)
- Proprietary/Confidential Information Identification (**Attachment H**)

- All Applicants regardless of funding level are required to submit an Operational and Financial Management Survey (OFMS) (**Attachment I**) (The OFMS form must be submitted as a Word document. Forms submitted as a PDF or any other document format will not be accepted).
- Step by Step Vendor Registration Instructions (**Attachment J**)
- AmeriCorps State and National Evaluation Plan Template (only if applicable) located at: https://www.americorps.gov/sites/default/files/document/2021_09_03_Evaluation_Plan_Template_ASN_1.docx
- Applicant's Non-Discrimination in Employment Policy
- Applicant's Confidentiality Policy
- 501(c)(3) Status: Certification from the IRS (for non-profit applicants only)
- Organization's IRS Form 990 with schedules for the most recently completed fiscal year (for non-profit applicants only)
- Copy of applicant's most recent audit, review or compilation completed by an independent auditor (If an applicant does not meet the single audit threshold, year-end financial statements must be submitted).
- Letter from the applicant's agency head, finance director, or treasurer (with signature) indicating that the agency understands that this is a reimbursable grant and that the applicant has sufficient funds available to cover three months of expenses prior to reimbursement.

C. Applicants Page Limits

1. Narratives

- Applications must not exceed ten (10) double-spaced pages for the Narratives as the pages print out from eGrants. The application sections that count towards this page limit are as follows:
 - SF-424 Face Sheet
 - Executive Summary
 - Program Design, Organizational Capability, and Cost-Effectiveness and Budget Adequacy narratives
- The application page limit does not include the Budget, Performance Measures, or any required additional documents.

2. Logic Model

- The Logic Model may not exceed three (3) pages when printed with the application from the "Review" tab in AmeriCorps web-based management system.

Please note that the length of the application as a word processing document may differ from the length of the document printed out from eGrants. The character limits in eGrants do not align with page limits set in Appendix I – FY23 AmeriCorps State and National Public Health AmeriCorps Grants NOFO. AmeriCorps strongly encourages applicants to print out the application from the "Review and Submit" tab in eGrants prior to submission in order to confirm that the application does not exceed the page limit.

Please note that specific instructions for "Continuation Requests" for Continuation applicants begin on page 13 of Appendix III – FY23 Application Instructions.

VI. EVALUATION AND AWARD CRITERIA

- A. **Risk Assessment Evaluation of Applicant Organizations**: Prior to proceeding to a panel review where the quality of applications is evaluated, a risk assessment evaluation of each applicant's organization will be performed. VSC staff will evaluate the risks posed to Virginia's AmeriCorps State Program by each applicant, including an assessment of the organization's board governance structure and oversight, its capacity to meet the financial management and administrative standards outline in the 2 CFR Part 200 OMB Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards and the results of past compliance reviews, if a prior or existing AmeriCorps subrecipient. As a result of the review, the applicant's organization shall receive one of the following ratings: Acceptable Risk level or Unacceptable Risk level determination:

Acceptable Risk: Number and severity of risks within the organization are minimal; risks are present in areas which are likely to respond to enhanced training and technical assistance; risks can be properly mitigated by additional conditions on the subaward and without undue burden place on VSC staff; risks do not place the AmeriCorps State portfolio and VDSS at high-risk for cost disallowances and Office of Inspector General (OIG) audits.

Unacceptable Risk: Multiple areas of risk and/or risks with a high level of severity are present within the organization; risks cannot be reasonably mitigated through enhanced training and technical assistance or by placing additional conditions on the subaward; the level of risk places an undue burden on VSC staff; risks place the AmeriCorps State portfolio and VDSS at high-risk for cost disallowances and Office of Inspector General (OIG) audits.

An applicant's organization must receive an Acceptable Risk level determination in order for their application to be scored under the Application Evaluation Criteria. The results of risk assessments must be shared with applicant's organizations following the award process, if requested. If VSC determines that an award will be made to an applicant with assessed risks, special conditions that correspond to the degree of assessed risk may be applied to the award. The VSC may be asked to submit assessment to AmeriCorps for further evaluation.

In evaluating risks, VSC will specifically consider the following criteria and supporting documentation:

- Fiduciary responsibility exercised by board or oversight body;
- Financial capacity to manage Federal awards on a cost-reimbursement basis;
- Quality of management systems and ability to meet the management standards prescribed in 2 CFR Part 200;
- Record in managing previous federal and AmeriCorps awards, cooperative agreements, or procurement awards Reports and findings from single audits required under 2 CFR Part 200 and findings resulting from other available audits or investigations, including Office of Inspector General findings if applicable;
- IRS Tax Form 990;
- Responses to Organizational Capacity Assessment with supporting documentation; and

- Information available through OMB-designated repositories of government-wide eligibility qualification.

- B. **Review and Selection Process:** Applicants are evaluated on the basis of the criteria set forth in this RFA, using the scoring weights previously determined. All RFA responses are to be evaluated. Applications not meeting requirements should be scored lower. Each application will be read by a review panel who will rate the applications using the evaluation criteria indicated in this RFA. The grantee will endeavor to ensure sub-grant awards are made to ensure a continuum of services is provided to the citizens of the Commonwealth. In addition, an initial review for adherence to the guidelines of the application and to identify how well eligible applicants are aligned with the application review criteria will be completed.

The evaluation will be numerical, and applications will be rated using the criteria in the table below.

Categories/Subcategories	Percentage
Executive Summary	0
Program Design	50
• Theory of Change and Logic Model	24
• Evidence Tier	12
• Evidence Quality	8
• Notice Priority	0
• Member Experience	6
Organizational Capacity	25
• Organizational Background and Staffing	13
• Compliance and Accountability	8
• Member Supervision	4
Cost Effectiveness and Budget Adequacy	25

- C. **Evaluation Criteria:** The following criteria will be used in the review of applications:

1. **Executive Summary** (0 points)

- Please fill in the blanks of these sentences to complete the Executive Summary. Do not deviate from the template below.
 - The [Name of the organization] proposes to have [Number of] AmeriCorps members who will [service activities the members will be doing] in [the locations the AmeriCorps members will serve]. At the end of the first program year, the AmeriCorps members will be responsible for [anticipated outcome of project]. In addition, the AmeriCorps members will leverage [number of leveraged volunteers, if applicable] who will be engaged in [what the leveraged volunteers will be doing.]
 - The AmeriCorps investment will be matched with \$[amount of projected match], \$[amount of local, state, and Federal Funds] in public funding and \$[amount of non-governmental funds] in private funding.

2. Program Design (50 points)

Reviewers will consider the quality of the applications response to the criteria below. Do not assume all sub-criteria are of equal value. Please ensure the Theory of Change and Logic Model incorporate the funding priorities listed above, for example supporting communities historically excluded and/or underserved from government services, addressing structural and institutional inequities, or increasing opportunity in order to achieve sustainable change in communities.

- Theory of Change and Logic Model (24 points) – The Theory of Change shall address:
 - The problem is prevalent and severe in communities where the program plans to serve and has been documented with relevant data.
 - The proposed intervention is responsive to the identified community problem.
 - The applicant's proposed intervention is clearly articulated including the design, dosage, target population, and roles of AmeriCorps members and (if applicable) leveraged volunteers.
 - The applicant's intervention is likely to lead to the outcomes identified in the applicant's theory of change.
 - The expected outcomes articulated in the application narrative and logic model represent meaningful progress in addressing the community problem identified by the applicant.
 - The rationale for utilizing AmeriCorps members to deliver the intervention(s) is reasonable.
 - The service role of AmeriCorps members must produce significant contributions to existing efforts to address the stated problem.
- The Logic Model shall depict the following:
 - A summary of the community problem, including the role current or historical inequities faced by underserved communities may play in contributing to the problem.
 - The inputs or resources that are necessary to deliver the intervention, including but not limited to:
 - Locations or sites in which members provide services; and
 - Number of AmeriCorps members who deliver the intervention.
 - The core activities that define the intervention or program model that members implement or deliver, including:
 - The duration of the intervention (e.g., the total number of weeks, sessions or months of the intervention);
 - The dosage of the intervention (e.g., the number of hours per session or sessions per week); and
 - The target population for the intervention (e.g., disconnected youth, third graders at a certain reading proficiency level).
 - The measurable outputs result from delivering the intervention (i.e. number of beneficiaries served, types and number of activities conducted, equity gaps closed.) If applicable, identify which National Performance Measures used as output indicators.
 - Outcomes that demonstrate changes in knowledge/skill, attitude, behavior, or condition that occur as a result of the intervention. If applicable, identify which National Performance Measure will be used as outcome indicators.

Note: The logic model is a visual representation of the applicant's theory of change model. Programs should include short, medium or long-term outcomes in the logic model. Applicants are not required to measure all components of their theory of change model. The applicant's performance measures should be consistent with the program's theory of change model and should represent significant program activities.

In the application narrative, applicants should discuss the community need as it relates to the CDC's Social Vulnerability Index: <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>. Also in the application narrative, applicants should discuss their rationale for setting output and outcome targets for their performance measures.

Rationales and justifications should be informed by the organization's performance data (e.g., program data observed over time that suggests targets are reasonable), relevant research (e.g. targets documented by organizations running similar programs with similar populations), or prior program evaluation findings.

Applicants with multiple interventions should complete one Logic Model chart which incorporates each intervention. Logic model content that exceeds three (3) pages shall not be reviewed.

- Evidence Base (20 points): The assessment of an applicant's evidence base has two (2) parts. Part One, the applicant is assigned to an evidence tier (see Appendix II - 2023 AmeriCorps State and National Mandatory Supplemental Information). Part two, the quality of the applicant's evidence and the degree to which it supports the proposed program design is assessed and scored.

Evidence Tier (12 points): An evidence tier is assessed for each applicant for the purpose of understanding the relative strength of each applicant's evidence base for their proposed public health service and public health workforce development intervention(s), and the likelihood that the proposed intervention(s) will lead to outcomes identified in the logic model¹.

Applicants who have outcome or impact evaluation reports of the same intervention described in the application (see Appendix II - 2023 AmeriCorps State and National Mandatory Supplemental Information for a definition of "same intervention") may submit up to two (2) of those reports, plus (if applicable) the evaluation report from their last three-year grant cycle, to qualify for the Preliminary, Moderate, or Strong evidence tier. In order to qualify for consideration, the intervention evaluated in the submitted report(s) must match the intervention proposed by the applicant in the following areas, all of which must be clearly described in the Program Design and Logic Model sections of the application:

- Characteristics of the beneficiary population, including evidence of current or historic inequities facing the population;
- Characteristics of the population delivering the intervention;
- Dosage (frequency, duration) and design of the intervention, including all key components and activities;
- The context in which the intervention is delivered; and
- Outcomes of the intervention.

Submitted reports that do not sufficiently match the intervention proposed by the applicant in all of these areas will not be considered applicable and will not be reviewed or receive any points. Submission of additional documents that are not consistent with the guidance and requirements described in the Appendix I – FY23 AmeriCorps State and National Grants NOFO (e.g., advocacy pieces, policy briefs, other narratives that are not research studies or program evaluations) will not be reviewed.

¹ In 2022, the evidence tiers of successful AmeriCorps State and National Public Health AmeriCorps applicants that were competing were as follows: Strong 2%, Moderate 2%, Preliminary 5%, and Pre-Preliminary 91%. As these figures indicate, AmeriCorps values and funds programs at all points along the evidence continuum and expects programs to progress along the evidence continuum over time. Thus, do not be deterred from applying for funding due to your current evidence level.

In the Evidence Tier section of the application narrative, applicants must (1) summarize the study design and key findings of any outcome or impact evaluation report(s) submitted and (2) describe any other evidence that supports their program, including past performance measure data and/or other research studies that inform their program design. Applicants who submit evaluation reports for consideration must also describe in the Evidence Base section of the application narrative how the intervention described in the submitted reports is the same as the intervention described in the application (see Appendix II - 2023 AmeriCorps State and National Mandatory Supplemental Information).

Applicants should provide citations for the studies they describe, if applicable; however, reviewers will not review any documents external to the application other than evaluation report(s) submitted in accordance with the Appendix I – FY23 AmeriCorps State and National Grants NOFO instructions.

Applicants must meet all requirements of an evidence tier in order to be considered for that tier.

If the evaluation reports submitted by the applicant do not meet the definitions in the Appendix II - 2023 AmeriCorps State and National Mandatory Supplemental Information, the applicant may be considered for a lower evidence tier.

- Evidence Quality (8 points): After the applicant's evidence tier has been assessed, the quality of the applicant's evidence and the extent to which it supports the proposed program design is assessed and scored.

For applicants who are assessed as being in the Pre-Preliminary, Moderate, or Strong evidence tiers, reviewers will score the submitted evaluation reports using the following standards:

- The submitted reports are of satisfactory methodological quality and rigor for the type of evaluation conducted (e.g., adequate sample size and statistical power, internal and/or external validity, appropriate use of control or comparison groups, etc.);
 - The submitted reports describe evaluations that were conducted relatively recently, preferably within the last six years;
 - The evidence described by the applicant indicates a meaningful positive effect on program beneficiaries in at least one key outcome of interest.
- Notice Priority (0 points): The applicant proposed program fits within one or more of the AmeriCorps funding priorities and meets all of the requirements within that bullet/section as outlined in the Section II, Letter E - Funding Priorities of this RFA and more fully described in the Appendix II - 2023 AmeriCorps State and National Mandatory Supplemental Information.
 - Member Experience (6 points)
 - AmeriCorps members as a result of their service have opportunities to develop as leaders.
 - AmeriCorps members gain skills as a result of their training and service that can be utilized and valued by future employers after their service term is completed.
 - AmeriCorps members receive additional benefits.
 - Description of the demographics of the community served and plans to recruit AmeriCorps members from geographic or demographic communities in which the program proposed operates. This could include but is not limited to the following historically underserved, under-represent, and disadvantaged populations of:

- Communities of color;
- LGBTQI+ (Lesbian, Gay, Bisexual, Transgender, Queer, Questioning or Intersex) communities;
- Individuals with varying degrees of English language proficiency;
- Individuals with disabilities; and
- Veterans and military family members as volunteers.
- Description of how the organization ensures its proposed project engages a diverse and inclusive group of members.
- The applicant's organization and/or program has a diversity, equity, and inclusion council or similar mechanism that seeks to diversify its staff and board and create a supportive and safe environment as well ensure that its programming is culturally and community appropriate.

3. **Organizational Capability** (25 points)

Reviewers will consider the quality of the application's response to the following criteria below. Do not assume all sub-criteria are of equal value.

- **Organizational Background and Staffing** (13 points)
 - The organization details the roles, responsibilities, and structure of the staff to be implementing, providing oversight, and monitoring the program.
 - The organization has created pathways to good quality public health related careers through onsite experience and training (including pre-apprenticeship or registered apprenticeship programs, work experience and job training programs, and other workforce training and development programs),
 - The leadership and staff of the organization has the same lived experience as the beneficiary population and/or community being served.
 - The applicant's (organization's or institution's) definitions of diversity, equity, inclusion, and accessibility demonstrate the organization is engaged in related to diversity, equity, and inclusion. This can include the inclusion of diversity on the Board of Directors, agency staff and leadership, and/or volunteers.
- **Compliance and Accountability** (8 points)
 - The extent to which the organization has a monitoring and oversight plan to prevent and detect non-compliance and enforce compliance with AmeriCorps rules and regulations including those related to prohibited activities and criminal history checks at the subrecipient (if applicable), and service site locations.
 - The extent to which the organization has an effective mechanism in place to report, without delay, any suspected criminal activity, waste, fraud, and/or abuse to both the AmeriCorps Office of Inspector General and AmeriCorps and a plan for training staff and participants on these reporting protocols.
 - The extent to which the organization has sufficient policies, procedures, and controls in place to prevent, detect, and mitigate the risk of fraud, waste, abuse, and mismanagement, this can include an assessment of appropriate segregation of duties, internal oversight activities, measures to prevent timekeeping fraud, etc.
 - The AmeriCorps-required evaluation report meets AmeriCorps requirements (if applicable).
 - The AmeriCorps-required evaluation report is of satisfactory quality (if applicable).
- **Member Supervision** (4 points)
 - AmeriCorps members who receive sufficient guidance and support from their supervisor to provide effective service.
 - AmeriCorps supervisors shall adequately train/prepare to follow AmeriCorps and program regulations, priorities, and expectations.

4. **Cost Effectiveness and Budget Adequacy** (25 points): This criterion will be assessed based on the budget submitted. Do **not** include narrative in the narrative box except for “**See budget**”. The budget must address the following:
 - Budget complies with Appendix III – FY23 Application Instructions;
 - Applicant identifies sources of any additional revenue to support the program in the Source of Funds section of the budget (if applicable);
 - The cost per MSY is equal to or less than the maximum cost per MSY. Proposed budget that exceed the maximum cost per MSY will be considered unresponsive to the application criteria;
 - Without mathematical errors and with proposed costs that are allowable, reasonable, and allocable to the award;
 - With adequate information to assess how each line item is calculated;
 - With National Service Criminal History Checks budgeted at \$55.75 per member consisting of the following: Truescreen NSOPW @ \$7.50; Truescreen Out-of-state @ \$19.50+ (Depends on state) and Fieldprint FBI @ \$28.75. *See Section II. Letter B. Program Requirements 6. National Service Criminal History Check Requirements.*
 - With Member and Staff Travel for participation at mandatory Virginia Service Commission training and events budgeted accordingly. *See Section II. Letter B. Program Requirements 7. Virginia Service Commission (VSC) and Event Requirements.*
 - With administrative costs accurately calculated according to the method selected, including indirect cost rate information if claimed.
 5. **Evaluation Plan (required for recompeting subrecipients)** (0 points)
 - If the applicant has previously received three or more years of competitive funding for the same project being proposed (see Appendix II - 2023 AmeriCorps State and National Mandatory Supplemental Information for AmeriCorps definition of “same project”), the applicant must submit an evaluation plan as an attachment. If the applicant has previously received six or more years of competitive funding for the same project being proposed, the applicant must submit both an evaluation plan and an evaluation report as attachments.
 - Applicants should use the evaluation plan template found [here](#) available on the Notice webpage to craft their evaluation plans. The template document provides detailed information about the AmeriCorps evaluation requirements ([45 CFR 2522.700-710](#)) and specifies the information that must be provided for the evaluation plan to be approved by AmeriCorps. The evaluation plan will not be scored and will not be reviewed until after funding decisions have been made.
 - All applicants should enter “N/A” in the “Evaluation Summary or Plan” field of the Narrative.
 - Any other text entered in this field are not being reviewed.
 6. **Amendment Justification** (0 points):
 - Enter N/A. This field should be used if the applicant is awarded a subaward under this grant and the applicants eGrants application needs to be amended.
 7. **Clarification Information** (0 points):
 - Enter N/A.
 8. **Continuation Changes** (0 points)
 - Enter N/A. This field should be used to enter changes in the application narratives in continuation requests.
- D. **Selection Of Applicants For Award**: Selection shall be made of applicants deemed to be fully qualified and best suited among those submitting applications on the basis of the evaluation factors included in

this RFA. The agency shall select the applicant(s) which, in its opinion, has made the best proposal, and shall make subawards to those applicants. The Commonwealth may cancel this RFA or reject applications at any time prior to an award. The subaward document will be an agreement incorporating by reference all the requirements, terms and conditions of the solicitation, and the applicant's application as negotiated, if applicable.

VII. REPORTING REQUIREMENTS

A. The subrecipient shall produce the following reports of financial and programmatic activities and services to VSC staff. The subrecipient is required to submit reports in a format determined by the VSC.

B. Financial Reports:

- **Monthly Periodic Expense Reports (PERs)** are due by the 10th of each month for the previous month's financial activity and must be entered into the OnCorps reporting system. The PER serves as the subrecipient's invoice to VDSS for monthly cost reimbursement. VSC staff will periodically request supporting documentation substantiating charges on the PER.
- **Aggregate Financial Reports (AFR)** for quarterly financial activity are due on October 10, 2023, January 10, 2024, April 10, 2024, July 10, 2024, and September 10, 2024 respectively, and must be entered into OnCorps. Note: Depending on the program start dates, reports for five quarters may be required.
- **Budget modifications** may be requested through OnCorps during the period of performance with a clear narrative explaining the conditions that prompted the budgetary changes. No budget modifications will be considered within 60 days of the end of the period of performance.

C. Program/Operations Reports:

- **Quarterly Grantee Progress Reports (GPR)** are submitted through OnCorps and are due by October 10, 2023, January 10, 2024, April 10, 2024, July 10, 2024, and September 10, 2024 for the most recent quarter. Information reported includes the following:
 - Performance Measures Progress
 - Demographics
 - Service and Volunteer Report (if applicable to your program design)
 - Successes and Challenges
 - Great Stories; and
 - End-of-Year Virginia Grantee Progress Report

VIII. ADMINISTRATIVE REQUIREMENTS

A. **EQUIPMENT**: Equipment is defined as an article of equipment equal to or in excess of \$5,000 and having a useful life of more than one year. Equipment purchased under the terms of this agreement shall be limited to equipment indicated in the approved budget incorporated in the agreement. The subrecipient shall keep written documentation of any acquisitions purchased and up-date the documentation if additional property or equipment is acquired. The written documentation shall include, but not be limited to: date of acquisition, description of product, serial number, ID number, physical location, cost, and name and phone number of individual using or responsible for the equipment. Equipment purchased under this agreement shall be retained by the subrecipient during the period of performance of the agreement. No depreciation or use charges on equipment purchased

under this contract shall be claimed on this or any future contract with the Commonwealth of Virginia or any of its agents.

If the grantee permits the subrecipient to purchase real property or equipment with grant funds, grantee retains a residual financial interest, enabling the grantee to recover the assets or determine final disposition. This will be accomplished on a case-by-case basis, according to the federal grant guidelines applicable to the grant that is funding the service(s).

- B. **LIMIT ON SUBRECIPIENT SALARIES:** Funds appropriated by Congress for these programs include a provision that the amount that “shall be used to pay the salary of an individual, through a grant or other extramural mechanism” must not exceed the amount of the Federal Executive Level II salary for that calendar year. This amount is published annually by the U.S. Office of Personnel Management and can be found on their website at <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages> under the “Rates of Pay for the Executive Schedule” link. This amount reflects an individual's base salary exclusive of fringe benefits and any income that an individual may be permitted to earn outside of the duties of the grantee organization. This salary limitation also applies to sub-awards and subcontracts under an ACF grant or cooperative agreement. (i.e., See Public Law 115-31, the “Consolidated Appropriations Act of 2017”)
- C. **SUBRECIPIENT MONITORING:** The grantee may monitor and evaluate the subrecipient's performance under the agreement through analysis of required reports, expenditure statements, site visits, interviews with or surveys of relevant agencies/ organizations and individuals having knowledge of the subrecipient's services or operations, audit reports, and other mechanisms deemed appropriate by the grantee. The subrecipient shall furnish the grantee on request information regarding payments claimed for services under this agreement. All accounting records must be supported by source documentation and retained in order to show for what purpose funds were spent.

All such records shall be made available and produced for inspection when required by the grantee, its authorized agents, and/or federal personnel.

Should an audit by authorized state or federal officials result in disallowance of amounts previously paid to the subrecipient, the subrecipient shall reimburse the grantee upon demand.

Performance under this agreement shall be a primary consideration for extension of this agreement and may be a consideration in future grant awards and negotiations.

- D. See Section II – Program Opportunity Description & Requirements, Letter C.9.b for additional program terms and conditions.

XI. GENERAL TERMS AND CONDITIONS

- A. **APPLICABLE LAWS AND COURTS:** This solicitation and any resulting subaward shall be governed in all respects by the laws of the Commonwealth of Virginia, without regard to its choice of law provisions, and any litigation with respect thereto shall be brought in the circuit courts of the Commonwealth. The Subrecipient shall comply with all applicable federal, state and local laws, rules and regulations.
- B. **ANNOUNCEMENT OF AWARD:** Upon the award or the announcement of the decision to award an agreement as a result of this solicitation, the purchasing agency will publicly post such notice in eVA (www.eva.virginia.gov) for a minimum of 10 days.
- C. **ANTI-DISCRIMINATION:** By submitting their applications, applicants certify to the Commonwealth that they will conform to the provisions of the Federal Civil Rights Act of 1964, as

amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the Virginians with Disabilities Act, the Americans with Disabilities Act and § 2.2-4311 of the *Virginia Public Procurement Act (VPPA)*. If the award is made to a faith-based organization, the organization shall not discriminate against any recipient of goods, services, or disbursements made pursuant to the contract on the basis of the recipient's religion, religious belief, refusal to participate in a religious practice, or on the basis of race, age, color, gender sexual orientation, gender identity, or national origin and shall be subject to the same rules as other organizations that contract with public bodies to account for the use of the funds provided; however, if the faith-based organization segregates public funds into separate accounts, only the accounts and programs funded with public funds shall be subject to audit by the public body. (*Code of Virginia*, § 2.2-4343.1E).

In every agreement over \$10,000 the provisions in 1. and 2. below apply:

1. During the performance of this Agreement, the Subrecipient agrees as follows:
 - a. The Subrecipient will not discriminate against any employee or applicant for employment because of race, religion, color, sex, sexual orientation, gender identity, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment, except where there is a bona fide occupational qualification reasonably necessary to the normal operation of the Subrecipient. The Subrecipient agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of its nondiscrimination clause.
 - b. The Subrecipient, in all solicitations or advertisements for employees placed by or on behalf of the Subrecipient, will state that such Subrecipient is an equal opportunity employer.
 - c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.
 - d. If the Subrecipient employs more than five employees, the Subrecipient shall (i) provide annual training on the Subrecipient's sexual harassment policy to all supervisors and employees providing services in the Commonwealth, except such supervisors or employees that are required to complete sexual harassment training provided by the Department of Human Resource Management, and (ii) post the subrecipient's sexual harassment policy in (a) a conspicuous public place in each building located in the Commonwealth that the subrecipient owns or leases for business purposes and (b) the Subrecipient's employee handbook.
 - e. The requirements of these provisions 1. and 2. are a material part of the agreement. If the Subrecipient violates one of these provisions, the Commonwealth may terminate the affected part of this agreement for breach, or at its option, the whole agreement. Violation of one of these provisions may also result in debarment from State contracting regardless of whether the specific agreement is terminated.
 - f. In accordance with Executive Order 61 (2017), a prohibition on discrimination by the subrecipient, in its employment practices, subcontracting practices, and delivery of goods or services, on the basis of race, sex, color, national origin, religion, sexual orientation, gender identity, age, political affiliation, disability, or veteran status, is hereby incorporated in this agreement.

2. The Subrecipient will include the provisions of 1. above in every subcontract or purchase order over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

Faith-based organizations may request an exemption from subparagraph 1.e. above prior to the close date and time for receipt of applications. Such a request should be in writing and explain how subparagraph 1.e. violates the organization's written religious or moral convictions or policies. The request should be sent to the Contract Officer for the solicitation. For the purposes of this provision, a "faith-based organization" is (1) an entity organized for purposes of engaging in religious practice or (2) a charitable or educational organization affiliated with such an entity.

- D. **ANTITRUST:** By entering into an agreement, the Subrecipient conveys, sells, assigns, and transfers to the Commonwealth of Virginia all rights, title, and interest in and to all causes of action it may now have or hereafter acquire under the antitrust laws of the United States and the Commonwealth of Virginia, relating to the particular goods or services purchased or acquired by the Commonwealth of Virginia under said agreement.
- E. **ASSIGNMENT OF AGREEMENT:** The agreement shall not be assignable by the Subrecipient in whole or in part without the written consent of the Commonwealth.
- F. **AUTHORIZATION TO CONDUCT BUSINESS IN THE COMMONWEALTH:** A Subrecipient organized as a stock or nonstock corporation, limited liability company, business trust, or limited partnership or registered as a registered limited liability partnership shall be authorized to transact business in the Commonwealth as a domestic or foreign business entity if so required by Title 13.1 or Title 50 of the Code of Virginia or as otherwise required by law. Any business entity described above that enters into an agreement with a public body pursuant to the Virginia Public Procurement Act shall not allow its existence to lapse or its certificate of authority or registration to transact business in the Commonwealth, if so required under Title 13.1 or Title 50, to be revoked or cancelled at any time during the term of the agreement. A public body may void any agreement with a business entity if the business entity fails to remain in compliance with the provisions of this section.
- G. **AVAILABILITY OF FUNDS:** It is understood and agreed between the parties herein that the agency shall be bound hereunder only to the extent that the legislature has appropriated funds that are legally available or may hereafter become legally available for the purpose of this agreement.
- H. **CHANGES TO THE AGREEMENT:** Changes can be made to the agreement in any of the following ways:
 1. The parties may agree in writing to modify the terms, conditions, or scope of the agreement. Any additional goods or services to be provided shall be of a sort that is ancillary to the agreement goods or services, or within the same broad product or service categories as were included in the subaward award. Any increase or decrease in the price of the agreement resulting from such modification shall be agreed to by the parties as a part of their written agreement to modify the scope of the agreement.
 2. The Purchasing Agency may order changes within the general scope of the agreement at any time by written notice to the subrecipient. Changes within the scope of the agreement include, but are not limited to, things such as services to be performed, the method of packing or shipment, and the place of delivery or installation. The Subrecipient shall comply with the notice upon receipt, unless the subrecipient intends to claim an adjustment to compensation, schedule, or other contractual impact that would be caused by complying with such notice, in which case the Subrecipient shall, in writing, promptly notify the Purchasing Agency of the adjustment to be sought, and before proceeding to

comply with the notice, shall await the Purchasing Agency's written decision affirming, modifying, or revoking the prior written notice. If the Purchasing Agency decides to issue a notice that requires an adjustment to compensation, the subrecipient shall be compensated for any additional costs incurred as the result of such order and shall give the Purchasing Agency a credit for any savings. Said compensation shall be determined by one of the following methods:

- a. By mutual agreement between the parties in writing; or
- b. By agreeing upon a unit price or using a unit price set forth in the agreement, if the work to be done can be expressed in units, and the subrecipient accounts for the number of units of work performed, subject to the Purchasing Agency's right to audit the subrecipient's records and/or to determine the correct number of units independently; or
- c. By ordering the subrecipient to proceed with the work and keep a record of all costs incurred and savings realized. A markup for overhead and profit may be allowed if provided by the agreement. The same markup shall be used for determining a decrease in price as the result of savings realized. The subrecipient shall present the Purchasing Agency with all vouchers and records of expenses incurred and savings realized. The Purchasing Agency shall have the right to audit the records of the subrecipient as it deems necessary to determine costs or savings. Any claim for an adjustment in price under this provision must be asserted by written notice to the Purchasing Agency within thirty (30) days from the date of receipt of the written order from the Purchasing Agency. If the parties fail to agree on an amount of adjustment, the question of an increase or decrease in the agreement price or time for performance shall be resolved in accordance with the procedures for resolving disputes provided by the Disputes Clause of this agreement or, if there is none, in accordance with the disputes provisions of the Commonwealth of Virginia Vendors Manual. Neither the existence of a claim nor a dispute resolution process, litigation or any other provision of this agreement shall excuse the subrecipient from promptly complying with the changes ordered by the Purchasing Agency or with the performance of the agreement generally.

- I. **CIVILITY IN STATE WORKPLACES:** The Subrecipient shall take all reasonable steps to ensure that no individual, while performing work on behalf of the subrecipient or any subcontractor in connection with this agreement (each, a "Subrecipient Worker"), shall engage in 1) harassment (including sexual harassment), bullying, cyber-bullying, or threatening or violent conduct, or 2) discriminatory behavior on the basis of race, sex, color, national origin, religious belief, sexual orientation, gender identity or expression, age, political affiliation, veteran status, or disability.

The Subrecipient shall provide each Subrecipient Worker with a copy of this Section and will require Subrecipient Workers to participate in agency training on civility in the State workplace if subrecipient's (and any subcontractor's) regular mandatory training programs do not already encompass equivalent or greater expectations. Upon request, the subrecipient shall provide documentation that each Subrecipient Worker has received such training.

For purposes of this Section, "State workplace" includes any location, permanent or temporary, where a Commonwealth employee performs any work-related duty or is representing his or her agency, as well as surrounding perimeters, parking lots, outside meeting locations, and means of travel to and

from these locations. Communications are deemed to occur in a State workplace if the Subrecipient Worker reasonably should know that the phone number, email, or other method of communication is associated with a State workplace or is associated with a person who is a State employee.

The Commonwealth of Virginia may require, at its sole discretion, the removal and replacement of any Subrecipient Worker who the Commonwealth reasonably believes to have violated this Section.

This Section creates obligations solely on the part of the Subrecipient. Employees or other third parties may benefit incidentally from this Section and from training materials or other communications distributed on this topic, but the Parties to this agreement intend this Section to be enforceable solely by the Commonwealth and not by employees or other third parties.

- J. **CLARIFICATION OF TERMS:** If any prospective Subrecipient has questions about the specifications or other solicitation documents, the prospective Subrecipient should contact the buyer whose name appears on the face of the solicitation no later than five working days before the due date. Any revisions to the solicitation will be made only by addendum issued by the buyer.
- K. **DEBARMENT STATUS:** By participating in this procurement, the Subrecipient certifies that they are not currently debarred by the Commonwealth of Virginia from submitting a response for the type of goods and/or services covered by this solicitation. Vendor further certifies that they are not debarred from filling any order or accepting any resulting order, or that they are an agent of any person or entity that is currently debarred by the Commonwealth of Virginia.

If a vendor is created or used for the purpose of circumventing a debarment decision against another vendor, the non-debarred vendor will be debarred for the same time period as the debarred vendor.

- L. **DEFAULT:** In case of failure to deliver goods or services in accordance with the agreement terms and conditions, the Commonwealth, after due oral or written notice, may procure them from other sources and hold the subrecipient responsible for any resulting additional purchase and administrative costs. This remedy shall be in addition to any other remedies which the Commonwealth may have.
- M. **DRUG-FREE WORKPLACE:** Applicable for all agreements over \$10,000: During the performance of this agreement, the subrecipient agrees to (i) provide a drug-free workplace for the subrecipient's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the subrecipient's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the subrecipient that the subrecipient maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or subgrantee.

For the purposes of this section, “*drug-free workplace*” means a site for the performance of work done in connection with a specific agreement awarded to a subrecipient, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the agreement.

- N. **ETHICS IN PUBLIC CONTRACTING:** By submitting their application, the applicant certifies that services are made without collusion or fraud and that they have not offered or received any kickbacks or inducements from any other applicant, supplier, manufacturer or subcontractor in connection with their application, and that they have not conferred on any public employee having official responsibility for this procurement transaction any payment, loan, subscription, advance,

deposit of money, services or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value was exchanged.

O. **eVA BUSINESS-TO-GOVERNMENT VENDOR REGISTRATION, CONTRACTS, AND ORDERS:**

The eVA Internet electronic procurement solution, web site portal www.eVA.virginia.gov, streamlines and automates government purchasing activities in the Commonwealth. The eVA portal is the gateway for vendors to conduct business with state agencies and public bodies. All vendors desiring to provide goods and/or services to the Commonwealth shall participate in the eVA Internet e-procurement solution by completing the free eVA Vendor Registration. All Subrecipients must register in eVA and pay the Vendor Transaction Fees specified below; failure to register will result in the agreement being rejected.

Vendor transaction fees are determined by the date the original purchase order is issued and the current fees are as follows:

- a. For orders issued July 1, 2014, and after, the Vendor Transaction Fee is:
 - (i) DSBSD-certified Small Businesses: 1%, capped at \$500 per order.
 - (ii) Businesses that are not DSBSD-certified Small Businesses: 1%, capped at \$1,500 per order.
- b. Refer to Special Term and Condition “eVA Orders and Contracts” to identify the number of purchase orders that will be issued as a result of this solicitation/agreement with the eVA transaction fee specified above assessed for each order.

For orders issued prior to July 1, 2014, the vendor transaction fees can be found at www.eVA.virginia.gov. The specified vendor transaction fee will be invoiced, by the Commonwealth of Virginia Department of General Services, typically within 60 days of the order issue date. Any adjustments (increases/decreases) will be handled through purchase order changes.

P. **IMMIGRATION REFORM AND CONTROL ACT OF 1986:** Applicable for all agreements over \$10,000: By entering into a written agreement with the Commonwealth of Virginia, the Subrecipient certifies that the Subrecipient does not, and shall not during the performance of the agreement for goods and services in the Commonwealth, knowingly employ an unauthorized alien as defined in the federal Immigration Reform and Control Act of 1986.

Q. **NONDISCRIMINATION OF SUBRECIPIENTS:** A Subrecipient shall not be discriminated against in the solicitation or award of this agreement because of race, religion, color, sex, sexual orientation, gender identity, national origin, age, disability, faith-based organizational status, any other basis prohibited by state law relating to discrimination in employment or because the Subrecipient employs ex-offenders unless the state agency, department or institution has made a written determination that employing ex-offenders on the specific agreement is not in its best interest. If the award of this agreement is made to a faith-based organization and an individual, who applies for or receives goods, services, or disbursements provided pursuant to this agreement objects to the religious character of the faith-based organization from which the individual receives or would receive the goods, services, or disbursements, the public body shall offer the individual, within a reasonable period of time after the date of his objection, access to equivalent goods, services, or disbursements from an alternative provider.

R. **PAYMENT:**

1. To Prime Subrecipient:

- a. Invoices for items ordered, delivered and accepted shall be submitted by the subrecipient directly to the payment address shown on the purchase order/agreement. All invoices shall show the state contract number and/or purchase order number; social security number (for individual contractors) or the federal employer identification number (for proprietorships, partnerships, and corporations).
- b. Any payment terms requiring payment in less than 30 days will be regarded as requiring payment 30 days after invoice or delivery, whichever occurs last. This shall not affect offers of discounts for payment in less than 30 days, however.
- c. All goods or services provided under this agreement or purchase order, that are to be paid for with public funds, shall be billed by the subrecipient at the contract price, regardless of which public agency is being billed.
- d. The following shall be deemed to be the date of payment: the date of postmark in all cases where payment is made by mail, or when offset proceedings have been instituted as authorized under the Virginia Debt Collection Act.
- e. **Unreasonable Charges.** Under certain emergency procurements and for most time and material purchases, final job costs cannot be accurately determined at the time orders are placed. In such cases, subrecipients should be put on notice that final payment in full is contingent on a determination of reasonableness with respect to all invoiced charges. Charges which appear to be unreasonable will be resolved in accordance with Code of Virginia, § 2.2-4363 and -4364. Upon determining that invoiced charges are not reasonable, the Commonwealth shall notify the Subrecipient of defects or improprieties in invoices within fifteen (15) days as required in Code of Virginia, § 2.2-4351. The provisions of this section do not relieve an agency of its prompt payment obligations with respect to those charges which are not in dispute (Code of Virginia, § 2.2-4363).

2. To Subcontractors:

- a. Within seven (7) days of the Subrecipient's receipt of payment from the Commonwealth, a Subrecipient awarded an agreement under this solicitation is hereby obligated:
 - (1) To pay the subcontractor(s) for the proportionate share of the payment received for work performed by the subcontractor(s) under the agreement; or
 - (2) To notify the agency and the subcontractor(s), in writing, of the Subrecipient's intention to withhold payment and the reason.
 - b. The Subrecipient is obligated to pay the subcontractor(s) interest at the rate of one percent per month (unless otherwise provided under the terms of the agreement) on all amounts owed by the Subrecipient that remain unpaid seven (7) days following receipt of payment from the Commonwealth, except for amounts withheld as stated in (2) above. The date of mailing of any payment by U. S. Mail is deemed to be payment to the addressee. These provisions apply to each sub-tier contractor and/or subrecipient performing under the primary agreement. A Subrecipient's obligation to pay an interest charge to a subcontractor may not be construed to be an obligation of the Commonwealth.
3. Each prime subrecipient who wins an award in which provision of a SWaM procurement plan is a condition to the award, shall deliver to the contracting agency or institution, on or before request for final payment, evidence and certification of compliance (subject only to

- insubstantial shortfalls and to shortfalls arising from subcontractor default) with the SWaM procurement plan. Final payment under the agreement in question may be withheld until such certification is delivered and, if necessary, confirmed by the agency or institution, or other appropriate penalties may be assessed in lieu of withholding such payment.
4. The Commonwealth of Virginia encourages Subrecipients and subcontractors to accept electronic and credit card payments.
- S. **PRICE CURRENCY:** Unless stated otherwise in the agreement, Subrecipients shall state prices in US dollars.
- T. **QUALIFICATIONS OF SUBRECIPIENTS:** The Commonwealth may make such reasonable investigations as deemed proper and necessary to determine the ability of the Subrecipient to perform the services/furnish the goods and the Subrecipient shall furnish to the Commonwealth all such information and data for this purpose as may be requested. The Commonwealth reserves the right to inspect Subrecipient's physical facilities prior to award to satisfy questions regarding the Subrecipient's capabilities. The Commonwealth further reserves the right to reject any application if the evidence submitted by, or investigations of, such Subrecipient fails to satisfy the Commonwealth that such Subrecipient is properly qualified to carry out the obligations of the agreement and to provide the services and/or furnish the goods contemplated therein.
- U. **TESTING AND INSPECTION:** The Commonwealth reserves the right to conduct any test/inspection it may deem advisable to assure goods and services conform to the specifications.
- V. **VENDORS MANUAL:** This solicitation is subject to the provisions of the Commonwealth of Virginia *Vendors Manual* and any changes or revisions thereto, which are hereby incorporated into this agreement in their entirety. The process for filing a complaint about this solicitation is in section 7.13 of the *Vendors Manual*. (Note section 7.13 does not apply to protests of awards or formal contractual claims.) The procedure for filing contractual claims is in section 7.19 of the *Vendors Manual*. A copy of the manual is normally available for review at the purchasing office and is accessible on the Internet at www.eva.virginia.gov under "I Sell To Virginia".

X. SPECIAL TERMS AND CONDITIONS

- A. **ACCEPTANCE OF ELECTRONIC SIGNATURES:** Any signature delivered via facsimile or other electronic means shall be deemed to be an original.
- B. **AUDIT:** The subrecipient shall retain all books, records, and other documents relative to this contract for five (5) years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner. The agency, its authorized agents, and/or state auditors shall have full access to and the right to examine any of said materials during said period.

The subrecipient further agrees to comply with the audit and reporting requirements defined by the Office of Management and Budget (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards Subpart F – Audit Requirements, as applicable. A subrecipient who expends \$750,000 or more in combined federal funding during the subrecipient's fiscal year is required to have an independent audit performed annually in accordance with the provisions of these parts. The single audit report(s) package must be submitted on-line to the Federal Audit Clearinghouse (FAC) within the earlier of thirty calendar days after receipt of the auditor's report(s) by the subrecipient, or nine months after the end of the audit period.

For specific questions and information concerning the submission process:

Visit the Federal Audit Clearing House

[https://harvester.census.gov/facides/\(S\(ilywi5ipbj3rjov5zvulfnos\)\)/account/login.aspx](https://harvester.census.gov/facides/(S(ilywi5ipbj3rjov5zvulfnos))/account/login.aspx)

Call FAC at the toll-free number: (800) 253-0696

- C. **CANCELLATION OF AGREEMENT:** The purchasing agency reserves the right to cancel and terminate any resulting agreement, in part or in whole, without penalty, upon 60 days written notice to the subrecipient. In the event the initial agreement period is for more than 12 months, the resulting agreement may also be terminated by the subrecipient, without penalty, after the initial 12 months of the agreement period upon 60 days written notice to the other party. Any agreement cancellation notice shall not relieve the subrecipient of the obligation to deliver and/or perform on all outstanding orders issued prior to the effective date of cancellation.
- D. **CONFIDENTIALITY OF PERSONALLY IDENTIFIABLE INFORMATION:** The Subrecipient assures that information and data obtained as to personal facts and circumstances related to patients or clients will be collected and held confidential, during and following the term of this agreement, and unless disclosure is required pursuant to court order, subpoena or other regulatory authority, will not be divulged without the individual's and the agency's written consent and only in accordance with federal law or the Code of Virginia. Subrecipient's who utilize, access, or store personally identifiable information as part of the performance of the agreement are required to safeguard this information and immediately notify the agency of any breach or suspected breach in the security of such information. Subrecipients shall allow the agency to both participate in the investigation of incidents and exercise control over decisions regarding external reporting. Subrecipient and their employees working on this project may be required to sign a confidentiality statement. More information on the Commonwealth Information Technology Security Standard can be found on VITA website <https://www.vita.virginia.gov/commonwealth-security/sensitive-data/>
- E. **CONFIDENTIALITY OF RESEARCH:** Research information identifiable to an individual, which was obtained through a project funded wholly or in part with Virginia Department of Social Services sub-grant funds, shall remain confidential and copies of such information shall be immune from legal process, and shall not, without the consent of the person furnishing such information, be admitted as evidence or used for any purpose in any action, suit, or other judicial or administrative proceeding (28 CFR Part 22).
- F. **eVA ORDERS AND CONTRACTS:** The solicitation/contract/agreement will result in multiple purchase order(s) with the applicable eVA transaction fee assessed for each order.
- G. **E-VERIFY PROGRAM:** EFFECTIVE 12/1/13. Pursuant to *Code of Virginia*, §2.2-4308.2., any employer with more than an average of 50 employees for the previous 12 months entering into an agreement in excess of \$50,000 with any agency of the Commonwealth to perform work or provide services pursuant to such agreement shall register and participate in the E-Verify program to verify information and work authorization of its newly hired employees performing work pursuant to such public agreement. Any such employer who fails to comply with these provisions shall be debarred from contracting with any agency of the Commonwealth for a period up to one year. Such debarment shall cease upon the employer's registration and participation in the E-Verify program. If requested, the employer shall present a copy of their Maintain Company page from E-Verify to prove that they are enrolled in E-Verify.
- H. **FEDERAL EXCLUDED PARTIES LIST:** This agreement is being funded in whole or in part by funds granted to grantee by the US Government. Under Federal Executive Order 12549, all subrecipients receiving individual awards, using federal funds of \$25,000 or more, and all subrecipients, certify that the organization and its principals are not debarred, suspended,

proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency from doing business with the federal government. By entering into this agreement, the Subrecipient represents that neither the Subrecipient nor any of its principal officers are on the Federal Excluded Parties List.

- I. **GRANTS:** All grants provided by the VDSS to the subrecipient must comply with the terms and conditions of the Commonwealth of Virginia. In addition, any funds that are granted to subrecipient from approved AmeriCorps funded initiatives will be governed by federal laws and regulations and AmeriCorps policies applicable to any such project for which funding may be applied.
- J. **HUMAN TRAFFICKING PROVISIONS:** By entering into a written agreement, Subrecipient certifies to the Commonwealth that they will comply with the requirements of Section 106(g) of the “Trafficking Victims Protection Act of 2000” (22USC 7104). The full text of this requirement is found at <http://www.acf.hhs.gov/grants/award-term-and-condition-for-trafficking-in-persons>
- K. **LOBBYING PROHIBITIONS:** Federal grant funds may not be used by any Subrecipient (at any tier) to support lobbying activities to influence proposed or pending federal or state legislation or appropriations. This prohibition is related to the use of federal grant funds and is not intended to affect an individual’s right or that of any organization, to petition Congress, or any other level of Government, through the use of other resources. (See 45 CFR Part 93)
- L. **MANDATORY DISCLOSURES AND REVIEW OF RISK REQUIREMENTS:** Non-Federal entities must disclose all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to comply may result in any noncompliance remedies, including debarment and suspension. (See 31 U.S.C. 3321, 41 U.S.C. 2313, provisions found in Federal regulations at 45 CFR 75.113 and 2 CFR Parts 180 and 376.)
- M. **NOTIFICATION OF POSITIONS VACATED AND FILLED:** The subrecipient must promptly notify the grantee whenever funded positions under the subaward are vacated or the allocated time of the position is reduced and may hire staff to fill vacant positions funded under the subaward with notification to the grantee of the staff member’s name, qualifications and experience.
- N. **OWNERSHIP OF MATERIAL:** Ownership of all data, material and documentation originated and prepared for the State pursuant to the agreement shall belong exclusively to the State and be subject to public inspection in accordance with the Virginia Freedom of Information Act. Trade secrets or proprietary information submitted by a Subrecipient shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the Subrecipient must invoke the protection of this section prior to or upon submission of the data or other materials, and must identify the data or other materials to be protected and state the reasons why protection is necessary.

Any reports, studies, photographs, negatives, films, videos, or other documents prepared by the Subrecipient in the performance of its obligations under this agreement shall be the exclusive property of the grantee and all such materials shall be remitted to the grantee upon completion, termination or cancellation of this agreement. The Subrecipient shall not use, willingly allow or cause to have such materials used for any purpose other than performance of the Subrecipient's obligations under this agreement without the prior written consent of the grantee. Any materials produced under this agreement must bear a statement that the project was supported by the grantee and identify the title of the funding source.

- O. **PERFORMANCES:** All services provided by the Subrecipient pursuant to this agreement shall be performed to the satisfaction of VDSS, and in accordance with the applicable federal, state and local laws, ordinances, rules and regulations. The Subrecipient shall not receive payment for work found by VDSS to be unsatisfactory, or performed in violation of federal, state or local laws, ordinances, rules or regulations.
- P. **POLITICAL ACTIVITY PROHIBITED:** The Subrecipient funded under this agreement shall not use these program funds, provide services, or employ or assign personnel, in a manner supporting or resulting in the identification of such programs with any partisan political activity or any political activity associated with a candidate, or contending faction or group, in an election for public or party office.
- Q. **PRIME SUBRECIPIENT RESPONSIBILITIES:** If approval is granted by the grantee to subcontract any portion of this agreement, the Subrecipient shall be responsible for completely supervising and directing the work under the agreement and all subcontractors that he may utilize, using his best skill and attention. Subcontractors who perform work under this agreement shall be responsible to the prime Subrecipient. The Subrecipient agrees that he is as fully responsible for the acts and omissions of his subcontractors and of persons employed by them as he is for the acts and omissions of his own employees.
- R. **RELIGIOUS ACTIVITY PROHIBITIONS:** Direct federal grants, subawards, or agreements shall not be used to support inherently religious activities such as religious instruction, worship, or proselytization. Therefore, the Subrecipient must take steps to separate, in time or location, their inherently religious activities from the services funded under this program. (See 45 CFR Part 87)
- S. **RENEWAL OF CONTRACT:** This agreement may be renewed by the Commonwealth upon written agreement of both parties for one (1) successive optional one (1) year period for Public Health AmeriCorps Continuation subrecipients meeting AmeriCorps and VDSS terms and conditions and demonstrating satisfactory performance, under the terms of the current agreement, and at a reasonable time approximately 90 days prior to the expiration. This renewal is not guaranteed and is contingent upon approval of the Public Health AmeriCorps Continuation application by AmeriCorps for the subsequent year.
- T. **SAME-SEX MARRIAGE PROVISIONS:** In accordance with the decision in United States vs Windsor (133S. Ct. 2675 (June 26, 2013); Section 3 of the Defense of Marriage Act, codified at 1 USC 7, in any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite sex spouses, marriages, and households, respectively. "Same-Sex Spouses" means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. "Same-Sex Marriages" means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 States, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. "Marriage" does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage.
- U. **SECTION 504 OF THE REHABILITATION ACT OF 1973:** The Subrecipient certifies that it will comply with Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended,

and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program or activity from which the Subrecipients receives federal financial assistance from the Department of Health and Human Services.

- V. **SECURITY AND TRANSFER OF DATA:** The following terms and conditions relate to the protection, sharing, and inspection of information. VDSS and its agents reserve the right to conduct any test/inspection it may deem advisable to assure goods and services conform to the specifications.
1. All sensitive information shall be encrypted at rest and in transit as required by Commonwealth Security Standards.
 - a. Encryption At-Rest refers to the storage medium for all servers and workstations containing VDSS sensitive information.
 - b. Encryption In-Transit refers to all network transmissions across LAN, WAN, or other point-to-point/point-to-multipoint technology.
 2. VDSS may require the use of its own internal File Sharing /Data Sharing solution which is pre-approved for handling sensitive Commonwealth data.
 - a. If the partnering entity requires a user ID and Password, the user ID and password must not be shared. Multiple user IDs can be provided. VDSS system administrators will take measures to ensure the password meets Commonwealth standards.
 - b. VDSS can provide access to its File Sharing/Data Sharing solution via SSH protocol. This method allows for the use of a user ID and SSH key pair. SSH key pairs must:
 - i. Be owned and created by the partnering entity.
 - ii. Be renewed no less than annually.
 - iii. Be based on RSA 2048.
 - iv. Include a public key that is intended to be shared with VDSS.

The Commonwealth of Virginia may require, at its sole discretion, the removal and replacement of any Subrecipient Worker who the Commonwealth reasonably believes to have violated this Section.

This Section creates obligations solely on the part of the Subrecipient. Employees or other third parties may benefit incidentally from this Section and from training materials or other communications distributed on this topic, but the Parties to this agreement intend this Section to be enforceable solely by the Commonwealth and not by employees or other third parties.

- W. **SMOKE FREE ENVIRONMENT:** The Subrecipient certifies to the Commonwealth that it will comply with the requirements of Title XII of Public Law 103-227, the “PRO-KIDS Act of 1994”, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used for the provisions of health, day care, education, or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments, by federal grant, agreement, loan, or loan

guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity. Additionally, the Subrecipient certifies that it will include the above language in any subcontractors that contain provisions for children's services.

X. **STATE CORPORATION COMMISSION IDENTIFICATION NUMBER:** Pursuant to *Code of Virginia*, §2.2-4311.2 subsection B, a Subrecipient's organized or authorized to transact business in the Commonwealth pursuant to Title 13.1 or Title 50 is required to include in its bid or application the identification number issued to it by the State Corporation Commission (SCC). Any subrecipient that is not required to be authorized to transact business in the Commonwealth as a foreign business entity under Title 13.1 or Title 50 or as otherwise required by law is required to include in its bid or application a statement describing why the subrecipient is not required to be so authorized. Indicate the above information on the SCC Form provided. Agreement agrees that the process by which compliance with Titles 13.1 and 50 is checked during the solicitation stage (including without limitation the SCC Form provided) is streamlined and not definitive, and the Commonwealth's use and acceptance of such form, or its acceptance of Agreement's statement describing why the subrecipient was not legally required to be authorized to transact business in the Commonwealth, shall not be conclusive of the issue and shall not be relied upon by the Agreement as demonstrating compliance.

Y. **SUBCONTRACTS:** No portion of the work shall be subcontracted without prior written consent of the grantee. In the event that the Subrecipient desires to subcontract some part of the work specified herein, the Subrecipient shall furnish the grantee the names, qualifications and experience of their proposed subcontractor(s). The Subrecipient shall, however, remain fully liable and responsible for the work to be done by its subcontractor(s) and shall assure compliance with all requirements of the agreement.

Z. **SUPPLANTATION OF FUNDS:** The Subrecipient assures that funds made available under this agreement will not be used to supplant state or local funds, but will be used to increase the amounts of such funds that would be, in the absence of these funds, made available for these services and deliverables only.

AA. **SUBRECIPIENT AS INDEPENDENT ENTITY:** During the performance of this agreement, the Subrecipient shall be regarded as an independent entity and not as an agent or employee of the Commonwealth of Virginia or the grantee. The Subrecipient shall be responsible for all its own insurance and federal, state, local and social security taxes.

XI. COMPENSATION

For providing the good and/or services specified, VDSS will compensate the subrecipients monthly on a cost reimbursement basis for actual costs and upon receipt of an itemized invoice.

XII. METHOD OF PAYMENT

- A. For providing the services specified in the subaward agreement, the subrecipient will be reimbursed monthly. The Subrecipient shall submit expenditure statements within 10 days following the end of the month in which services were performed.
- B. Disbursement of funds will follow a cost reimbursement procedure and will be for actual funds expended. Actual expenditures shall be itemized and invoiced pursuant to approved line item

budget categories in Attachment B of the subaward agreement. Subrecipients shall only be reimbursed for costs that have been incurred within the grant subaward period. Requests for reimbursement shall be submitted through the upload of monthly Periodic Expense Report to the OnCorps reporting system. The subrecipient shall submit an expenditure statement showing no services delivered if that is the case in any invoice period.

- C. The subrecipient must be prepared to pay expenses as they are incurred and then submit expenditure request for funds on a monthly basis in arrears to VDSS for reimbursement. In cases where no costs are incurred for a particular month, the subrecipient shall submit a Periodic Expense Report showing no “current month’s expenditures” for that period.
- D. The subrecipient should allow 30 days from the time periodic expense reports are received by the VDSS until reimbursement is received. If errors are found in the periodic expense reports, the 30 days will be from the date a corrected periodic expense reports is received.
- E. Subrecipients must also submit the final request for reimbursement to VDSS within 15 days (by July 15th) after the expiration of the grant period.
- F. The subrecipient shall be required to maintain accounting records to support all requests for reimbursement. These records shall be available for review by the Commonwealth of Virginia. VDSS will monitor expenditures.
- G. VDSS will not pay for non-allowable expenses, or for work performed that is not in conformity with the contract, applicable federal, state and local laws, ordinances, rules and regulations. The method of payment to be used will depend on the type of organization receiving funds or serving as the fiscal agent:
 - If the subrecipient is a state agency, then reimbursement will be handled through Virginia’s Interagency Transfer system. Payments may be made monthly.
 - If the subrecipient is not a state agency then the subrecipient shall submit monthly expenditure statements to VDSS. Subrecipient shall be reimbursed using the Virginia Department of Account’s (DOA) Remittance Electronic Data Interchange (EDI). All reimbursements will be deposited electronically through the Department of Account’s Remittance Electronic Data Interchange (EDI) Virginia. Subrecipients seeking reimbursement from VDSS through the invoice process must be or become eligible to receive reimbursement through EDI by subaward. Application information for EDI is found on DOA’s website: www.doa.virginia.gov.

Attachment A

Certification of Organization Authorization

Organization Name			
Program Name			
<p>The authorizing official below certifies that for the purpose of this AmeriCorps grant: (A) only the following individuals are authorized to sign the contract (and any amendments) between this organization and the Virginia Department of Social Services; and (B) only the following individuals are authorized to sign the Periodic Expense Reports (PERs) for reimbursement by the Virginia Department of Social Services. PERs must be signed/ submitted in OnCorps by individuals who have responsibility for financial operations within their respective organizations.</p>			
A. Contract Signatories		Signatures	
Name and Title			
Name and Title			
B. Periodic Expense Report Signatories		Signatures	
Name of Program Director			
Name of Finance Director			
Name of Alternate			
<p>The affiant does further state that all payments made by the Department of Social Services pursuant to AmeriCorps should be made only to the named payee and address below, which the affiant certifies to be authorized to receive such funds at the address below:</p>			
Payee/Subgrantee (Organization Legal Name)			
Contact Name/Title			
Address			
Email Address		Federal Identification Number (FIN)	
<u>Certification</u>			Signature of Authorizing Official
Name and Title of Authorizing Official			

ATTACHMENT B

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an 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, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award 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. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any 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 commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Title:

* SIGNATURE:

* DATE:

Attachment C

FFATA Subrecipient Required Data

This form must be completed, certified, and returned with the response to the RFP.

For VDSS Use Only – To be completed by Program Unit	
1. Federal Award Identifier Number (FAIN)	
2. Award Title	
3. CFDA	
4. Subaward Number	
To be completed by Subawardee	
5. Subawardee Legal Name	
6. Data Universal Numbering System (DUNS) number – 9 digits	
7. Are you registered in the System for Award Management (SAM)? If Yes, continue to question 8. If No, please go to question 9.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is your registration in SAM current and active? If Yes, enter expiration date. If No, continue to question 9.	<input type="checkbox"/> Yes Expiration Date: _____ <input type="checkbox"/> No
9. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches, and all affiliates worldwide) receive (1) 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; AND (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? If Yes, continue to question 10. If No, please go to question 12.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the public have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at www.sec.gov/answers/excomp.htm .)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please go to question 12. If No, please continue to question 11.	
<p>11. List the names and total compensation of the top five highly compensated officers. <i>Total Compensation is the cash and noncash dollar value earned by the executive during the preceding fiscal year and includes the following: salary and bonus; awards of stock, stock options, and stock appreciation rights; earnings for services under non-equity incentive plans; change in pension value, etc. (for more information see 17 CFR 229.402 (c))</i></p> <p>Note: State and local governments are exempt from reporting executive compensation.</p>	<p>Officer 1 Name: _____</p> <p>Officer 1 Compensation: _____</p> <p>Officer 2 Name: _____</p> <p>Officer 2 Compensation: _____</p> <p>Officer 3 Name: _____</p> <p>Officer 3 Compensation: _____</p> <p>Officer 4 Name: _____</p> <p>Officer 4 Compensation: _____</p> <p>Officer 5 Name: _____</p> <p>Officer 5 Compensation: _____</p>
12. Awardee Street Address 1	
13. Street Address 2	
14. City	
15. State	
16. Zip + 4	
17. Congressional District	
18. Place of Performance – primary site where the work will be performed (POP) Awardee Street Address 1	
19. POP Street Address 2	
20. POP City	
21. POP State	
22. POP Zip + 4	
23. POP Congressional District	

Dun & Bradstreet website: <http://www.dnb.com/us/>

System for Award Management website: <https://www.sam.gov>

I certify that the above Subawardee information is correct, accurate, and will be maintained/updated as required to keep registration current.

Name

Title

Date

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.


NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <div style="border: 1px solid black; height: 30px; width: 100%; background-color: yellow;"></div>	TITLE <div style="border: 1px solid black; height: 20px; width: 100%; background-color: yellow;"></div>
APPLICANT ORGANIZATION <div style="border: 1px solid black; height: 20px; width: 100%; background-color: yellow;"></div>	DATE SUBMITTED <div style="border: 1px solid black; height: 20px; width: 100%; background-color: yellow;"></div>

Form W-9 Commonwealth of Virginia Substitute W-9 Form Revised July 2014	<h1 style="margin: 0;">Request for Taxpayer Identification Number and Certification</h1>																														
Section 1 - Taxpayer Identification	<input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) _____		Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number . The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.																												
	Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions) _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Legal Name:</td> <td></td> </tr> <tr> <td>Business Name:</td> <td></td> </tr> </table>	Legal Name:		Business Name:																									
	Legal Name:																														
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Entity Type</th> <th style="text-align: center;">Entity Classification</th> <th style="text-align: center;">Exemptions (see instructions)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Professional Services <input type="checkbox"/> Medical Services</td> <td rowspan="2">Exempt payee code (if any): (from backup withholding) _____</td> </tr> <tr> <td><input type="checkbox"/> Sole Proprietorship</td> <td><input type="checkbox"/> S-Corporation</td> <td><input type="checkbox"/> Political Subdivision <input type="checkbox"/> Legal Services</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> C-Corporation</td> <td><input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Joint Venture</td> <td rowspan="4">Exemption from FATCA reporting code (if any): _____</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Disregarded Entity</td> <td><input type="checkbox"/> VA Local Government <input type="checkbox"/> Tax Exempt Organization</td> </tr> <tr> <td><input type="checkbox"/> Estate</td> <td><input type="checkbox"/> Limited Liability Company</td> <td><input type="checkbox"/> Federal Government <input type="checkbox"/> OTH Government</td> </tr> <tr> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> VA State Agency <input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Non-Profit</td> <td><input type="checkbox"/> Corporation</td> <td></td> <td></td> </tr> </tbody> </table>		Entity Type		Entity Classification	Exemptions (see instructions)	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Services <input type="checkbox"/> Medical Services	Exempt payee code (if any): (from backup withholding) _____	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Political Subdivision <input type="checkbox"/> Legal Services	<input type="checkbox"/> Partnership	<input type="checkbox"/> C-Corporation	<input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Joint Venture	Exemption from FATCA reporting code (if any): _____	<input type="checkbox"/> Trust	<input type="checkbox"/> Disregarded Entity	<input type="checkbox"/> VA Local Government <input type="checkbox"/> Tax Exempt Organization	<input type="checkbox"/> Estate	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Federal Government <input type="checkbox"/> OTH Government	<input type="checkbox"/> Government	<input type="checkbox"/> Partnership	<input type="checkbox"/> VA State Agency <input type="checkbox"/> Other	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Corporation			
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		Business Phone:																													
Remittance Address: City: State : Zip Code:		Fax Number:																													
		Mobile Phone:																													
		Alternate Phone:																													
Section 2 - Certification	Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.																														
	Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See instructions titled Certification																														
Printed Name:																															
Authorized U.S. Signature:		Date:																													

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain

payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see Section 2 Certification – Page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code on page 3 and the separate Instructions for the Requestor of Form W-9 for more information.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code on page 3 and the Instructions for the Requestor of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no

reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Section 1 -Taxpayer Identification

Check the appropriate Tax Identification Number (TIN) type. Enter your EIN/SSN in the space provided.

If you are a resident alien and you do not have and /or are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site www.irs.gov.

If you do not have a TIN, apply for a TIN immediately, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester. **Note:** *Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.*

Enter the TIN which coincides with the 'Legal Name' provided on the form.

- If you are an individual, check the "Social Security Number (SSN)" box and enter the SSN.
- If you are a Grantor or Revocable Trust, check the "Social Security Number (SSN)" box and enter the SSN of the Grantor.
- If you are a Resident Alien, check the "Social Security Number (SSN)" box and enter your SSN or

your ITIN (IRS Individual Taxpayer Identification Number).

d. If you are a Sole Proprietor, check the "Social Security Number (SSN)" box and enter the SSN of the sole proprietor.

e. If you are a Single-Member LLC that is disregarded as an entity, check the "Social Security Number (SSN)" box and enter the member's SSN.

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

Vendors are requested to enter their **Dunn and Bradstreet Universal Numbering System (DUNS)**, if applicable. See number requirement below.

Dunn and Bradstreet Universal Numbering System (DUNS) number requirement . The United States Office of Management and Budget (OMB) requires all vendors that receive federal grant funds have their DUNS number recorded with and subsequently reported to the granting agency. If a contractor has multiple DUNS numbers the contractor should provide the primary number listed with the Federal government's Central Contractor Registration (CCR) at www.ccr.gov . Any entity that does not have a DUNS number can apply for one on-line at <http://www.dnb.com/us/> under the DNB D-U-N Number Tab.

Legal Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name. If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form. If you are using a name other than that which is listed on a Social Security Card, please enter the legal entity name **as filed with the IRS**. In general, enter the name shown on your income tax return. Do not enter a Disregarded Entity Name on this line.

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

Entity Type. Select the appropriate entity type.

Individual. If you are an individual, you must generally enter the name shown on your income tax return.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Legal Name" line. You may enter your business, trade, or

"doing business as (DBA)" name on the "Business Name" line.

Partnership. A partnership is an entity reflecting a relationship existing between two or more persons who join to carry on a trade or business. Enter the partnership's entity's name on the "Legal Name" line. This name should match the name shown on the legal document creating the entity. You may enter your business, trade, or "doing business as (DBA)" name on the "Business Name" line.

Trust. A legal entity that acts as fiduciary, agent or trustee on behalf of a person or business entity for the purpose of administration, management and the eventual transfer of assets to a beneficial party. Enter the name of the legal entity on the "Legal Name" line.

Estate. A separate legal entity created under state law solely to transfer property from one party to another. The entity is separated by law from both the grantor and the beneficiaries. Enter the name of the legal entity on the "Legal Name" line.

Government. The Government of any State, any Political Subdivision of any State, any Agency or Instrumentality of a State or of a Political Subdivision of a State.

Non-Profit. An organization that is organized and operated exclusively for exempt purposes and none of its earnings may inure to any private shareholder or individual.

Corporation. A company recognized by law as a single body with its own powers and liabilities, separate from those of the individual members. Enter the entity's name on the "Legal Name" line and any trade or "doing business as (DBA)" name on the "Business Name" line.

S-Corporation. A corporation that is taxed like a partnership: a corporation in which five or fewer people own at least half the stock. Enter the entity's name on the "Legal Name" line and any trade or "doing business as (DBA)" name on the "Business Name" line.

C-Corporation. A business that is taxed as a separate entity: a business taxed under Subchapter C of the Internal Revenue Code and legally distinct from its owners. Enter the entity's name on the "Legal Name" line and any trade or "doing business as (DBA)" name on the "Business Name" line.

Limited liability Company (LLC). An LLC with at least two members is classified as a partnership for federal income tax purposes unless it files Form 8832 and affirmatively elects to be treated as a corporation. Enter the name of the partnership or corporation. An LLC with only one member is treated as an entity disregarded as separate from its owner for income tax purposes (but as a separate

entity for purposes of employment tax and certain excise taxes), unless it files Form 8832 and affirmatively elects to be treated as a corporation. If you are a single-member LLC (including a foreign LLC with a domestic owner) that is **disregarded** as an entity separate from its owner, **enter the owner's name on the "Legal Name" line.** **Caution:** *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Entity Classification. Select the appropriate classification type.

Contact Information. Enter your contact information.

Enter your **Legal Address.** Enter your **Remittance Address.** A **Remittance Address** is the location in which you or your entity receives business payments.

Enter your **Business Phone Number.** Enter your **Mobile Phone Number,** if applicable. Enter your **Fax Number,** if applicable. Enter your **Email Address.**

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

Exemptions

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

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

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

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

- 1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2 - The United States or any of its agencies or instrumentalities
- 3 - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities
- 4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5 - A corporation

- 6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7 - A futures commission merchant registered with the Commodity Futures Trading Commission
- 8 - A real estate investment trust
- 9 - An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10 - A common trust fund operated by a bank under section 584(a)
- 11 - A financial institution
- 12 - A middleman known in the investment community as a nominee or custodian
- 13 - A trust exempt from tax under section 664 or described in section 4947.

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

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

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

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

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

- A - An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B - The United States or any of its agencies or instrumentalities
- C - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D - A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E - A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F - A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G - A real estate investment trust
- H - A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I - A common trust fund as defined in section 584(a)
- J - A bank as defined in section 581
- K - A broker
- L - A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M - A tax exempt trust under a section 403(b) plan or section 457(g) plan

Section 2 - Certification

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

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

Submission:

Commonwealth Vendor Group
Post Office Box 1971
Richmond, VA 23218-1971
CVG@doa.virginia.gov
804.823.2701 (fax)

State Corporation Commission Form

Virginia State Corporation Commission (SCC) registration information. The offeror:

☐ is a corporation or other business entity with the following SCC identification number: _____ -
OR-

☐ is not a corporation, limited liability company, limited partnership, registered limited liability partnership, or business trust **-OR-**

☐ is an out-of-state business entity that does not regularly and continuously maintain as part of its ordinary and customary business any employees, agents, offices, facilities, or inventories in Virginia (not counting any employees or agents in Virginia who merely solicit orders that require acceptance outside Virginia before they become contracts, and not counting any incidental presence of the offeror in Virginia that is needed in order to assemble, maintain, and repair goods in accordance with the contracts by which such goods were sold and shipped into Virginia from offeror's out-of-state location) **-OR-**

☐ is an out-of-state business entity that is including with this proposal an opinion of legal counsel which accurately and completely discloses the undersigned offeror's current contacts with Virginia and describes why those contacts do not constitute the transaction of business in Virginia within the meaning of § 13.1-757 or other similar provisions in Titles 13.1 or 50 of the Code of Virginia.

****NOTE**** >> Check the following box if you have not completed any of the foregoing options but currently have pending before the SCC an application for authority to transact business in the Commonwealth of Virginia and wish to be considered for a waiver to allow you to submit the SCC identification number after the due date for proposals (the Commonwealth reserves the right to determine in its sole discretion whether to allow such waiver): ☐

Attachment G

CERTIFICATION REGARDING ELECTRONIC DATA INTERCHANGE **(electronic payment)**

This document serves as certification that

(Name of Applicant Agency)

**Is eligible, or will apply for access to the Virginia Department of Accounts
Remittance Electronic Data Interchange Virginia. No reimbursement by check will
be made to the applicant agency by the Virginia Department of Social Services.**

Authorized Official Signature

Date

Printed Name

Title

PROPRIETARY/CONFIDENTIAL INFORMATION IDENTIFICATION rev 2020
ATTACHMENT H

Trade secrets or proprietary information submitted by an Offeror shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the Offeror must invoke the protections of § 2.2-4342F of the Code of Virginia, in writing, either before or at the time the data or other material is submitted. The written notice must specifically identify the data or materials to be protected including the section of the proposal in which it is contained, as well as the page numbers, and must state the reasons why protection is necessary. The proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures, or paragraphs that constitute trade secret or proprietary information. In addition, a summary of proprietary information submitted shall be submitted on this form. The classification of an entire proposal document, line item prices, and/or total proposal prices as proprietary or trade secrets is not acceptable. If, after being given reasonable time, the Offeror refuses to withdraw such a classification designation, the proposal will be rejected.

Name of Firm/Offeror: _____, invokes the protections of § 2.2-4342F of the Code of Virginia for the following portions of my proposal submitted on _____ (Date).

☐ Check here, if no proprietary/confidential information is contained in your submission. Things to consider, include but not limited to personal identifying information (such as full name, address, driver's license, email address), bank account information, financial records, etc.)

Signature: _____

Title: _____

RFP/RFA Number _____

[illegible]

Attachment I

Applicant Operational and Financial Management Survey

This survey is intended to collect information about the capacity of applicants to manage federal grant funds. Per [2 CFR §200.205](#), the Corporation for National and Community Service must evaluate the degree of risk posed by an applicant. Information from the survey will be used to assess an organization's operational and financial management capabilities prior to receiving a federal award. Completion of this survey is required but is independent from the competitive grant process. Responding organizations are advised to ensure that the person or persons preparing this form are those responsible for, and with sufficient knowledge of, the organization's operational and financial management functions. The information provided may be used to support future monitoring activities, should the applicant receive federal funds from CNCS. In completing this form, each question requires a response. Please include the completed form within the application materials that are submitted to the Corporation for National and Community Service. The form must be submitted as a Word document, do not save as a PDF. Refer to the applicable Notice of Funding Opportunity for instructions on how to submit all application materials.

Public reporting burden -- Estimated time to complete this form, including time for reviewing instructions and gathering and providing the information needed to complete the form is 2 hours. Send comments regarding this burden or the content of this form to: Corporation for National and Community Service, Office of Grants Management, 250 E Street, SW, Washington, DC 20525. CNCS informs the potential persons who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form (see 5 CFR 1320.5(b)(2)(1)).

NOTE: An organization must complete a separate Operational and Financial Management Survey form for each application it submits under the applicable Notice of Funding Opportunity. The form(s) must be submitted as a Word document, do not save as a PDF.

General Information	
Organization Legal Name	[Organization Legal Name]
EIN	[EIN]
City, State Associated with EIN	[City, State Associated with EIN]
DUNS Number	[DUNS Number]
Unique Entity Identifier (UEI)	[UEI]
CFDA Number Associated with Funding Opportunity	[CFDA Number Associated with Application]
Application Identification Number	[Application ID Number]
Operational Management	
<p>The policies identified below address some of the most critical elements for administration of a federal grant. As a recipient of federal funds, organizations are required to have a full complement of programmatic, financial, and administrative policies, as well as internal controls in place, as applicable. Policies and procedures should be reviewed and refined, as applicable, at least once every two years. Should the applicant receive federal funding from CNCS, full copies of the policies and procedures may be requested for monitoring purposes.</p> <p>Please indicate whether the organization has current written policies and procedures in the following areas (select Yes or No):</p>	
Personnel/Employee Handbook	[P&P: Personnel/Employee Handbook]
Financial/Internal Controls	[P&P: Financial/Internal Controls]
Sub-award and/or Service Site Monitoring and Oversight	[P&P: Sub-award and/or Service Site Monitoring and Oversight]
Timekeeping	[P&P: Timekeeping]
Travel Guidance, including purchase/travel credit card use	[P&P: Travel Guidance, Credit Card Use]
Procurement	[P&P: Procurement]
Standards for Use of Federal Funds	[P&P: Standards for Use of Federal Funds]
Code(s) of Conduct/Ethics, applicable to employment/purchasing	[P&P: Code of Conduct/Ethics]
Document Retention	[P&P: Document Retention]

Please indicate the training areas below that are provided to employees by the organization (select Yes or No)	
Personnel/HR Issues	[Training: Personnel/HR Issues]
Financial Accounting	[Training: Financial/Accounting]
Risk Management	[Training: Risk Management]
Cyber-security	[Training: Cyber-security]
Fraud, Waste, and Abuse	[Training: Fraud, Waste and Abuse]
Financial Management	
Are financial reports (profit and loss, budget vs. actual, etc.) provided to and reviewed by leadership level staff, at least quarterly?	[Financial: Reports Reviewed Quarterly]
Does the organization utilize an automated accounting system?	[Financial: Automated Accounting System]
Can the organization's accounting system separate the receipts and payments of a federal grant from the receipts and payments of the organization's other activities supported by separate funding streams?	[Financial: Ability to Separate Multi-Funding Streams]
Can the organization's accounting system summarize expenditures from a federal grant according to different budget categories such as salaries, rent, supplies, and equipment?	[Financial: Ability to Summarize Budget Categories per Grant]
How often does the organization post transactions to the accounting system ledger(s)?	[Financial: Frequency of Transaction Posting]
Does the organization use an automated payroll system?	[Financial: Automated Payroll System]
Please indicate whether organizational leadership approval is required for any of the following financial transactions (select Yes or No):	
Opening/Closing Bank Accounts	[Financial: Leadership Approval Opening/Closing Bank Accounts]
Opening Lines of Credit	[Financial: Leadership Approval Opening Lines of Credit]
Assigning Credit Cards	[Financial: Leadership Approval Assigning Credit Cards]
Buying/Selling Property	[Financial: Leadership Approval Buying/Selling Property]
Financial Investment/Divestment	[Financial: Leadership Approval Financial Investment/Divestment]
Has the organization issued loans to an employee or officer of the organization or forgiven/written-off any loans or debts in the last year?	[Financial: Loans to Employees/Debt Write Offs]
Please identify who is authorized to write-off any debt owed to the organization as a bad debt.	[Financial: Staff Authorized to Write-off Debt]
Has the organization experienced cash flow deficits an any point in the previous 2 years?	[Financial: Cash Flow Deficit]
Compliance	
Has the organization received federal funds for similar programs or projects?	[Compliance: Recipient of Similar Federal Funding]
If so, has your organization met federal program requirements for similar programs?	[Compliance: Met Requirements for Similar Program]
Has an audit been performed on the organization's financial accounts?	[Compliance: Audit Performed on Financial Accounts]
If so, what was the audit opinion?	[Compliance: Audit Opinion]
If applicable, has the organization addressed any outstanding deficiencies identified in the most recent audit?	[Compliance: Outstanding Audit Deficiencies Addressed]
Please provide any clarifications or similar remarks/information in the section below (optional):	

[Preparer Comments]	
Preparer's Certification	
Preparer's Name (First, Last)	[Preparer Name]
Preparer's Position Title	[Preparer Position Title]
I certify that the above information is complete and correct to the best of my knowledge and ability.	[Preparer Certification]
Date of Certification	[Preparer Certification Date]

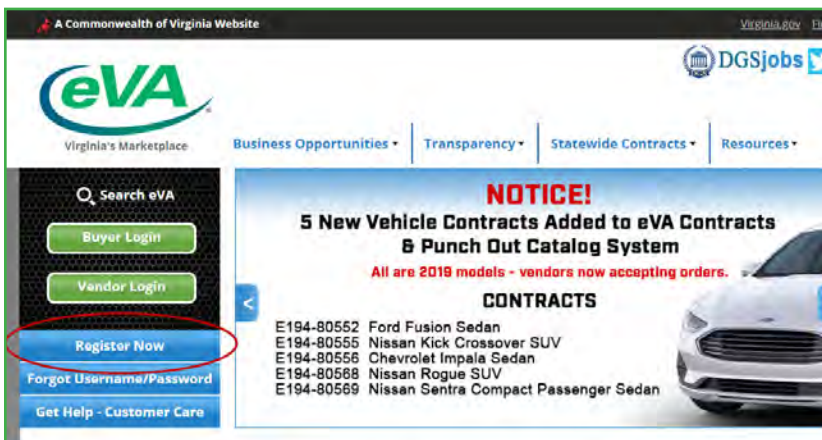
This form must be saved and submitted as a Word document, do not save as a PDF.

Privacy Statement -- In compliance with the Privacy Act of 1974, the following information is provided: The collection of this information is authorized by the provisions of the National and Community Service Act of 1990, by the National and Community Service Trust Act of 1993, and the Serve America Act of 2009. The primary purpose of the information is to determine if appropriate systems are in place to manage federal grant funds or, if not, to identify training and technical assistance a grantee may need to develop or enhance appropriate systems. Completion of this survey is required as an element of CNCS' pre-award risk assessment process. The information provided will be maintained and treated confidentially. However, appropriate federal, state, and local law enforcement entities may request and obtain this information under certain circumstances. Otherwise, the information provided will not be disclosed without express written permission.



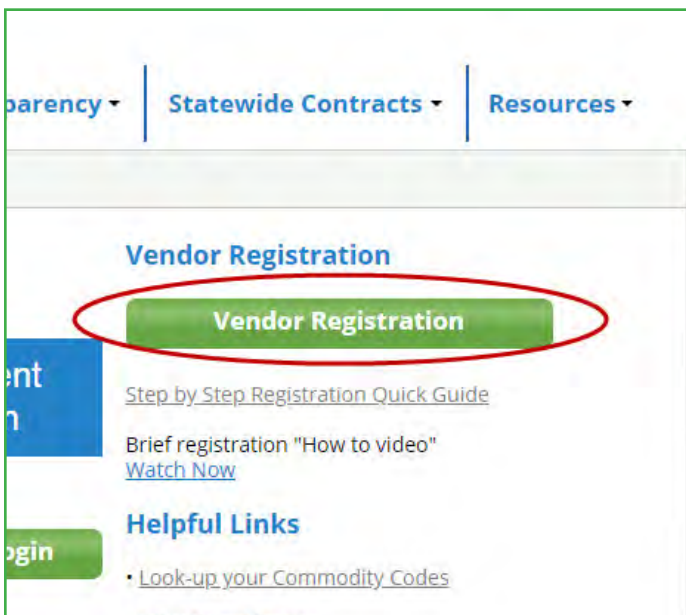
Step by Step Vendor Registration Instructions

Start by clicking the *Register Now* link on the eVA website homepage (www.eva.virginia.gov).



Registration Checklist

1. **Company name** – Be sure to list a name that buyers will easily recognize.
2. **Federal Tax Identification Number (TIN)** – The 9 digit TIN or Social Security number that identifies your organization.
3. **Addresses & Contact information**
You will need street and/or PO box addresses, phone & fax numbers, and email addresses for orders, payments, bills, solicitations (business opportunities), and physical location.
4. **Commodity Codes** – Describes to buyers what your company sells. Use the *NIGP Code Look Up* link on the left hand menu of the eVA home page.



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1111 East Broad Street • Richmond, VA 23218-1199 • Patrick Henry Building
For additional information, contact evacustomer@dgsvirginia.gov or 1-866-289-7367.

You can either begin a **New Registration**

Or you can choose **Add Location** or **Change Registration Type** to update an existing account

Search for your company location

Has your company done business with us in the past? If so, your company may already be in our database. Please use search.

Company Name:

Is your company listed ?

Yes, I found my Headquarters but not my Location → Click **Add Location** to create new Location for the existing Head

Yes, my Account is activated but I don't know the login → Call Customer Care @ 1-866-289-7367 for help.

No, Register Now →

Headquarter Standard Name	Location Name	HQ Account	Registration Type	
Team MX	Tomahawk	No	Self-Registered	Add Location
Tom Gilbert	Michigan	Yes	Self-Registered	Add Location
Tom Tom Inc	Tom Tom Inc	Yes	Self-Registered	Add Location
✓ Tom's Taxidermy	HQ	Yes	State-Entered	Change Registration Type Add Location

For a new registration, you will start the registration process by reviewing & accepting eVA's Memorandum of Agreement then entering your company's EIN or SSN number.

eVA Memorandum Of Agreement (Effective 5/16/2006)

Thank you for joining the Commonwealth of Virginia eVA supplier community. You must agree to the terms defined below in order to:

- continue with the eVA registration process.
- avoid having an existing registration deactivated/canceled.

You are strongly encouraged to click on the "help & advice" button for more information.

This Memorandum Of Agreement (Agreement) sets forth the terms that have been established by the Commonwealth of Virginia, Department of General Services ("DGS") to govern all electronic procurement transactions made between your firm ("Vendor") and any agency or public body made, in whole or in part, utilizing the Commonwealth of Virginia's web-centric statewide electronic procurement solution (eVA).

For purposes of this Agreement:

- electronic procurement transaction is defined to include electronic quotations, bids, proposals, purchase orders, contracts, invoices, procurement information, instruments and notices electronically transmitted, received, or posted using eVA in lieu of or in addition to paper.
- agency is defined as any department, authority, board, post, commission, division, institution, or office of State government of the Commonwealth of Virginia.
- public body is defined as any legislative, executive or judicial body, agency, office, department, authority, post, commission, or board created by law in Virginia to exercise some sovereign power or to perform some governmental duty, and empowered by law to use eVA.
- eVA Fee Schedule is defined as a listing of eVA registration, transaction, and other fees (eVA fees) that are assessed to eVA users published on the eVA Website. Each fee set forth on the eVA Fee Schedule is effective dated so eVA users, including Vendors, can

Provide the following and continue

Taxpayer ID & Type: ☒ EIN ☐ SSN

Company Zip:

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For additional information, contact evacustomer care@dgs.virginia.gov or 1-866-289-7367.

Company Profile

Tell us about your company, including if you'd like to receive bidding opportunities and whether or not your company accepts charge cards.

Enter information as it appears on your W-9 form

Company Profile

* Taxpayer ID Number(Type) : 451203698(EIN)

* Organization Type :

Supplemental Organization Type :

Company/DBA/Location Name: ☐ Check if same as above

* Company Legal Name :

* DBA/Location Name :

Web Address :

* Notification of Bids? :

* Accept Charge Cards? :

Tax Exempt :

Tax Address

* W-9 Address :

City/State/Zip :

Country :

Attachments - attach supporting files: W-9, W-8, etc.
Registration is not considered complete unless a Commonwealth of Virginia Substitute W-9 is received. Payments for goods or services may be impacted without a properly executed Commonwealth of Virginia Substitute W-9 form found here: http://www.doa.virginia.gov/General_Accounting/Forms/W9_COVSubstitute.pdf

Purchases under \$5,000 will be made via the Commonwealth's Small Purchase Charge Card (VISA). Standard vendor merchant fees apply.

Upload your W-9 here.

Registration is not considered complete unless the Commonwealth of Virginia Substitute W-9 is received. Payments for goods or services may be impacted without a properly executed Commonwealth of Virginia Substitute W-9 form found here:
http://www.doa.virginia.gov/General_Accounting/Forms/W9_COVSubstitute.pdf

User Information

By checking the box for *Notifications* you are requesting for the *User* to be sent bidding opportunities.

Create your Login Profile

* First Name :

* Last Name :

* Email :

* Retype Email :

* Phone :

Fax :

Notifications : ☒ (Include this user for Bid Notifications)

* Password :

* Retype Password :

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Ordering Information

If your *Ordering Address* is the same as the *W-9 address* you entered above, then click *Copy Tax Address*.

If your *Ordering Contact* is the same as the *Login Profile* you entered above, then click *Copy Login Profile Info*.

The screenshot shows the 'Address Information' section of a web form. It is divided into two main columns: 'Ordering Address' and 'Ordering Contact'. The 'Ordering Address' column includes fields for Street 1, Street 2, City/State/Zip, and Country, each with a red asterisk indicating it is required. A yellow button labeled '(Copy Tax Address)' is positioned above the City/State/Zip field. Below these fields is a dropdown menu for 'Method of Notification' with 'Email' selected. A green-bordered callout box with a rounded rectangle contains the text: 'Receive bid notifications electronically by selecting *email* from the drop down menu.' The 'Ordering Contact' column includes fields for Contact First Name, Contact Last Name, Email, Retype Email, Phone, and Fax, each with a red asterisk. A yellow button labeled '(Copy Login Profile Info)' is positioned above the Contact Last Name field.

Leave the default as “Yes” if your other addresses are the same as your *Ordering Address*.

If one of the addresses is NOT the same as your *Ordering Address* then select “No” from the drop down menu for that address type and complete all required fields.

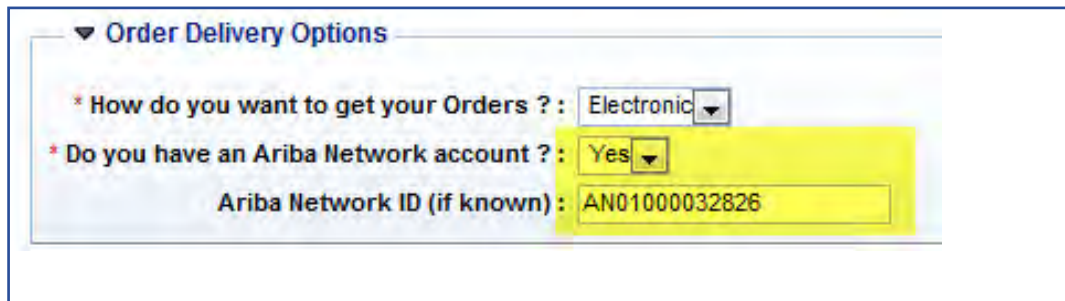
The screenshot shows the 'Physical Address/Contact' section of a web form. It includes dropdown menus for 'Solicitation Address/Contact(same as Ordering?)' (set to 'Yes'), 'Physical Address/Contact(same as Ordering?)' (set to 'No'), 'Payment Address/Contact(same as Ordering?)' (set to 'Yes'), and 'Billing Address/Contact(same as Ordering?)' (set to 'Yes'). The 'Physical Address/Contact' column has required fields for Street 1, Street 2, City/State/Zip, and Country, each with a red asterisk. A yellow button labeled '(Copy Login Profile Info)' is positioned above the Contact Last Name field. The 'Physical Contact' column has required fields for Contact First Name, Contact Last Name, Email, Retype Email, Phone, and Fax, each with a red asterisk. A yellow button labeled '(Copy Login Profile Info)' is positioned above the Contact Last Name field.

Order Delivery Options

Receive your Orders Electronically

The Commonwealth of Virginia uses the Ariba Network, an Internet based service, to transmit Purchase Orders to our Vendors electronically. Electronic order routing is the preferred method of the Commonwealth.

If you have an Ariba Network Account choose “Electronic.” Select “Yes” to *Do you have an Ariba Network account?* and be sure to list your Ariba Network ID.



▼ Order Delivery Options

* How do you want to get your Orders ? : Electronic ▼

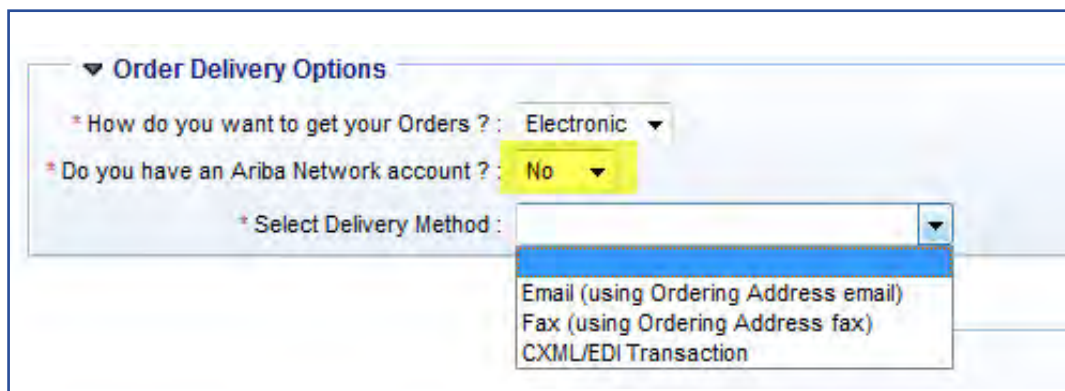
* Do you have an Ariba Network account ? : Yes ▼

Ariba Network ID (if known) : AN01000032826

If you do not have an Ariba Network Account choose “Electronic.” Select “No” to *Do you have an Ariba Network Account?* and select Email or Fax as your Delivery method. Orders will be routed to the Email or Fax you listed in your Ordering Address details.

By selecting “Electronic,” a free Ariba Network account will be pre-enabled for you. You will receive instructions on how to activate your Ariba account with your first order. With an Ariba account you will have access to Ariba’s vast network of users to whom you can also market your goods and services.

Choose “US Mail” only if the above methods do not fit your needs.



▼ Order Delivery Options

* How do you want to get your Orders ? : Electronic ▼

* Do you have an Ariba Network account ? : No ▼

* Select Delivery Method : ▼

- Email (using Ordering Address email)
- Fax (using Ordering Address fax)
- CXML/EDI Transaction

Service Area(s)

Tell Buyers where you do business

By choosing Zone 10, Statewide, you'll receive bid notifications from all over the state, not only from your area—providing you greater access to opportunities.

▼ Service Area(s) and Commodity Profile

Select Area(s) where you sell goods/services

Select Area(s)

Delete Service Area Zone

Choose

Select one or more Service Areas to associate to your company. To search for your Service Area, enter in a valid service area and click Search. Please click OK to save your changes.

Clear

Service Area Zone :

Search

Service Area Zone
<input checked="" type="checkbox"/> Statewide
<input type="checkbox"/> Cities: Chesapeake, Franklin, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, and Williamsburg. Counties: Isle of Wight, James City, Southampton, Surry, Sussex, and York.
<input type="checkbox"/> Cities: Colonial Heights, HopeWell, Petersburg, and City of Richmond. Counties: Charles City, Chesterfield, Dinwiddie, Goochland, Hanover, Henrico, King William, New Kent, Powhatan, and Prince George's.
<input type="checkbox"/> City: Fredericksburg. Counties: Caroline, Culpeper, Essex, Gloucester, King and Queen, King George, Lancaster, Madison, Mathews, Middlesex, Northumberland, Orange, Richmond County, Spotsylvania, Stafford, and Warren.
<input type="checkbox"/> Cities: Alexandria, Fairfax, Falls Church, Manassas, Manassas Park and Winchester. Counties: Arlington, Clarke, Fairfax, Fauquier, Frederick, Loudoun, Page, Prince William, Rappahannock, Shenandoah, and Stafford.
<input type="checkbox"/> Cities: Charlottesville, Harrisonburg, Staunton, and Waynesboro. Counties: Albemarle, Augusta, Fluvanna, Greene, Highland, Louisa, Nelson, and Rockingham.
<input type="checkbox"/> City: Emporia. Counties: Amelia, Brunswick, Buckingham, Charlotte, Cumberland, Greensville, Halifax, Lunenburg, Mecklenburg, Nottoway, and Prince Edward.
<input type="checkbox"/> Cities: City of Bedford, Buena Vista, Clifton Forge, Covington, Danville, Lexington, and Lynchburg. Counties: Alleghany, Amherst, Appomattox, Bath, Bedford County, Botetourt, Campbell, Pittsylvania, and Shenandoah.
<input type="checkbox"/> Cities: Galax, Martinsville, Radford, City of Roanoke, and Salem. Counties: Carroll, Craig, Floyd, Franklin, Giles, Henry, Montgomery, Patrick, Pulaski, and Roanoke County.
<input type="checkbox"/> Cities: Bristol and Norton. Counties: Bland, Buchanan, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, and Wythe.
<input type="checkbox"/> Counties: Accomack and Northampton.

First Prev Next Last

OK

Cancel

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For additional information, contact evacustomer@dgsc.virginia.gov or 1-866-289-7367.

Commodity Codes

Enter the Commodity Codes that best describe what you sell.

TIPS! Do you provide all of the goods/services listed under a main category? If you said yes, then simply select only the main class code for your Vendor Account and you will receive notification for every opportunity for every item code under that main class!

(Required) Select NIGP codes to describe goods/services you sell

Delete	NIGP Code	Description
<input type="checkbox"/>	23227	Dried Flowers and Plants
<input type="checkbox"/>	23235	Floral Supplies: Artificial Flowers, Floral Tape, etc.
flower		
<input type="checkbox"/>	39367	Nuts, Edible (Incl. Sunflower Seeds)
<input type="checkbox"/>	59515	Bulbs and Seeds (Incl. Flower Seeds)
<input type="checkbox"/>	59528	Flowers, Fresh
<input type="checkbox"/>	59557	Plants, Non-Flowering
<input type="checkbox"/>	59566	Shrubbery, Flowering
<input type="checkbox"/>	59588	Vases, Flower Pots, Pottery, etc.

For help understanding how Commodity Codes are categorized and used, reference the [Understanding Commodity Codes](#) guide located in the *Vendor Resource Center* under *Tools*.

If you need help identifying your Commodity Codes, use the [NIGP Code Lookup](#) located on the *I Sell to Virginia* page of the eVA website also found under the *Tools* section.

NIGP Code Starting With: 285 Please enter a NIGP Code or leave blank!

Search Description:

[Search](#) [View All](#)

Class	Description
28500	ELECTRICAL EQUIPMENT AND SUPPLIES (EXCEPT CABLE AND WIRE)

NIGP Code	Description
28500	ELECTRICAL EQUIPMENT AND SUPPLIES (EXCEPT CABLE AND WIRE)
28501	Automated Meter Reading Systems (AMR)
28502	Analyzer, Electric Power Demand
28503	Arresters, Lightning
28504	Back-up Systems, Battery Operated (Emergency)
28505	Beacon Light Systems Complete For Buildings, Roadside, etc. (See Class 120 for Marine Beacons)

Change your mind?
It's easy to edit the Commodity Codes you have selected!

(Required) Select NIGP codes to describe goods/services you sell

Delete	NIGP Code	Description
<input type="checkbox"/>	23227	Dried Flowers and Plants
<input type="checkbox"/>	23235	Floral Supplies: Artificial Flowers, Floral Tape, etc.

Submit Registration!

Your eVA registration is complete and a username has been created for you.

Welcome aboard!

Thank You!

[help & advice](#)

Congratulations, you have completed the registration process. You may now login to VSS using the User Name and Password you just created.

Your User Name is: tjohn

You Should

- Review your confirmation email from eVA (NoReturn@dgs.virginia.gov)
- Obtain an Ariba account for electronic orders (see guidance below)
- Login to review Account Maintenance features

[Login](#)

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For additional information, contact evacustomer@dgcs.virginia.gov or 1-866-289-7367.

Attachment K
FY21 AMERICORPS BUDGET WORKSHEET TOOL

Section I. Program Operating Costs

A. Personnel Expenses

Position/Title/Description	Annual Salary	% Time	Total Amount	CNCS Share	Grantee Share
	\$0	0.00%	\$0		
	\$0	0.00%	\$0		
	\$0	0.00%	\$0		
	\$0	0.00%	\$0		
Other	\$0	0.00%	\$0		
Other	\$0	0.00%	\$0		
Totals			\$0	\$0	\$0

B. Personnel Fringe Benefits

Purpose/Description	Calculation	Total Amount	CNCS Share	Grantee Share
FICA (7.65%)		\$0	\$0	\$0
Insurance		\$0		
Worker's Compensation		\$0		
Other - if applicable		\$0		
Totals		\$0	\$0	\$0

C.1. Staff Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
		\$0		
		\$0		
		\$0		
Totals		\$0	\$0	\$0

C. 2. Member Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
		\$0		
		\$0		
		\$0		
Totals		\$0	\$0	\$0

D. Equipment

Item/ Purpose/Justification	Qty	Unit Cost	Total Amount	CNCS Share	Grantee Share
	0	\$0	\$0		
		\$0	\$0		
		\$0	\$0		
			\$0	\$0	\$0

E. Supplies

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
		\$0		
		\$0		
		\$0		
Totals		\$0	\$0	\$0

FY21 AMERICORPS BUDGET WORKSHEET TOOL

F. Contractual and Consultant Services

Purpose	Calculation- Provide basis for cost		Total Amount	CNCS Share	Grantee Share
			\$0		
Totals			\$0	\$0	\$0

G.1. Staff Training

Purpose	Calculation- Provide basis for cost		Total Amount	CNCS Share	Grantee Share
			\$0		
			\$0		
			\$0		
Totals			\$0	\$0	\$0

G.2. Member Training

Purpose	Calculation- Provide basis for cost		Total Amount	CNCS Share	Grantee Share
			\$0		
			\$0		
			\$0		
Totals			\$0	\$0	\$0

H. Evaluation

Purpose	Calculation- Provide basis for cost		Total Amount	CNCS Share	Grantee Share
			\$0		
Totals			\$0	\$0	\$0

I. Other Program Operating Costs

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
		\$0		
		\$0		
		\$0		
Totals		\$0	\$0	\$0

	Total Amount	CNCS Share	Grantee Share
Subtotal Section I:	\$0	\$0	\$0

Section II. Member Costs**A. Living Allowance**

Item	Enter # Mbrs	Enter Total Allowance	MSY	Total Amount	CNCS Share	Grantee Share
Full Time (1700 hrs)	0	\$0	0	\$0		
Three-quarter Time (1200 hrs)	0	\$0	0	\$0		
Half Time (900 hrs)	0	\$0	0	\$0		
Reduced Half Time (675 hrs)	0	\$0	0	\$0		
Quarter Time (450 hrs)	0	\$0	0	\$0		
Minimum Time (300 hrs)	0	\$0	0	\$0		
Abbreviated Time (100 hrs)	0	\$0	0	\$0		
Totals	0		0	\$0	\$0	\$0

FY21 AMERICORPS BUDGET WORKSHEET TOOL

B. Member Support Costs

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
FICA	Total Living Allowance Amount multiply by 7.65%	\$0	\$0	\$0
Health Care	Total Insurance \$ multiply by # FT members multiply by 12 months.	\$0		
Worker's Compensation	# members multiply by \$50	\$0		
Totals		\$0	\$0	\$0.00

Subtotal Section II:	Total Amount	CNCS Share	Grantee Share
	\$0	\$0	\$0
Subtotal Sections I + II:	\$0	\$0	\$0

Section III. Administrative/Indirect Costs (Choose ONE- A. or B.)

A. Corporation Fixed Percentage Method

Purpose (Complete both lines)	Calculation	Total Amount	CNCS Share	Grantee Share
Corporation Fixed Amount (Grantee Administrative/Indirect Costs)	Subtotal CNCS Column Sections I +11 * .0526 * .6	\$0	\$0	\$0
Commission Fixed Amount (2% Commission Support Fee)	Subtotal CNCS Column Sections I +11 * .0526 * .4	\$0	\$0	
Totals		\$0	\$0	\$0

B. Federally Approved Indirect Cost Rate Method (ONLY select if applicant has a federally-approved IDC agreement)

Purpose (Rate)	Calculation	Total Amount	CNCS Share	Grantee Share
		\$0		
Totals		\$0	\$0	\$0

Subtotal Section III:	Total Amount	CNCS Share	Grantee Share
	\$0	\$0	\$0

Budget Total Sections I, II & III:	Total Amount	CNCS Share	Grantee Share
	\$0	\$0	\$0
Percentages		#DIV/0!	#DIV/0!

Total Cost Per MSY (Must not exceed \$28,800)	CNCS Share	Total MSY	Cost per MSY
	\$0	0	#DIV/0!



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

October 24, 2022

ADDENDUM NO. 1 TO ALL APPLICANTS:

Reference – Request for Applications: CVS-23-015
Commodity: Human Services (Not Otherwise Classified) - 95259
Dated: October 20, 2022
Applications Due: November 21 2022, at 11:59 PM, EST
Optional Preconference: November 1, 2022, from 2:00pm-4:00pm, EST

The above is hereby changed to read:

See Attached Changes to RFA

Note: A signed acknowledgment of this addendum must be received at the location indicated on the RFA either prior to the application due date and hour or attached to your application. Signature on this addendum does not substitute for your signature on the original application document. The original application document must be signed.

Very truly yours,

Christy Sharpe
Senior Procurement Officer
Christy.sharpe@dss.virginia.gov

City of Richmond
Name of Firm

Ch. [Signature] / Director
Signature/Title

11/10/22
Date

Changes to RFA

1. Reference RFA, Section IV – Application Submission Information, Letter A: Replace in its entirety

A. Application Date and Time of Submittals: In order to be considered for selection, an Applicant must submit a complete response to this RFA in eGrants and VDSS no later than 11:59pm EST on November 21, 2022. No responses will be accepted in eGrants, or received by email to VDSS, after the states submission due date and time.

*Tentative Request for Applications (RFA) and Subaward Schedule (subject to change) **

AmeriCorps Releases NOFO	August 8, 2022
VDSS Releases RFA	October 21, 2022
Optional Pre-Application Teleconference	November 1, 2022 2:00 pm – 4:00 pm
Deadline for Applications to VDSS (Submission in egrants <u>and</u> submission to VDSS)	November 21, 2022 by 11:59PM
VDSS Application Review Panel Convenes for consensus scoring	December 2, 2022
Technical Enhancements begin with Successful Applications (VSC Staff with Applicants)	December 5, 2022
Deadline for VDSS Application Package to AmeriCorps	January 4, 2023
AmeriCorps begins Award clarification period	Mid-April 2023
VDSS Initiates Subaward Process	End of July, 2023
Subaward Performance Period Estimated to Begin	September 1, 2023

**2023 – 2024 PUBLIC HEALTH AMERICORPS GRANT
RFP # CVS-23-015
Question and Answer No. 1**

1. Reference RFA, Section I, A, Page 4, and Section IV, A, Page 13, Questions and Answers: Is the optional pre-conference meeting November 1, 2022 from 10:30am-12:30pm or 2:00pm-4:00pm?

Please see Changes to RFA Question No. 1 above.



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

November 9, 2022

ADDENDUM NO. 2 TO ALL APPLICANTS:

Reference – Request for Applications: CVS-23-015
Commodity: Human Services (Not Otherwise Classified) - 95259
Dated: October 20, 2022
Applications Due: November 21, 2022, at 11:59 PM, EST
Optional Preconference: November 1, 2022, at 2:00 PM, EST

The above is hereby changed to read:

See Attached Changes to RFA

Note: A signed acknowledgment of this addendum must be received at the location indicated on the RFA either prior to the application due date and hour or attached to your application. Signature on this addendum does not substitute for your signature on the original application document. The original application document must be signed.

Very truly yours,

Christy Sharpe
Senior Procurement Officer
christy.sharpe@dss.virginia.gov

City of Richmond
Name of Firm

Christy Sharpe / Director
Signature/Title

11/16/22
Date

Changes to RFA

1. **Reference RFA, Attachments:** Replace in its entirety

ATTACHMENTS

- A. Certification of Organization Authorization
- B. Certification Regarding Lobbying Form
- C. FFATA Form
- D. Assurances for Non-Construction Programs (SF-424B)
- E. Commonwealth of VA Substitute Form W9 (no other W9 Form will be accepted)
- F. State Corporation Commission Form
- G. Electronic Data Interchange Form
- H. Proprietary/Confidential Information Identification
- I. Operational and Financial Management Survey (OFMS)
- J. Step by Step Vendor Registration Information
- K. FY23 Virginia AmeriCorps Budget Worksheet Tool (optional)

2023 – 2024 PUBLIC HEALTH AMERICORPS GRANTS

RFP # CVS-23-015

Question and Answer No. 2

1. **Reference RFA, Section II, B, Page 6, Questions and Answers:** Are current AmeriCorps Formula Program planning and operation subgrantees considered New or Continuation applicants under this RFA?

Current AmeriCorps Formula Program planning and operation subrecipients would be considered New Applicants under the Public Health AmeriCorps funding RFA. However, if an applicant is a current Public Health AmeriCorps subrecipient they would be considered as a Continuation applicant for Year 2.

2. **Reference RFA, Section II, C.2, Page 6, Questions and Answers:** Is there a limit to the budget or is that based on MSY?

The budget is limited to the maximum cost per Member Service Year (MSY) of \$28,800 multiplied by the number of MSY requested.

3. **Reference RFA, Section II, C.4, Page 7, Questions and Answers:** Does this grant's "no match" requirement pertain to Section III of the Budget Sheet – Administrative/Indirect Costs? Meaning, the CNCS column can have 100% of the Corporation Fixed Amount and the Commission Fixed Amount and the Grantee have zero?

This is correct; that can be zero. Applicants are not required to include match under the Administrative Costs.

Under the Fixed Percentage Method for calculation of administrative costs, calculate the Corporation Fixed amount under the CNCS column using the formula:

Total Program Operating Costs (subtotal) multiplied by 0.0526 multiplied by 0.6.

Calculate the Commission Fixed amount under the CNCS column using the formula:

Total Program Operating Costs (subtotal) multiplied by 0.0526 multiplied by 0.4.

NOTE: The Commission Fixed line is the portion retained by the Virginia Services Commission as its commission support fee.

4. **Reference RFA, Section IV, B, Page 14, Questions and Answers:** In reference to the grant Application ID vs Prime Applicant ID in eGrants, can VDSS clarify where this application should be uploaded under in eGrants?

When starting an eGrants application for this Notice of Funding Opportunity (NOFO), applicants must select "Virginia" from the drop down list and the Prime Application ID 23AC250812. Once an applicant starts their application, a unique Application ID number is assigned to them by the system.

Start New Grant App [cancel] [next >]

Initial Information

Please provide the following initial information needed to create an application for this NOFA. If you are creating a sub application, select a state, then a prime application. Selecting a Prime is optional. To create a prime application, leave the state and prime application fields empty, and select either Formula or Competitive.

NOFA Information

Please review the NOFA you selected. If this is not the correct NOFA, hit cancel.

NOFA: FY 2023 Public Health AmeriCorps Commission (New and Core)
 Due Date: 01/04/2023
 Summary: This application is for new and continuation state commission applicants, including territories with commissions, applying for Public Health AmeriCorps grants.

Which State are you applying to?
 [Virginia]

Select a Prime Application ID if this is to be a sub application (optional)
 [23AC150812 - Public Health AmeriCorps]

NOTE: The unique Application ID number and the Prime Application ID number may look similar.

5. **Reference RFA, Section V, B, Page 17, Section VI, C.4, Page 24, and Attachment K, Questions and Answers:** Can the budget application be provided as a fillable document or can it be provided as an additional attachment? Is there a budget calculation tool available to use for this solicitation, as provided for previous formula RFAs?

Please see **Changes to RFA No. 1. Attachment K – FY23 Virginia AmeriCorps Budget Worksheet Tool** has been added. This tool is for optional use by the applicant when creating the budget; it should not be submitted with the application. The budget must be entered in eGrants per Appendix III – Application Instructions.

6. **Reference RFA, Section V, A and B, Page 16, Questions and Answers:** How should applications be submitted?

Applicants must submit a complete application to this RFA in eGrants no later than 11:59PM EST on November 21, 2022. After submission of the complete application in eGrants, the applicant must send an e-mail to americorpsinfo@dss.virginia.gov with a copy of the complete notice screenshot from eGrants and the required VDSS documents outlined in Section V. Application Format, Content and Required Forms. The subject line of the email should be the Solicitation Number, the name of the applicant's organization, and the word "screenshot".

7. **Reference RFA, Section V, B, Page 17, and Attachment J, Questions and Answers:** Do applicants need to be registered in eVA? How do I register in eVA?

Each applicant can register in eVA by navigating to www.eva.virginia.gov, clicking on Register Now and following the step by step vendor registration instructions guide (Attachment J).

8. **Reference RFA, Appendix III, Page 15, Questions and Answers:** On page 15 of the Application Instructions – Appendix III indicated that an applicant can include anticipated carry forward funds as part of their 2023 – 2024 continuation budget. The form to estimate the unexpended funds looks like it requires completion by the Prime Awardee (second step has spaces for each subaward). Who is responsible for completing this form?

The Virginia Service Commission, as the Prime Awardee, will complete the carry forward request on behalf of its Continuation applicants and submit the form to AmeriCorps. The Virginia Service Commission will work with a Continuation applicant during the VDSS negotiation phase to incorporate any projected carry forward, if applicable, into the budgets in eGrants prior to the submission to AmeriCorps.

9. **Reference RFA, in general, Questions and Answers:** If an addendum is not returned signed is this considered as non-responsive?

If an applicant does not return the signed addendum, they are not considered non-responsive. The Procurement Officer will reach out during the initial review period of each applicant's application to request missing information by a specific date and time.

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:

Application ☒ Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

3. DATE RECEIVED BY STATE:

28-DEC-22

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:

23AC251822

4. DATE RECEIVED BY FEDERAL AGENCY:

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: RICHMOND, CITY OF

UEI NUMBER: EG4LF5GYLK81

ADDRESS (give street address, city, state, zip code and county):

900 E BROAD ST

STE 201

Richmond VA 23219 - 1702

County: Richmond City

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):

NAME: Paul Manning

TELEPHONE NUMBER: (804) 646-6528

FAX NUMBER:

INTERNET E-MAIL ADDRESS: Paul.Manning@Richmondgov.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

546001556

7. TYPE OF APPLICANT:

7a. Local Government - Municipal

7b. Local Government, Municipal

8. TYPE OF APPLICATION (Check appropriate box).

☒ NEW

☐ NEW/PREVIOUS GRANTEE

☐ CONTINUATION

☐ AMENDMENT

If Amendment, enter appropriate letter(s) in box(es):

A. AUGMENTATION

B. BUDGET REVISION

C. NO COST EXTENSION D. OTHER (specify below):

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.006

10b. TITLE: AmeriCorps State

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

RVA Health Corps

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

The city of Richmond, VA

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

13. PROPOSED PROJECT: START DATE: 09/11/23 END DATE: 08/31/24

14. CONGRESSIONAL DISTRICT OF: a.Applicant b.Program

15. ESTIMATED FUNDING: Year #:

a. FEDERAL \$ 460,674.00

b. APPLICANT \$ 74,678.00

c. STATE \$ 0.00

d. LOCAL \$ 0.00

e. OTHER \$ 0.00

f. PROGRAM INCOME \$ 0.00

g. TOTAL \$ 535,352.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

☐ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

☒ NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES if "Yes," attach an explanation.

☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Shannon Girouard

b. TITLE:

c. TELEPHONE NUMBER:

(804) 726-7072

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:

04/21/23

Narratives

Executive Summary

The City of Richmond, Virginia is seeking 16 AmeriCorps members to serve as community health workers (CHWs) in Richmond's low-income neighborhoods as the "RVA Public Health Corps". This team of AmeriCorps CHWs will reflect the community and provide 1) nutrition education 2) mental health literacy, and 3) informal chronic disease and mental health counseling and referral to healthcare providers, local health agencies, and community organizations. At the end of the first program year, the AmeriCorps CHWs will increase community health awareness and knowledge, and will obtain CHW certification and licensure. Their impact will be measured against several of the AmeriCorps National Performance Measures in the Healthy Futures focus area. Ultimately, the goal of the RVA Public Health Corps is to meet the evidence-based public health needs of the Richmond community and provide a pathway to critical public health careers for underrepresented Black and Latinx Richmonders who have been systematically excluded from serving and leading their own communities.

The AmeriCorps investment will be matched with \$74,678.00 in public funding.

Rationale and Approach/Program Design

The City of Richmond aims to utilize the social ecological model of public health to develop a community-led, community-driven, and community-focused AmeriCorps public health workforce - the RVA Health Corps.

The RVA Health Corps will be guided by the word sankofa from the Akan people of Ghana. Sankofa means "it is not taboo to fetch what is at risk of being left behind." Sankofa represents the belief that the past serves as a guide for planning the future. In the spirit of sankofa, the RVA Health Corps will utilize knowledge from and about the past to build a strong, healthy future.

Richmond's environment is multilayered, the City's institutions and neighborhoods exist within larger economic and social structures. These environments influence the health of individuals differently, depending on individual experience, knowledge, and beliefs. The social ecological model attempts to create sustainable health improvement that targets each layer simultaneously.

Social ecological models of health intervention were developed more than 30 years ago and uniquely recognize individuals as embedded within larger social and political systems. The social ecological model of health will allow for the RVA Health Corps program to explore and address the interactions between individuals and their larger environments while addressing health behavior and outcomes.

Narratives

According to Golden, et.al. in their highly referenced article Social Ecological Approaches to Individuals and Their Contexts: Twenty Years of Health Education & Behavior initially published in the Journal of Health Education and Behavior, traditional health intervention models often focus solely on individual lifestyle choices and changes, while ignoring contextual forces that inform and influence health.

Social ecological models stratify levels of influence: policy or social, organizational, community or ecological, interpersonal, and individual, and design unique interventions to inform change at each level. Moreover, social ecological models support the assertion that not only do these multiple levels of influence exist, but they are interactive and reinforcing. This multilayer perspective is critical when understanding the complex issues youth of color face in healthcare access, prevention, and social support.

The program design for the RVA Health Corps utilizes the multilayer perspective of the social ecological model to identify and examine the relationships between multiple factors that affect youth's experience with health and social services such as ability to pay, proximity, health literacy, patient-provider relationships, etc. The multilevel interventions in the social ecological model have also been proven, in comparison to traditional health education intervention models, to provide more sustainable transformation for individuals and communities (Garney, Wilson, Ajayi, et.al, 2021). The multilevel interventions outlined in the RVA Health Corps program logic model were based on the framework provided by both the World Health Organization and Health People 2010 which address each layer of intervention and their interactions. Primarily, individual and interpersonal interventions are aimed at changing knowledge access, informing youth beliefs and belief systems, and building individual skills and capacity. By contrast, the community and organizational interventions are designed to create change in Richmond's community and social relationships between individuals, institutions, and other mediating structures like social service departments, healthcare facilities, churches, and community centers by empowering marginalized groups and improving physical and material access to critical services. The RVA Health Corps has lastly identified policy interventions and activities with the goal of increasing citizen advocacy in the long term, and creating lifelong public health advocates and Virginia's future healthcare leaders.

Since 2012, the City of Richmond has utilized the CDC's Health in All Policies (HiAP) approach to public policy which integrates health considerations into policy decision-making. Nonetheless, significant racial and socioeconomic disparities persist, and Richmond remains a tale of two cities. The proposed AmeriCorps grant resources will be utilized to develop a peer leadership team of Community

Narratives

Health Workers and health advocates who will reflect the city's commitment to preventing and managing chronic disease, developing the future workforce, and building a healthy city.

According to 2021 data from the Centers for Disease Control and Prevention (CDC) Social Vulnerability Index (SVI), Richmond City maintains a 0.9394 SVI score. Several peer counties and municipalities in Virginia with high vulnerability indexes can be attributed to (limited) proximity to resources, but Richmond City is in physical proximity to several large healthcare systems, several major educational institutions, and thousands of emergency and healthcare personnel. Concurrently, seventy-five percent of the region's poorest communities are located within 10 minutes of City Hall and the State Capitol. Richmond's severely high level of social vulnerability is reflective of the broader social, political, and economic factors that have helped create a climate of poor physical and social/emotional health, racial disparities, and significant medical mistrust among Black and Latinx residents.

These factors were further revealed and exacerbated throughout the earliest months of the COVID-19 pandemic. As a result, 2021 health outcomes among Richmond City residents were ranked among the "least healthy" in Virginia by Robert Wood Johnson Foundation (RWJF) County Health Rankings. According to United States Census Bureau 2020 data, Richmond City's poverty rate is 20.6, double the state average, and residential racial segregation in Richmond has continued to grow since the onset of the pandemic. As a result, Black Richmonders are more than twice as likely as whites to live under the poverty line. Richmond has more than 19,500 households categorized as Extremely Low Income (at or below 30% of the Area Median Income). Lowest household income in the city is largely concentrated among the city's East End and Southside corridors, areas which are more than 94.0% Black American. The East End corridor also includes Gilpin, Creighton, Hillside, Mosby, Fairfield, and Whitcomb Courts, part of Richmond Redevelopment Housing Authority. These communities are more than 86.5% Black.

According to recent data from the Virginia Commonwealth University Center on Society and Health, infants born in the East End Census tract area face up to a 20-year difference in life expectancy than their neighbors less than 2 miles away. In 2021, there were 48 drug overdose deaths per 100,000 among Black Richmonders, compared to 16 deaths per 100,000 statewide. In 2022, this rate rose to 61 deaths per 100,000 for Black Richmonders compared to a rate of 20 per 100,000 statewide. Child mortality among Black youth in Richmond is double the state average, with 110 deaths among Black children in Richmond per 100,000. Juvenile arrests in Richmond City occur at 3 times the rate of juvenile arrests statewide. Finally, in 2021 Richmonders reported both their physical and mental

Narratives

health was poor roughly 5 days out of the month.

Although physical care access is not a challenge for Richmond residents, medical mistrust, misinformation, and systemic health literacy challenges have contributed to poor health outcomes and decreasing life expectancy among Black Richmonders. In a February 2019 article from The Commonwealth Times, construction workers found remains of dozens of Black people under one of the oldest science buildings at VCU Medical Center. The bodies had been used to conduct experiments and research without permission. Similarly, a recent book entitled *The Organ Thieves-The Shocking Story of the First Heart Transplant in the Segregated South* recounted the dreadful details of when Mr. Bruce Tucker's heart was transplanted without consent after admission for a head injury at (then) MCV in the late 1960s. His heart and kidneys were removed, and his heart was transplanted into a local white businessman. Most recently, (September, 2022), the New York Times reported the following, "How a Hospital Chain Used a Poor Neighborhood to Turn Profits." The article alleged that Bon Secours had profited greatly from a federal program to lower drug prices for poor patients, while cutting medical services at a hospital it owns in Richmond's impoverished East End. The article went on to report that the health system's lack of investment at -Richmond Community Hospital- which a group of Black doctors founded and Bon Secours bought in 1995 -- despite the profits it earned from a federal program that allows hospitals in poor communities to buy drugs at substantially lower prices than they charge insurers. Lastly, a 2016 University of Virginia study showed that Black Americans are systematically undertreated for pain. The study found that white medical students and residents believe black people are less sensitive to pain.

The City of Richmond recognizes that these occurrences inform the way citizens engage with and understand health, clinical care, and institutions of health. As such, the City of Richmond is utilizing a social ecological model approach to implement the RVA Health Corps program. The social ecological model addresses the policy, community, organizational, interpersonal, and individual factors that inform and affect health care, quality, access, and outcomes in Richmond. RVA HealthCorps members will be recruited from within the community. In the Southside corridor, bi-lingual AmeriCorps CHWs will be recruited to work with community-based organizations that target the needs of the growing Latino population. RVA HealthCorps members will focus on three topical areas: 1) nutrition education, 2) mental health literacy, and 3) SDOH screening and referral. These three topical areas were identified as points of priority in the most recent RRHA community survey and reflect growing data on Richmonders.

The RVA Health Corps program aims to recruit, train, and certify Community Health Workers to

Narratives

promote health and prevent disease at each level of the social ecological model. The team of AmeriCorps members will reflect the community and provide:

1) nutrition education, 2) health literacy resources, 3) informal chronic disease and mental health counseling, and referral to healthcare providers, local health agencies, and community organizations. At the end of the first program year, the AmeriCorps members will increase community health awareness and knowledge and will obtain CHW certification and licensure. Their impact will be measured against several of the AmeriCorps National Performance Measures in the Healthy Futures focus area. In remaining consistent with the social ecological model, the City of Richmond has organized performance measures into each level of influence of the intervention model: policy, community, organizational, and personal/interpersonal. Several of the community-level evaluation mechanisms are not named explicitly because they will be reflective of the specific individual goals of the community member. For example, if a Unite Us screening and referral is conducted by the AmeriCorps CHW and the overall AmeriCorps project goal is to improve the community members' health literacy, the specific goal for a hypertensive patient might be the CHW providing information on hypertension management or reviewing blood pressure measurements with the patient to improve understanding of the reading.

INDIVIDUAL - The City of Richmond will collaborate with partners to identify potential applicants to RVA Health Corps among residents of Richmond's public housing and other low-income neighborhoods. Technical job training, educational access, and access to health information were identified as top priorities among adults and families surveyed in Richmond's public housing neighborhoods. This group of 16 leaders will receive CHW training, certification, and licensure through the Virginia Association of Community Health Workers. The Richmond Office of Community Wealth Building (OCWB) has committed to working with each of the RVA Health Corps members to develop pathways to employment. OCWB is the city agency established to create policy and structural changes resulting in a "ladder" out of poverty. AmeriCorps members will reflect and live in the communities they serve. They will be developed to be community leaders and given an opportunity to advance personally and professionally, while they provide health related community education and outreach. AmeriCorps members will learn how to utilize the UniteUs platform to develop formal referrals to care for their clients. This will allow our AmeriCorps members to develop their computer literacy, interpersonal skills, and social/emotional interviewing skills.

INTERPERSONAL - Through their training and onboarding, AmeriCorps members will self-assess their nutritional health literacy and mental health literacy, including assessing their own food choices,

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understanding of nutritional value, and exploring their own family behaviors around food and mental health. AmeriCorps members will also assess their understanding of social and emotional healthcare, understanding mental illness and substance abuse. In partnership with the City of Richmond Office of the Mayor, AmeriCorps members will take part in "Telling the Real History of Richmond" as part of The Richmond Equity Agenda, including taking educational tours of the Black History Museum, the Richmond Slave Trail, VMFA, and the Enslaved African Heritage Campus.

ORGANIZATIONAL - The full-time AmeriCorps members will work with City of Richmond leadership to execute the Richmond Equity Agenda within the City of Richmond administration. The Richmond Equity Agenda was established to improve racial equity in the city, and highlights "addressing and preventing health disparities" as its top priority.

PUBLIC POLICY - AmeriCorps CHWs will be trained directly by the Virginia Community Health Workers Association and will inform local and state public health policy. Moreover, after completion of the AmeriCorps program and career counseling with OCWB we anticipate CHWs will become leaders and advocates of health equity locally and nationally.

The cadre of Members working with the partners listed below will be available to support the work of existing CHWs as well as provide services with various community-based operations to provide services such as on-site group and 1:1 nutrition education, Unite Us SDOH referrals, mental health education and informal counseling, and resources.

Sixteen full-time RVA Health Corps Members will be placed in three health systems throughout the city. Each of these service sites currently support CHWs and they are excited about the opportunity to partner with the city for additional CHWs. Prior to being placed, members will be required to participate in AmeriCorps onboarding, workforce development assessments and an introduction to CHW training.

RVA Collaborative partners are:

1. Capital Area Health Network (CAHN) -Capital Area Health Network, a minority-owned and operated clinic whose goal is to eliminate health disparities through providing quality care. CAHN has locations in 6 areas of the city. CAHN provides comprehensive Medical, Dental, Pediatric, Behavioral, Diabetes And HIV Services in the most needed areas of the city.;
2. Virginia Commonwealth University (VCU) Health Hub. The VCU Health Hub at 25th is a Richmond East End health education and wellness activity center. Their goal is to provide activities that promote individual and community health and well-being. Most of the programs are free and delivered by VCU faculty, staff and students, VCU Health team members or community partners. All programs are developed in

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partnership with the community, building on collaborative strengths to empower community members to improve their health and wellness.; 3. Bon Secours Center for Healthy Living Sarah Garland Jones Center. This center provides a space for the community to collaborate in addressing health differences, social barriers and to promote healing and overall well-being to improve social and environmental factors impacting the health of the overall community.; 4. Richmond Parks and Recreation - The program administrators for the RVA Health Corps program will be housed within the agency; 3. Richmond Office of Community Wealth Building (OCWB) will assist with career and professional development plans; 5. Virginia Association of Community Health Care Workers (VACHWA) will conduct training and certification as well as expose Members to healthcare professionals; 6. CHW Strength, a minority owned SWaM certified organization specializing in strengthening CHEs and CHW programs will conduct training and certification; 7. La Casa de la Salud-language support and basic health education to Spanish speaking communities.

The City of Richmond is also involved in developing collaborative partnership opportunities with several agencies including the Institute for Public Health Innovation (IPHI) and the Richmond Henrico Health District (RHHD). The IPHI has expertise in the deployment of CHWs in communities and the (RHHD) has indicated the agency may be able to conduct Unite Us training.

Organizational Capability

The City of Richmond is the legal applicant for the 2023-2024 Public Health AmeriCorps grant. The city operates under a strong mayor system in which the mayor's office provides oversight and direction of all executive level agencies. The city employs approximately 5,000 workers. Within the city structure, the AmeriCorps program is housed in the Richmond Department of Parks, Recreation and Community Facilities (RDPRCF) and has been home to an AmeriCorps program since 1995. RDPRCF is one of the largest agencies in the Office of the Deputy Chief Administrative Officer of Human Services (DCAO-HS).

Monitoring for compliance and accountability will occur at all levels. Overall guidance and direction of the RVA Health Corps will be provided by the current AmeriCorps Program Director. Daily supervision of the RVA Health Corps program is provided by the program supervisor who will be recruited and is 100% dedicated to the program. The program monitoring of each service site is the responsibility of the program monitor/training coordinator, who is 100% designated to the public health program and will also be recruited. The RVA Health Corps members' activities at their direct service sites and their training/development progress will be supervised and monitored by both the program monitor/training coordinator and the designated service site supervisor.

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To ensure program compliance and accountability, current AmeriCorps monitoring tools will be reviewed and updated to comport with the AmeriCorps Public Health program expectations. Each service site will identify a designated supervisor (s) who serves as the primary point of contact for the program monitor/training coordinator. There will be scheduled weekly visits along with regular occurring meetings with site supervisors. A Memorandum of Understanding between the city and program partners will provide clear written expectations

Cost Effectiveness and Budget Adequacy

N/A

Evaluation Summary or Plan

N/A

Amendment Justification

N/A

Clarification Summary

DUE DILIGENCE RESOLUTION:

The City of Richmond SAM registration is active with an expiration date of February 13, 2024.

PROGRAMMATIC RESOLUTION ITEM:

Please clarify how these members will not be performing duties that are duplicative of already existing staff roles.

APPLICANTS RESPONSE:

Richmond Public Health AmeriCorps members will not be performing any services or engage in activities that would otherwise be performed by an employee. For each of the major AmeriCorps public health sites (Bon Secours, VCU Health, and Capital Area Health Network), AmeriCorps members will be engaged in outreach and community engagement activities that are currently not being performed. At present, there are no designated Community Health Workers within the Bon Secours Richmond Community Hospital Network. Under the direction of the Instructive Visiting Nurses Association (IVNA) staff, AmeriCorps Members will be trained to conduct SDOH screenings and make referrals. Further, bi-lingual AmeriCorps members will provide community support to the Bon Secours mobile clinic serving in the Manchester area of the city which houses a large Spanish

Narratives

speaking population. Similarly, with Capital Area Health Network and the VCU Health Hub, AmeriCorps members will be trained on the SDOH, will conduct outreach to community members and will serve as community "influencers" in areas that have the worst health outcomes in the city. Lastly, as this is also a workforce development program, the goal is to provide as much comprehensive training, education, and awareness within a service year for AmeriCorps members to pursue a path in health care after their term. Members will be exposed to many aspects of community health by staff and individuals who are licensed and credentialed. To that end, members will not displace any employees or conduct activities that are currently being conducted by paid staff.

Continuation Changes

N/A

Grant Characteristics

Performance Measures

MSYs by Focus Area

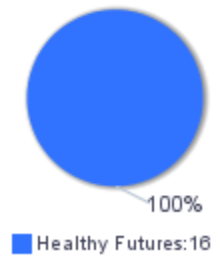


Table1: MSYs by Focus Areas

Focus Area	% MSYs
Healthy Futures	100%

MSYs by Objective

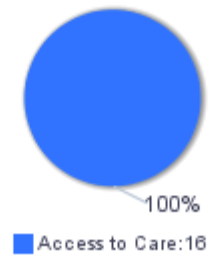


Table2: MSYs by Objectives

Objectives	%MSYs
Access to Care	100%

% of MSY NPM VS Applicant VS Not in ANY

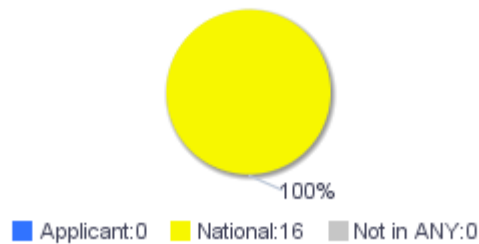


Table3: %MSYs by NPM vs.Applicant vs. Not in ANY

% MSYs	NPM	Applicant	Not in ANY
100%	100%	0%	0%

Table4: No of MSY and Members by Objective

Objectives	No of MSYs	No of Members
Access to Care	16.00	16
Total	16.00	16

Primary Focus Area: Healthy Futures
 Primary Intervention: Education/Training
 Secondary Focus Area:
 Secondary Intervention:

Performance Measure: RVA Health Corps

Focus Area: Healthy Futures

Objective: Access to Care

No of MSY's: 16.00

No of Members: 16

Problem Statement:

Richmond's severely high level of social vulnerability has helped create a climate of poor physical and social/emotional health, racial disparities, and significant medical mistrust among Black and Latinx residents. These factors were further revealed and exacerbated throughout the earliest months of the COVID- 19 pandemic. As a result, 2021 health outcomes among Richmond City residents were ranked among the "least healthy" in Virginia by Robert Wood Johnson Foundation (RWJF) County Health Rankings.

Selected Interventions:

Education/Training

Describe Interventions:

The City of Richmond aims to utilize the social ecological model of public health to develop a community- led, community- driven, and community- focused AmeriCorps public health workforce who impacts every level of the social ecological model of change: individual, interpersonal, community, organizational, and policy. Interventions will conducted daily with 1:1 and group sessions. On a monthly basis, various health, self-empowerment, and career seminars will be conducted for larger groups.

H4A Output:

H4A: Number of individuals served

Target: 2160 Individuals

Measured By: Tracking System

Described Instrument: Spreadsheet/database

H17 Outcome:

H17: Number of individuals with increased health knowledge

Target: 1296 Individuals

Measured By: Other

Described Instrument: Spreadsheet/database

Program Information

AmeriCorps Funding Priorities

*Check any priority area(s) that apply to the proposed program. Please refer to the NOFO for the information on the threshold for meeting priority consideration

Pathways to public health
related careers,
Underrepresented
communities, underserved
people

Grant Characteristics

*Check any characteristics that are a significant part of the proposed program.

Geographic Focus - Urban

Demographics

Other Revenue Funds	0
Number of volunteers generated by AmeriCorps members	192
Percent of disadvantaged youth enrolled	0

Required Documents

Document Name

Status

Evaluation

Not Applicable

Federally Approved Indirect Cost Agreement

Not Applicable

Labor Union Concurrence

Not Applicable

Other Documents

Not Applicable

Logic Model

Problem	Inputs	Activities	Outputs	Short-Term Outcomes	Mid-Term Outcomes	Long-Term Outcomes
The community problem that the program activities (interventions) are designed to address.	Resources that are necessary to deliver the program activities (interventions), including the number of locations/sites and number/type of AmeriCorps members.	The core activities that define the intervention or program model that members will implement or deliver, including duration, dosage and target population.	Direct products from program activities.	Changes in knowledge, skills, attitudes and opinions. These outcomes, if applicable to the program design, will almost always be measurable during the grant year.	Changes in behavior or action. Depending on program design, these outcomes may or may not be measurable during the grant year.	Changes in condition or status in life. Depending on program design, these outcomes may or may not be measurable during the grant year. Some programs, such as environmental or capacity-building programs, may measure changes in condition over a period as short as one year.
Richmond's severely high level of social vulnerability has helped create a climate of poor physical and social/emotional health, racial disparities, and significant medical mistrust among Black and Latinx residents. These factors were further revealed and exacerbated throughout the COVID-19 pandemic. As a result, 2021 health outcomes among Richmond City residents were ranked among the "least healthy" in	1. AmeriCorps Members who are community-based and reflective of community, 2. Community members and intervention participants from largely Black and Latinx low-income neighborhoods and public housing communities in Richmond's East End and Southside, 3. Grant resources to City of Richmond Parks, Recreation, & Community Facilities; associated staff resources, 4. National, state, and local partners including, 5.	INDIVIDUAL AND INTERPERSONAL (Members): Clinical/social wellness self-assessment to identify areas of personal interest and professional development with OCWB; UniteUs training; Assessment of current chronic disease and mental/social health management with community members. COMMUNITY & ORGANIZATIONAL: UniteUs referrals made by CHWs; Increased utilization of UniteUs tool by	INDIVIDUAL AND INTERPERSONAL: Individuals in target neighborhoods and in marginalized populations; Individuals currently receiving state or federal assistance; Community members currently utilizing Medicaid and/or FQHCs for primary care access; Underemployed individuals COMMUNITY & ORGANIZATIONAL: Multigenerational family units; Area community partners; Social service agencies; Anchor community	INDIVIDUAL AND INTERPERSONAL: AmeriCorps members receive CHW training ; Improved education on chronic condition management; Increased awareness of individual health behaviors COMMUNITY & ORGANIZATIONAL: Referrals for SDOH; Improved health literacy; POLICY, ENVIRONMENTAL, SOCIAL, INSTITUTIONAL: AmeriCorps CHWs will provide planning insights to partners.	INDIVIDUAL AND INTERPERSONAL: AmeriCorps members earn CHW certification, Increased self-efficacy and topical healthcare knowledge (SDOH and chronic disease management); COMMUNITY & ORGANIZATIONAL: New culturally responsive group education and programming in partnering agencies; POLICY, ENVIRONMENTAL, SOCIAL, INSTITUTIONAL: SDOH and clinical indicators collected by CHWs inform	INDIVIDUAL AND INTERPERSONAL: AmeriCorps members in partnership with OCWB establish long-term public health career plan; Improved health metrics (A1C, blood pressure, weight loss, etc.) COMMUNITY & ORGANIZATIONAL: Improved access to SDOH screening and referral for RRHA residents; POLICY, ENVIRONMENTAL, SOCIAL, INSTITUTIONAL: Increased pipeline of underrepresented communities to public health.

Logic Model

Problem	Inputs	Activities	Outputs	Short-Term Outcomes	Mid-Term Outcomes	Long-Term Outcomes
<p>Virginia by Robert Wood Johnson Foundation (RWJF) County Health Rankings. According to United States Census Bureau 2020 data, Richmond City's poverty rate is 20.6, double the state average, and residential racial segregation in Richmond has continued to grow since the onset of the pandemic. As a result, Black Richmonders are more than twice as likely as whites to live under the poverty line. Richmond has more than 19,500 households categorized as Extremely Low Income (at or below 30% of the Area Median Income). Lowest household income in the city is largely concentrated among the city's East End and Southside corridors, areas which are more than 94.0% Black American.</p>	<p>Existing public health research, health equity frameworks, and community-led intervention best practices.</p>	<p>community partners partnering with AmeriCorps CHWs; Screening for SDOH; Group and 1:1 community-based counseling and activities; Community-based resource centers staffed by CHWs. POLICY, ENVIRONMENTAL, SOCIAL, INSTITUTIONAL:</p>	<p>institutions; schools, places of worship. POLICY, ENVIRONMENTAL, SOCIAL, INSTITUTIONAL: Policy and lawmakers; State CHW legislation.</p>		<p>actions to address health and social needs.</p>	

April 22, 2023 4:04 PM

RVA Health Corps

RICHMOND, CITY OF

Application ID: 23AC251822

Budget Dates: 05/01/2023 - 04/30/2024

	Total Amt	CNCS Share	Grantee Share
Section I. Program Operating Costs			
A. Personnel Expenses	86,000	36,000	50,000
B. Personnel Fringe Benefits	29,787	13,970	15,817
C. Travel			
Staff Travel	1,856	919	937
Travel to CNCS-Sponsored Meetings	0	0	0
Member Travel	1,200	600	600
Total	\$3,056	\$1,519	\$1,537
D. Equipment			
E. Supplies	1,600	0	1,600
F. Contractual and Consultant Services			
G. Training			
Staff Training	300	0	300
Member Training	8,328	4,164	4,164
Total	\$8,628	\$4,164	\$4,464
H. Evaluation			
I. Other Program Operating Costs	2,519	1,259	1,260
Section I. Subtotal	\$131,590	\$56,912	\$74,678
Section I Percentage		43.25%	56.75%
Section II. Member Costs			
A. Living Allowance			
Full Time (1700 hrs)	281,600	281,600	0
1-Year Half Time (900 hours)	0	0	0
Reduced Half Time (675 hrs)	0	0	0
Quarter Time (450 hrs)	0	0	0
Minimum Time (300 hrs)	0	0	0
2-Year Half Time (2nd Year)	0	0	0
2-Year Half Time (1st Year)	0	0	0
Three Quarter Time (1200 hours)	0	0	0
Abbreviated Time (100 hrs)	0	0	0
Total	\$281,600	\$281,600	\$0
B. Member Support Costs			
FICA for Members	21,542	21,542	0
Worker's Compensation	800	800	0
Health Care	76,800	76,800	0
Total	\$99,142	\$99,142	\$0
Section II. Subtotal	\$380,742	\$380,742	\$0
Section II. Percentages		100.00%	0.00%
Section III. Administrative/Indirect Costs			
A. Corporation Fixed Percentage			
Corporation Fixed Amount	13,812	13,812	0
Commission Fixed Amount	9,208	9,208	0
Total	\$23,020	\$23,020	\$0
B. Federally Approved Indirect Cost Rate			
Section III. Subtotal	\$23,020	\$23,020	\$0
Section III Percentage		100.00%	0.00%
Section I + III. Funding Percentages		51.70%	48.30%
Budget Totals	\$535,352	\$460,674	\$74,678
Budget Total Percentage		86.05%	13.95%
Required Match		24.00%	

**RVA Health Corps
RICHMOND, CITY OF**

# of years Receiving CNCS Funds		2	
Total MSYs		16.00	
Cost/MSY		\$28,792.13	
	Total Amt	CNCS Share	Grantee Share
Budget Totals	\$0	\$0	\$0
Budget Total Percentage		0.00%	0.00%
Required Match		24.00%	
# of years Receiving CNCS Funds		2	
Total MSYs		16.00	

Budget Narrative: RVA Health Corps for RICHMOND, CITY OF

Section I. Program Operating Costs

A. Personnel Expenses

Position/Title -Qty -Annual Salary -% Time	CNCS Share	Grantee Share	Total Amount
Program Supervisor: - 1 person(s) at 50000 each x 100 % usage	0	50,000	50,000
Program Monitor/Training Coordinator: - 1 person(s) at 36000 each x 100 % usage	36,000	0	36,000
Category Totals	36,000	50,000	86,000

B. Personnel Fringe Benefits

Purpose -Calculation	CNCS Share	Grantee Share	Total Amount
FICA (7.65%) - Program Supervisor: \$50,000x.0765 = \$3,825.00	0	3,825	3,825
Insurance - Program Supervisor: \$9,222x1 = \$9,222	0	9,222	9,222
Retirement - Program Supervisor: \$50,000x.0054 = \$270	0	270	270
Group Life - Program Supervisor: \$50,000x.05 = \$2,500	0	2,500	2,500
FICA (7.65%) - Program Monitor/Training Coordinator: \$36,000x.0765 = \$2,754	2,754	0	2,754
Insurance - Program Monitor/Training Coordinator: \$9,222x1 = \$9,222	9,222	0	9,222
Retirement - Program Monitor/Training Coordinator: \$36,000x.0054 = \$194	194	0	194
Group Life - Program Monitor/Training Coordinator: \$36,000x.05 = \$1,800	1,800	0	1,800
Category Totals	13,970	15,817	29,787

C. Travel

Staff Travel

Purpose -Calculation	CNCS Share	Grantee Share	Total Amount
Travel to CNCS-Sponsored Meetings:	0	0	0
Program Supervisor: Service site meetings: 1 x 10miles x 12 months @.625 per mile = \$75.00	38	37	75
Program Monitor/Training Coord.: Service site meetings: 1 x 10miles x 12 months @.625 per mile = \$75.00	37	38	75
ASC Regional Conference for Program Supervisor: Lodging, per diem, airfare, ground transportation: HOTEL: \$240/night x 3 nights = \$720; [PER DIEM: (\$57 x 2 travel days = \$114) + (\$76 x 3 days = \$228) = \$342]; [AIRFARE: \$500 air est]; [GROUND TRANSPORTATION: \$25 p/day x 5 days = \$125]; TOTAL EST. COST = \$1,687	844	843	1,687
VSC/VDSS Program Directors' Training: Mileage = 30 miles x .625/mile = \$18.75 [round to \$19]	0	19	19
Category Totals	919	937	1,856

Member Travel

Purpose -Calculation	CNCS Share	Grantee Share	Total Amount
General Member Travel to National Service Events, Service projects and other service site assignments:: 16 x 10miles x 12 months @.625 per mile = \$1,200.00	600	600	1,200
Category Totals	600	600	1,200

D. Equipment

Item/Purpose -Qty -Unit Cost	CNCS Share	Grantee Share	Total Amount
Category Totals	0	0	0

E. Supplies

Item -Calculation	CNCS Share	Grantee Share	Total Amount
AmeriCorps member Service Gear with Logo: AmeriCorps Service Gear for 16 members to wear at service sites, Nat'l Service Engagement Days and during scheduled civic engagement event: \$100 x 16 members = \$1,600	0	1,600	1,600
Category Totals	0	1,600	1,600

F. Contractual and Consultant Services

Purpose -Calculation -Daily Rate	CNCS Share	Grantee Share	Total Amount
Category Totals	0	0	0

G. Training

Staff Training

Purpose -Calculation -Daily Rate	CNCS Share	Grantee Share	Total Amount
ASC Regional Conference for Program Supervisor: Registration for the ASC Conference = \$300.00- Daily Rate of 100	0	300	300
Category Totals	0	300	300

Member Training

Purpose -Calculation -Daily Rate	CNCS Share	Grantee Share	Total Amount
Orientation day for: 16 members, 2 Site Supervisors and 2 Program Staff for continental breakfast and lunch: 20 ind. X 1 day x \$18 ea. = \$360- Daily Rate of 360	180	180	360
16 hour Recovery Coach Training: 16 mem. X 2 days training x \$93/ea = \$2,976- Daily Rate of 1488	1,488	1,488	2,976
Training in physical, emotional, and overall wellness by PRCF and partner organizations (i.e., mental health first-aid, nutrition counseling, healthy lifestyle, etc.): 16 members x 2 days/month x 12 months x \$13/hr = \$4,992- Daily Rate of 208	2,496	2,496	4,992
Category Totals	4,164	4,164	8,328

H. Evaluation

Purpose -Calculation -Daily Rate	CNCS Share	Grantee Share	Total Amount
Category Totals	0	0	0

I. Other Program Operating Costs

Purpose -Calculation	CNCS Share	Grantee Share	Total Amount
Survey Monkey Software Tool: \$300 annual flat cost: Flat rate of \$300/year	150	150	300
Truescreen Check: CNCS \$7.50 for total covered positions (16 mbrs + 1 PS + 1PM/T): \$7.50 x (16 members + 1 PS + 1 PM/T) = \$7.50 x 18 = \$135	67	68	135
City of Richmond Background Checks: \$27 per member 16 mbrs: \$27 x 16 members = \$432.00	216	216	432
Retreat Hospital Drug Screening \$72 per member (16 members): \$72 x 16 members = \$1,152.00	576	576	1,152
Fieldprint Check \$27.75 for total covered positions (16 mbrs + 1 PS + 1PM/T): \$27.75 x (16 members + 1 PS + 1 PM/T) = \$27.75 x 18 = \$500	250	250	500
Category Totals	1,259	1,260	2,519
Section Totals	56,912	74,678	131,590
PERCENTAGE	43.25%	56.75%	

Section II. Member Costs

A. Living Allowance

Item -# Mbrs w/ Allow -Allowance Rate -# Mbrs w/o Allow	CNCS Share	Grantee Share	Total Amount
Full Time (1700 hrs): 16 Member(s) at a rate of 17600 each Members W/O allowance 0	281,600	0	281,600
Three Quarter Time (1200 hours): Member(s) at a rate of each Members W/O allowance	0	0	0
1-Year Half Time (900 hours): Member(s) at a rate of each Members W/O allowance	0	0	0
2-Year Half Time (1st Year): Member(s) at a rate of each Members W/O allowance	0	0	0
2-Year Half Time (2nd Year): Member(s) at a rate of each Members W/O allowance	0	0	0
Reduced Half Time (675 hrs): Member(s) at a rate of each Members W/O allowance	0	0	0
Quarter Time (450 hrs): Member(s) at a rate of each Members W/O allowance	0	0	0
Minimum Time (300 hrs): Member(s) at a rate of each Members W/O allowance	0	0	0
Abbreviated Time (100 hrs): Member(s) at a rate of each Members W/O allowance	0	0	0

Category Totals	281,600	0	281,600
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B. Member Support Costs

Purpose -Calculation	CNCS Share	Grantee Share	Total Amount
FICA for Members: Total Living Allowance Amount multiply by 7.65% = \$281,600 x .0765 = 21,542.40	21,542	0	21,542
Worker's Compensation: # members multiply by \$50 = 16 x \$50 = \$800	800	0	800
Health Care: Total Insurance: 16 FT members x 12 months x \$400/month = \$76,800	76,800	0	76,800
Category Totals	99,142	0	99,142
Section Totals	380,742	0	380,742
PERCENTAGE	100.00%	0.00%	

Section III. Administrative/Indirect Costs

A. Corporation Fixed Percentage

Item -Calculation	CNCS Share	Grantee Share	Total Amount
Corporation Fixed Amount: Subtotal CNCS Column Sections I +11 * .0526 * .6	13,812	0	13,812
Commission Fixed Amount: Subtotal CNCS Column Sections I +11 * .0526* .4	9,208	0	9,208
Category Totals	23,020	0	23,020

B. Federally Approved Indirect Cost Rate

Calculation -Cost Type -Rate -Rate Claimed -Cost Basis	CNCS Share	Grantee Share	Total Amount
Category Totals	0	0	0
Section Totals	23,020	0	23,020
PERCENTAGE	100.00%	0.00%	

Budget Totals	460,674	74,678	535,352
PERCENTAGE	86.05%	13.95%	
Required Match		0.00%	
Total MSYs	16.00		
Cost/MSY	28,792.13		



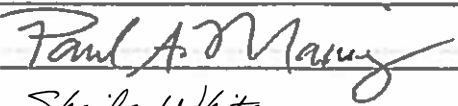



Source of Funds

Section	Match Description	Amount	Classification	Source
Source of Funds	Grantee Match (local funds) = \$74,678 [secured]	74,678	Cash	State/Local

Total Source of Funds		74,678		
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Attachment A

Certification of Organization Authorization

Organization Name	City of Richmond		
Program Name	RVA Healthy Corps		
<p>The authorizing official below certifies that for the purpose of this AmeriCorps grant: (A) only the following individuals are authorized to sign the contract (and any amendments) between this organization and the Virginia Department of Social Services; and (B) only the following individuals are authorized to sign the Periodic Expense Reports (PERs) for reimbursement by the Virginia Department of Social Services. PERs must be signed/ submitted in OnCorps by individuals who have responsibility for financial operations within their respective organizations.</p>			
A. Contract Signatories		Signatures	
Name and Title	Lincoln Saunders: CAO		
Name and Title	Reginald Gordon: DCAO - HS		
B. Periodic Expense Report Signatories		Signatures	
Name of Program Director	Paul Manning		
Name of Finance Director	Sheila White		
Name of Alternate	Christopher Frelke		
<p>The affiant does further state that all payments made by the Department of Social Services pursuant to AmeriCorps should be made only to the named payee and address below, which the affiant certifies to be authorized to receive such funds at the address below:</p>			
Payee/Subgrantee (Organization Legal Name)	City of Richmond - Department of Parks, Recreation and Community Facilities		
Contact Name/Title	Christopher Frelke - Director		
Address	1209 Admiral Street, Richmond, VA 23220		
Email Address	Christopher.Frelke@rva.gov	Federal Identification Number (FIN)	54-6001556
Certification		Signature of Authorizing Official	
Name and Title of Authorizing Official	Lincoln Saunders: CAO		

ATTACHMENT B

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an 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, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award 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. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any 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 commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION

City of Richmond

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix:

* First Name:

Christopher

Middle Name:

* Last Name:

Frelke

Suffix:

* Title:

Director

* SIGNATURE:

Christopher E.
Frelke

Digitally signed by Christopher
E. Frelke
Date: 2022.10.27 16:04:03
-04'00'

* DATE:

10/27/22

Attachment C

FFATA Subrecipient Required Data

This form must be completed, certified, and returned with the response to the RFP.

For VDSS Use Only – To be completed by Program Unit	
1. Federal Award Identifier Number (FAIN)	
2. Award Title	
3. CFDA	
4. Subaward Number	
To be completed by Subawardee	
5. Subawardee Legal Name	
6. Data Universal Numbering System (DUNS) number – 9 digits	003133840
7. Are you registered in the System for Award Management (SAM)? If Yes, continue to question 8. If No, please go to question 9.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Is your registration in SAM current and active? If Yes, enter expiration date. If No, continue to question 9.	<input checked="" type="checkbox"/> Yes Expiration Date: 12/10/2022 <input type="checkbox"/> No
9. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches, and all affiliates worldwide) receive (1) 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; AND (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? If Yes, continue to question 10. If No, please go to question 12.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Does the public have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at www.sec.gov/answers/execomp.htm .)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please go to question 12. If No, please continue to question 11.	
<p>11. List the names and total compensation of the top five highly compensated officers. <i>Total Compensation is the cash and noncash dollar value earned by the executive during the preceding fiscal year and includes the following: salary and bonus; awards of stock, stock options, and stock appreciation rights; earnings for services under non-equity incentive plans; change in pension value, etc. (for more information see 17 CFR 229.402 (c))</i></p> <p>Note: State and local governments are exempt from reporting executive compensation.</p>	<p>Officer 1 Name: _____</p> <p>Officer 1 Compensation: _____</p> <p>Officer 2 Name: _____</p> <p>Officer 2 Compensation: _____</p> <p>Officer 3 Name: _____</p> <p>Officer 3 Compensation: _____</p> <p>Officer 4 Name: _____</p> <p>Officer 4 Compensation: _____</p> <p>Officer 5 Name: _____</p> <p>Officer 5 Compensation: _____</p>
12. Awardee Street Address 1	900 E. Broad Street
13. Street Address 2	
14. City	Richmond
15. State	VA
16. Zip + 4	23219-1907
17. Congressional District	
18. Place of Performance – primary site where the work will be performed (POP) Awardee Street Address 1	1209 Admiral Street
19. POP Street Address 2	
20. POP City	Richmond
21. POP State	VA
22. POP Zip + 4	23220-1709
23. POP Congressional District	VA003

Dun & Bradstreet website: <http://www.dnb.com/us/>

System for Award Management website: <https://www.sam.gov>

I certify that the above Subawardee information is correct, accurate, and will be maintained/updated as required to keep registration current.

Christopher E. Frelke

Name

Director - PRCF

Title

10/27/22

Date

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.


PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. 2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. 3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. 4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. 5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). 6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation | <p>Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.</p> <ol style="list-style-type: none"> 7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. 8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |
|---|---|

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Director
APPLICANT ORGANIZATION City of Richmond	DATE SUBMITTED 10/27/22

Form **W-9**Commonwealth of Virginia
Substitute W-9 Form

Revised July 2014

**Request for Taxpayer Identification
Number and Certification**

Section 1 - Taxpayer Identification

☐ Social Security Number (SSN)☒ Employer Identification Number (EIN)

5 4 6 0 0 1 5 5 6

Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number. The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.

Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)

Legal Name:

City of Richmond

Business Name:

Entity Type

- ☐ Individual ☐ Corporation
- ☐ Sole Proprietorship ☐ S-Corporation
- ☐ Partnership ☐ C-Corporation
- ☐ Trust ☐ Disregarded Entity
- ☐ Estate ☐ Limited Liability Company
- ☒ Government ☐ Partnership
- ☐ Non-Profit ☐ Corporation

Entity Classification

- ☐ Professional Services ☐ Medical Services
- ☐ Political Subdivision ☐ Legal Services
- ☐ Real Estate Agent ☐ Joint Venture
- ☒ VA Local Government ☐ Tax Exempt Organization
- ☐ Federal Government ☐ OTH Government
- ☐ VA State Agency ☐ Other

Exemptions (see instructions)

Exempt payee code
(if any):

(from backup withholding)

Exemption from FATCA reporting
code (if any):

Contact Information

Legal Address: 900 E. Broad Street

Name:

Sheila White

Email Address:

Sheila.White@rva.gov

City: Richmond State : VA Zip Code: 23219

Business Phone:

(804) 646-5667

Remittance Address:

Fax Number:

Mobile Phone:

Alternate Phone:

City: State : Zip Code:

Section 2 - Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See instructions titled Certification

Printed Name:

Sheila White

Authorized U.S. Signature:

Sheila D. White, Director of
FinanceDigitally signed by Sheila D. White, Director of
Finance
Date: 2022.11.03 21:50:10 -0400

Date:

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. *Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.*

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain

payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see Section 2 Certification – Page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code on page 3 and the separate Instructions for the Requestor of Form W-9 for more information.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code on page 3 and the Instructions for the Requestor of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no

reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Section 1 -Taxpayer Identification

Check the appropriate Tax Identification Number (TIN) type. Enter your EIN/SSN in the space provided.

If you are a resident alien and you do not have and /or are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site www.irs.gov.

If you do not have a TIN, apply for a TIN immediately, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester. **Note:** *Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.*

Enter the TIN which coincides with the 'Legal Name' provided on the form.

- If you are an individual, check the "Social Security Number (SSN)" box and enter the SSN.
- If you are a Grantor or Revocable Trust, check the "Social Security Number (SSN)" box and enter the SSN of the Grantor.
- If you are a Resident Alien, check the "Social Security Number (SSN)" box and enter your SSN or

your ITIN (IRS Individual Taxpayer Identification Number).

d. If you are a Sole Proprietor, check the "Social Security Number (SSN)" box and enter the SSN of the sole proprietor.

e. If you are a Single-Member LLC that is disregarded as an entity, check the "Social Security Number (SSN)" box and enter the member's SSN.

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

Vendors are requested to enter their **Dunn and Bradstreet Universal Numbering System (DUNS)**, if applicable. See number requirement below.

Dunn and Bradstreet Universal Numbering System (DUNS) number requirement . The United States Office of Management and Budget (OMB) requires all vendors that receive federal grant funds have their DUNS number recorded with and subsequently reported to the granting agency. If a contractor has multiple DUNS numbers the contractor should provide the primary number listed with the Federal government's Central Contractor Registration (CCR) at www.ccr.gov . Any entity that does not have a DUNS number can apply for one on-line at <http://www.dnb.com/us/> under the DNB D-U-N Number Tab.

Legal Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name. If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form. If you are using a name other than that which is listed on a Social Security Card, please enter the legal entity name **as filed with the IRS**. In general, enter the name shown on your income tax return. Do not enter a Disregarded Entity Name on this line.

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

Entity Type. Select the appropriate entity type.

Individual. If you are an individual, you must generally enter the name shown on your income tax return.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Legal Name" line. You may enter your business, trade, or

"doing business as (DBA)" name on the "Business Name" line.

Partnership. A partnership is an entity reflecting a relationship existing between two or more persons who join to carry on a trade or business. Enter the partnership's entity's name on the "Legal Name" line. This name should match the name shown on the legal document creating the entity. You may enter your business, trade, or "doing business as (DBA)" name on the "Business Name" line.

Trust. A legal entity that acts as fiduciary, agent or trustee on behalf of a person or business entity for the purpose of administration, management and the eventual transfer of assets to a beneficial party. Enter the name of the legal entity on the "Legal Name" line.

Estate. A separate legal entity created under state law solely to transfer property from one party to another. The entity is separated by law from both the grantor and the beneficiaries. Enter the name of the legal entity on the "Legal Name" line.

Government. The Government of any State, any Political Subdivision of any State, any Agency or Instrumentality of a State or of a Political Subdivision of a State.

Non-Profit. An organization that is organized and operated exclusively for exempt purposes and none of its earnings may inure to any private shareholder or individual.

Corporation. A company recognized by law as a single body with its own powers and liabilities, separate from those of the individual members. Enter the entity's name on the "Legal Name" line and any trade or "doing business as (DBA)" name on the "Business Name" line.

S-Corporation. A corporation that is taxed like a partnership: a corporation in which five or fewer people own at least half the stock. Enter the entity's name on the "Legal Name" line and any trade or "doing business as (DBA)" name on the "Business Name" line.

C-Corporation. A business that is taxed as a separate entity: a business taxed under Subchapter C of the Internal Revenue Code and legally distinct from its owners. Enter the entity's name on the "Legal Name" line and any trade or "doing business as (DBA)" name on the "Business Name" line.

Limited liability Company (LLC). An LLC with at least two members is classified as a partnership for federal income tax purposes unless it files Form 8832 and affirmatively elects to be treated as a corporation. Enter the name of the partnership or corporation. An LLC with only one member is treated as an entity disregarded as separate from its owner for income tax purposes (but as a separate

entity for purposes of employment tax and certain excise taxes), unless it files Form 8832 and affirmatively elects to be treated as a corporation. If you are a single-member LLC (including a foreign LLC with a domestic owner) that is **disregarded** as an entity separate from its owner, **enter the owner's name on the "Legal Name" line.** **Caution:** *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Entity Classification. Select the appropriate classification type.

Contact Information. Enter your contact information.

Enter your **Legal Address.** Enter your **Remittance Address.** A **Remittance Address** is the location in which you or your entity receives business payments.

Enter your **Business Phone Number.** Enter your **Mobile Phone Number,** if applicable. Enter your **Fax Number,** if applicable. Enter your **Email Address.**

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

Exemptions

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

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

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

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

- 1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2 - The United States or any of its agencies or instrumentalities
- 3 - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities
- 4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5 - A corporation

- 6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7 - A futures commission merchant registered with the Commodity Futures Trading Commission
- 8 - A real estate investment trust
- 9 - An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10 - A common trust fund operated by a bank under section 584(a)
- 11 - A financial institution
- 12 - A middleman known in the investment community as a nominee or custodian
- 13 - A trust exempt from tax under section 664 or described in section 4947.

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

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

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

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

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

- A - An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B - The United States or any of its agencies or instrumentalities
- C - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D - A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E - A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F - A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G - A real estate investment trust
- H - A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I - A common trust fund as defined in section 584(a)
- J - A bank as defined in section 581
- K - A broker
- L - A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M - A tax exempt trust under a section 403(b) plan or section 457(g) plan

Section 2 - Certification

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

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

Submission:

Commonwealth Vendor Group
Post Office Box 1971
Richmond, VA 23218-1971
CVG@doa.virginia.gov
804.823.2701 (fax)

State Corporation Commission Form

Virginia State Corporation Commission (SCC) registration information. The offeror:

☐ is a corporation or other business entity with the following SCC identification number: _____ -
OR-

☒ is not a corporation, limited liability company, limited partnership, registered limited liability partnership, or business trust **-OR-**

☐ is an out-of-state business entity that does not regularly and continuously maintain as part of its ordinary and customary business any employees, agents, offices, facilities, or inventories in Virginia (not counting any employees or agents in Virginia who merely solicit orders that require acceptance outside Virginia before they become contracts, and not counting any incidental presence of the offeror in Virginia that is needed in order to assemble, maintain, and repair goods in accordance with the contracts by which such goods were sold and shipped into Virginia from offeror's out-of-state location) **-OR-**

☐ is an out-of-state business entity that is including with this proposal an opinion of legal counsel which accurately and completely discloses the undersigned offeror's current contacts with Virginia and describes why those contacts do not constitute the transaction of business in Virginia within the meaning of § 13.1-757 or other similar provisions in Titles 13.1 or 50 of the Code of Virginia.

****NOTE**** >> Check the following box if you have not completed any of the foregoing options but currently have pending before the SCC an application for authority to transact business in the Commonwealth of Virginia and wish to be considered for a waiver to allow you to submit the SCC identification number after the due date for proposals (the Commonwealth reserves the right to determine in its sole discretion whether to allow such waiver): ☐

Attachment G

CERTIFICATION REGARDING ELECTRONIC DATA INTERCHANGE **(electronic payment)**

This document serves as certification that

City of Richmond - PRCF

(Name of Applicant Agency)

**Is eligible, or will apply for access to the Virginia Department of Accounts
Remittance Electronic Data Interchange Virginia. No reimbursement by check will
be made to the applicant agency by the Virginia Department of Social Services.**

Christopher E. Frelke

Digitally signed by Christopher E. Frelke
Date: 2022.10.27 16:08:17 -04'00'

10/27/22

Authorized Official Signature

Date

Christopher E. Frelke

Printed Name

Director - PRCF

Title

PROPRIETARY/CONFIDENTIAL INFORMATION IDENTIFICATION rev 2020
ATTACHMENT H _____

Trade secrets or proprietary information submitted by an Offeror shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the Offeror must invoke the protections of § 2.2-4342F of the Code of Virginia, in writing, either before or at the time the data or other material is submitted. The written notice must specifically identify the data or materials to be protected including the section of the proposal in which it is contained, as well as the page numbers, and must state the reasons why protection is necessary. The proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures, or paragraphs that constitute trade secret or proprietary information. In addition, a summary of proprietary information submitted shall be submitted on this form. The classification of an entire proposal document, line item prices, and/or total proposal prices as proprietary or trade secrets is not acceptable. If, after being given reasonable time, the Offeror refuses to withdraw such a classification designation, the proposal will be rejected.

Name of Firm/Offeror: City of Richmond, invokes the protections of § 2.2-4342F of the Code of Virginia for the following portions of my proposal submitted on 10/27/22 (Date).



Check here, if no proprietary/confidential information is contained in your submission. Things to consider, include but not limited to personal identifying information (such as full name, address, driver's license, email address), bank account information, financial records, etc.)

Signature: Christopher E. Frelke

Digitally signed by Christopher E. Frelke
Date: 2022.10.27 16:09:22 -04'00'

Title: Director - PRCF

RFP/RFA Number CVS-23-015 2023-2024 Public Health AmeriCorps

[illegible]

ATTACHMENT I

Applicant Operational and Financial Management Survey

This survey is intended to collect information about the capacity of applicants to manage federal grant funds. Per [2 CFR §200.205](#), the Corporation for National and Community Service must evaluate the degree of risk posed by an applicant. Information from the survey will be used to assess an organization's operational and financial management capabilities prior to receiving a federal award. Completion of this survey is required but is independent from the competitive grant process. Responding organizations are advised to ensure that the person or persons preparing this form are those responsible for, and with sufficient knowledge of, the organization's operational and financial management functions. The information provided may be used to support future monitoring activities, should the applicant receive federal funds from CNCS. In completing this form, each question requires a response. Please include the completed form within the application materials that are submitted to the Corporation for National and Community Service. The form must be submitted as a Word document, do not save as a PDF. Refer to the applicable Notice of Funding Opportunity for instructions on how to submit all application materials.

Public reporting burden -- Estimated time to complete this form, including time for reviewing instructions and gathering and providing the information needed to complete the form is 2 hours. Send comments regarding this burden or the content of this form to: Corporation for National and Community Service, Office of Grants Management, 250 E Street, SW, Washington, DC 20525. CNCS informs the potential persons who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form (see 5 CFR 1320.5(b)(2)(1)).

NOTE: An organization must complete a separate Operational and Financial Management Survey form for each application it submits under the applicable Notice of Funding Opportunity. The form(s) must be submitted as a Word document, do not save as a PDF.

General Information	
Organization Legal Name	City of Richmond
EIN	54-6001556
City, State Associated with EIN	Richmond, Virginia
DUNS Number	003133840
Unique Entity Identifier (UEI)	EG4LF5GYLK81
CFDA Number Associated with Funding Opportunity	CVS-22-066
Application Identification Number	21AC233584
Operational Management	
The policies identified below address some of the most critical elements for administration of a federal grant. As a recipient of federal funds, organizations are required to have a full complement of programmatic, financial, and administrative policies, as well as internal controls in place, as applicable. Policies and procedures should be reviewed and refined, as applicable, at least once every two years. Should the applicant receive federal funding from CNCS, full copies of the policies and procedures may be requested for monitoring purposes.	
Please indicate whether the organization has current written policies and procedures in the following areas (select Yes or No):	
Personnel/Employee Handbook	Yes
Financial/Internal Controls	Yes
Sub-award and/or Service Site Monitoring and Oversight	Yes
Timekeeping	Yes
Travel Guidance, including purchase/travel credit card use	Yes
Procurement	Yes
Standards for Use of Federal Funds	Yes
Code(s) of Conduct/Ethics, applicable to employment/purchasing	Yes
Document Retention	Yes
Please indicate the training areas below that are provided to employees by the organization (select Yes or No)	
Personnel/HR Issues	Yes
Financial Accounting	Yes
Risk Management	Yes
Cyber-security	Yes
Fraud, Waste, and Abuse	Yes
Financial Management	
Are financial reports (profit and loss, budget vs. actual, etc.) provided to and reviewed by leadership level staff, at least quarterly?	Yes
Does the organization utilize an automated accounting system?	Yes
Can the organization's accounting system separate the receipts and payments	Yes

of a federal grant from the receipts and payments of the organization's other activities supported by separate funding streams?	
Can the organization's accounting system summarize expenditures from a federal grant according to different budget categories such as salaries, rent, supplies, and equipment?	Yes
How often does the organization post transactions to the accounting system ledger(s)?	Daily
Does the organization use an automated payroll system?	Yes
Please indicate whether organizational leadership approval is required for any of the following financial transactions (select Yes or No):	
Opening/Closing Bank Accounts	Yes
Opening Lines of Credit	Yes
Assigning Credit Cards	Yes
Buying/Selling Property	Yes
Financial Investment/Divestment	N/A
Has the organization issued loans to an employee or officer of the organization or forgiven/written-off any loans or debts in the last year?	No
Please identify who is authorized to write-off any debt owed to the organization as a bad debt.	Chief Financial Officer
Has the organization experienced cash flow deficits an any point in the previous 2 years?	No
Compliance	
Has the organization received federal funds for similar programs or projects?	Yes
If so, has your organization met federal program requirements for similar programs?	Yes
Has an audit been performed on the organization's financial accounts?	Yes
If so, what was the audit opinion?	Unmodified
If applicable, has the organization addressed any outstanding deficiencies identified in the most recent audit?	No
Please provide any clarifications or similar remarks/information in the section below (optional):	
The most recent annual audit has been completed with an unqualified opinion being rendered. Deficiencies found and reported in the report on internal controls are currently being addressed.	
Preparer's Certification	
Preparer's Name (First, Last)	Paul Manning
Preparer's Position Title	Management Analyst, Senior
I certify that the above information is complete and correct to the best of my knowledge and ability.	I Certify
Date of Certification	10/27/2022

This form must be saved and submitted as a Word document, do not save as a PDF.

Privacy Statement -- In compliance with the Privacy Act of 1974, the following information is provided: The collection of this information is authorized by the provisions of the National and Community Service Act of 1990, by the National and Community Service Trust Act of 1993, and the Serve America Act of 2009. The primary purpose of the information is to determine if appropriate systems are in place to manage federal grant funds or, if not, to identify training and technical assistance a grantee may need to develop or enhance appropriate systems. Completion of this survey is required as an element of CNCS' pre-award risk assessment process. The information provided will be maintained and treated confidentially. However, appropriate federal, state, and local law enforcement entities may request and obtain this information under certain circumstances. Otherwise, the information provided will not be disclosed without express written permission.



EXHIBIT I

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
801 East Main Street, Richmond, Virginia 23219**

**RECORD OF NEGOTIATION NO. 1
CVS-23-015/2023 -2024 PUBLIC HEALTH AMERICORPS GRANT**

**BETWEEN THE
VIRGINIA DEPARTMENT OF SOCIAL SERVICES**

AND

City of Richmond

DECEMBER 9, 2022

This Record of Negotiation (RON) document and any other hereafter constitute a summary of the negotiations for CVS-23-015, #1 to City of Richmond is requested to provide responses as directed by each question/clarification on this document. If a response is needed on this document, please forward your written response to Christy Sharpe, Senior Procurement Officer, christy.sharpe@dss.virginia.gov and ccing AmeriCorps, americorpsinfo@dss.virginia.gov by **December 16, 2022, 3:00 P.M. EST.**

1. Reference RFA, Section VI, Subsection C, Paragraph 2, Project Design:

Please update this information in eGrants only.

- a. Evidence Tier: The evidence of program design/interventions was limited or was not presented clearly.
- b. Evidence Quality: Limited evidence of program design was presented.

2. Reference RFA, Section VI, Subsection C, Paragraph 3, Organizational Capability:

Please update this information in eGrants only.

- a. Compliance and Accountability: Please address who will be responsible for monitoring and what is the process for this?
- b. Member Supervision: Specify, your organization's supervision of members, to include identifying if staff is already on board or need to be recruited.

3. Reference RFA, Section VI, Subsection C, Paragraph 4, Cost Effectiveness and Budget Adequacy:

Please update this information in eGrants only except where noted.

- a. Personnel/Fringe Benefits – Confirm 100% of salary is the amount listed and staff are exclusively charged to AmeriCorps. (Submit this response via this memo)



AmeriCorps

Virginia

- b. Staff Travel – Per the RFA, add line for required staff travel “Funds for table by staff to Richmond, Virginia for two (2) nights lodging with mileage and per diem must be reflected in the budget under “Staff Travel”.
- c. Staff Training – Itemize and keep registration, but move travel expenses for lodging, per diem and mileage to Staff Travel. GSA mileage is 0.625 per mile.
- d. Member Training – Explain “Fitness/Wellness” in the description.
- e. Member Costs – See below.
 1. Health Insurance – Enter cost per month and enter as calculation.
 2. Source of Funds – total in table must equal Grantee Share listed of \$74,356. Suggest removal of other funds in table (outside of the \$74,356) and in-kind contributions since there is no requirement for grantee share under PHA.

*After any changes, ensure max cost per MSY is not exceeded and *Source of Funds* table notes “*Secured*” or “*Proposed*” next to each source and the total in the table matches the amount exactly under the Grantee or Share column.