

XV. CHECKLIST

This checklist has been included to assist you in assembling the application in the correct order before submission to the DYS/JJDP Unit. In order for an application to be determined complete, it must follow the approved DYS/JJDP format and must contain the sections listed below.

Please check each box to indicate that each section is complete and in its proper sequence within the application.

- A.** 2019 JJDP Project Application Cover Page is properly completed, signed, and dated by the authorized official and included with the application.
- B.** Table of Contents.
- C.** Abstract.
- D.** Brief History of the Organization.
- E.** Problem Statement
 - Service area targeted.
 - Specific risk factors cited.
 - States risk factors the project will address.
- F.** Target population is identified.
 - Characteristics of the target population are provided.
- G.** Performance Measures Outputs and Outcomes are included.
- H.** Management Plan and Organizational Capabilities are included.
 - Job descriptions and resumes (of known staff) are provided.
- I.** Budget Information Form is complete and included.
 - Detailed line-item Budget Supporting Schedule is included.
 - Budget is reduced 20 percent if 2nd- or 3rd-year funding.
 - Allocation for refreshments does not exceed \$2,000 and must be program- and client-related (i.e. not for staff or personal use).
 - Allocation for equipment does not exceed \$500.
- J.** Other Sources of Funding (sustainability) are identified and listed.
- K.** Assurances and Certification forms are completed, signed and included.

- Rehabilitation and Disabilities Assurance of Compliance is completed, signed and included.
- Equal Employment Opportunity Program Certification is completed, signed and included.
- Request for Taxpayer Identification Number and Certification (W-9) is completed, signed and included.
- Contract and Grant Disclosure and Certification Form is completed, signed and included.
- A completed, signed copy of the SF-424 Form is included with the application and one copy has been filed with the Area Clearinghouse.

L. Appendices

- Letters of agreement, commitment and support are included with the original application only, in the appendix, separated and labeled by category.
- Materials included are not oversized.
- An original and ten (10) copies of the application are submitted. Letters of agreement, commitment and support are included with the original only, and not with the copies.
- Certificate of Completion of Mandatory Training is attached to the application.
- A copy of submitted Letter of Intent is included.
- Application (including assurances and certifications) does not exceed the 25-page limit.

M. This checklist is completed and included with the application

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES / ARKANSAS COALITION FOR JUVENILE JUSTICE
2019-2020 JJDP PROJECT APPLICATION**

FUNDS ARE CONTINGENT UPON LEGISLATIVE COUNCIL REVIEW

1. Applicant: _____

2. Mailing Address: _____

3. Phone Number _____

Cell Phone: _____

4. Fax Number _____

E-mail address: _____

5. Project Category/CFDA Number:

- Disproportionate Minority Contact/16.540
- Alternatives to Detention/16.540
- Delinquency Prevention/16.540

- Mental Health /16.540
- Juvenile Justice Systems Improvement/16.540
- School Programs/16.540
- Division/16.540

16. Type of Implementing Agency

A. Level of Govt. or Entity

- State
- Local
- Indian tribe performing law enforcement functions
- Private, non-profit agency
- Private, for-profit agency
- Other: _____

B. Function of Gov. or Entity

- Detention

- Probation
- Social Service
- Other: _____

6. Federal Congressional District(s) served by this project:

A. _____ B. _____ C. _____ D. _____

E. _____ F. _____ G. _____ (Statewide)

7. Federal Employer Identification Number: _____

8. Short Title of Project _____

9. Brief Description of the Project _____

10. Project Director _____ Phone #: _____

Mailing Address: _____

11. Financial Officer: _____ Phone #: _____

12. Project Site: _____

13. Counties Served: _____

14. Project Duration: _____ Months* Expected Start Date _____

Expected Number of Persons to Benefit from Project _____

15. I, the undersigned, to the best of my knowledge, believe that the data in this application is true and correct. The document has been duly authorized by the applicant and will comply with general and special conditions outlined in the application if approved for funding.

Signature of Authorized Official

Typed Name of Authorized Official

Date Signed

Title of Authorized Official

FOR DYS USE ONLY

Actual Start Date: _____ Total Amount Approved: _____ Subgrant #: _____

Subgrant Year: First Year Second Year Third Year Other _____

Pass Through: Yes No

ABSTRACT

Name of Organization

Name of Project Director

Mailing Address

City/Town **State** **Zip Code**

Telephone Number **Fax Number**

Target Population **Email Address**

County of Service **Amount Requested**

For DYS Use Only

PROGRAM DESCRIPTION (*Use no more than the space available on this page*)

PROGRAM GOALS AND OBJECTIVES

Although only one goal statement should be addressed on each sheet, additional sheets may be used if needed to list the necessary objectives to meet a particular goal.

PROBLEM TO BE ADDRESSED:				
GOAL STATEMENT:				
Performance Indicator	Measurement Tool	Person Responsible	Target Completion Date	Standard for Successful Completion

PROGRAM GOALS AND OBJECTIVES

Although only one goal statement should be addressed on each sheet, additional sheets may be used if needed to list the necessary objectives to meet a particular goal.

PROBLEM TO BE ADDRESSED:				
GOAL STATEMENT:				
Performance Indicator(s)	Measurement Tool	Person Responsible	Target Completion Date	Standard for Successful Completion

PROGRAM GOALS AND OBJECTIVES INSTRUCTIONS

A comprehensive statement of problems to be addressed, program goals, and objectives should serve as an operating guide for the program. Each goal statement should have objectives.

Please know that OJJDP requires those performance measures that are in bold print to be mandatory under each program areas. You can possibly use those as you goal for you to have a successful program.

GOAL:

The ultimate desired outcome of the program: The goal is usually written in a general statement which must be made specific by the objectives. A goal statement may address the solution of a perceived problem, or may state a realistic, desirable condition toward which people can work.

OBJECTIVE:

A specific statement describing an activity/action to be performed which is measurable and time bound.

MEASUREMENT TOOL:

The instrument or process which will be used to measure the degree of completeness of the objective

PERSONS RESPONSIBLE:

The person(s)/group that is accountable for completing the objective.

TARGET GROUP:

The specific group or population at which the objective is aimed

TARGET COMPLETION DATE:

The date at which time the objective is to be completed.

STANDARD FOR SUCCESSFUL COMPLETION:

The measurement of "Projected Outcome" selected by your program which serves as an evaluation component

XVI. PROBLEM STATEMENT TO INCLUDE DATA COLLECTION & ANALYSIS

1. Identification of local problem related to: Examples are:
 - a. Racial and Ethnic Disparities (RED) (Title II) - arrests and confinement of minorities; or
 - b. School Programs (Title II) – prevention or reduction of suspensions and expulsions of students from school, as contributory to delinquency and involvement with the juvenile justice system
2. Supporting data collection, baseline data, and analysis of data.
3. Description of how the proposed program will address the identified problem(s).
4. Assessment of gaps in needed resources.
5. Description of how the proposed program will address these gaps.

XVII. BUDGET

1. Describe how awarded funds and matching resources will be used to accomplish stated goals and objectives by purchasing of services and goods and leveraging of other resources.
2. The attached budget formats must be used.
3. There must be a line-item narrative budget justification for each entry. Be sure to justify use of funds.
4. Job descriptions for all staff associated with the subgrant must also be included.

DETAILED LINE-ITEM BUDGET INSTRUCTIONS
(Budget Summary Calculations Must be Shown)

EXAMPLES:

Salaries should indicate rate of pay and hours or percentage of time worked.

Fringe benefits show what is included (FICA, health insurance, retirement benefits, etc.) and should indicate percentage of total salaries.

Materials and supplies should list items charged, cost per item, and how cost was determined.

Staff travel, meals and lodging should list estimated cost of each conference, workshops, etc. and indicate miles and rate per mile (not to exceed 43 cents per mile) or cost per trip for air, bus/train costs.

Professional services should list each fee charged.

Purchase of equipment should list each piece of equipment to be purchased (limit \$500).

Client-related program refreshments must be listed (maximum \$2000, and not for staff or personal use).

EXAMPLES

If the salary for a “Program Director” is listed, the proposal must include references to a Program Director and support the need for this line item.

If “Hired Speakers” are listed, the use of speakers must be described in the program narrative.

EXCEPTIONS: The need for bookkeeping, accounting, clerical and janitorial services as well as some office equipment may be shown as line items with justification listed solely on the budget as long as costs appear to be reasonable in relation to the size of the grant/contract.

The total shown on the **Detailed Line-Item Budget – Supporting Schedule** must match totals shown on the **Budget Summary**.

Identify In-Kind Funds, if any, for each line-item category using the criteria listed above.

GRANTEE:

DETAILED LINE ITEM BUDGET – SUPPORTING SCHEDULE

(Use additional page if necessary)

Describe in detail the line items listed on Budget Summary to provide justification for the items and an explanation of how costs were computed.



**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
BUDGET INFORMATION**



APPLICANT

GRANT PERIOD: October 1,2019 – September 30,2020

**SECTION A - BUDGET SUMMARY
JUVENILE JUSTICE AND DELINQUENCY PREVENTION FUNDS**

Budget Categories	SYSTEM IMPROVEMENT	DEINSTITUTIONALIZATION OF STATUS OFFENDERS	GENDER SPECIFIC	MENTAL HEALTH	DELINQUENCY PREVENTION	SCHOOL PROGRAMS	TOTAL
1. Personnel							
2. Fringe Benefits (FICA, SUTA, WORKMAN'S COMP, Insurance)							
3. Travel (Meals, Lodging, Airfare, Mileage)							
4. Equipment							
5. Materials & Supplies							
6. Professional Services							
7. Other (Telephone, Rent, Etc.)							
8. Program Refreshments							
9. Total Costs							

XVIII. OTHER REQUIRED FORMS

Please sign and submit the following forms with your application. Any applications submitted without these signed forms will not be considered for review.

- **Assurances and Certification**
- **Rehabilitation and Disabilities Assurance of Compliance**
- **Equal Employment Opportunity Program Certification**
- **Request for Taxpayer Identification Number and Certification (W-9)** (Included as Acrobat file accompanying this packet on CD.)
- **Contract and Grant Disclosure and Certification Forms**
- **SF-424 Form and Instructions** (Included as Acrobat file accompanying this packet on CD.)



ASSURANCES AND CERTIFICATION FORM

JJDP Grant Assurances

Grant applicant assures and certifies that he/she has read and will comply with the following:

1. The Grantee shall provide the services under the terms of this and in accordance with their application for OJJDP grant funding and any approved addendum.
2. The Applicant possesses the legal authority to apply for this grant.
3. Facilities, programs, and services supported through these funds will be located as to be readily accessible, available, and responsive to the needs of the population without discrimination because of sex, creed, race, or duration of residence.
4. Safeguards will be established to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
5. The Arkansas Department of Human Services, Division of Youth Services (DYS), through any authorized representative or any duly authorized representative of the Federal government, will have access to and the right to examine all records, books, papers, or documents relating to the grant funding.
6. The Grantee understands that failure to establish or operate the funded program in accordance with the terms of the funded application, in the opinion of DHS, may result in the awarded funds being withdrawn.

7. An annual audit for the fiscal period of the grant shall be conducted by a Certified Public Accountant (CPA) in accordance with the generally accepted governmental audit standards. Sub-recipients under this agreement will comply with the guidelines of the relevant OMB audit circular in effect at the close of the fiscal year of the sub-recipient. State and local government sub-recipients should follow the guidelines of OMB Circular A-128 or its successor. Non-profit organizations and educational institutions should follow the guidelines of the provisions of OMB Circular A-133. Audit reports should be submitted within 120 days following the end of the sub-grantee's fiscal year. One (1) original and two (2) copies of the audit report should be submitted to the following address: Assistant Director, Office of Chief Counsel/Audit Section, Department of Human Services, Slot 900, P.O. Box 1437, Little Rock, AR 72203-1437.
8. The Grantee will provide such program reports as requested, as well as a Final Report, to DYS within 90 days of the end of the grant period or the end of the proposed activities, whichever is sooner.
9. The Grantee will provide Monthly/Quarterly Expenditure Reports to the Division of Youth Services JJDP Unit. Failure to submit these reports will delay the processing of requests for reimbursement grant payments.
10. The Grantee will provide Monthly Activity Reports to the Division of Youth Services/JJDP Unit by the 15th of the following month. Any report received after the 15th will be considered delinquent (unless the 15th falls on a weekend or a holiday). The request for funds form will not be processed until both the financial

and sub-grant activity reports have been received and approved by the DYS JJDP Unit.

11. When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds will clearly state:

- a. the percentage of the total costs of the program or project which will be financed with federal money;
- b. the dollar amount of federal funds for the project or program: and
- c. the percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

12. Recipient will comply (and will require any subgrantees or contractors to comply) with any applicable federal nondiscrimination requirements, which may include the Omnibus Crime Control and Safe Streets Act of 1968 (Safe Streets Act) (42 U.S.C. § 3789d); the Victims of Crime Act (42 U.S.C. § 10604 (e)); the Juvenile Justice and Delinquency Prevention Act of 2002 (42 U.S.C. § 5672 (b)); the Civil Rights Acts of 1964 (42 U.S.C. § 2000d); the Rehabilitation Act of 1973 (29 U.S.C. § 794); the Americans with Disabilities Act of 1990 (42 U.S.C. §§ 12131 -34); the Education Amendments of 1972 (20 U.S.C. §§ 1681, 1683, 1685-86); the Age Discrimination Act of 1975 (42 U.S.C. §§ 6101-07); 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Exec. Order No. 13279 (equal protection of the laws for faith-based and community organizations); Exec. Order No. 13559

(fundamental principles and policymaking criteria for partnerships with faith-based and other neighborhood organizations); and 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations).

13. Recipient will designate a civil right contact person who has lead responsibility in insuring that all applicable civil rights requirements, assurances, and conditions are met and who shall act as a liaison in all civil rights matters with the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs and the Office for Civil Rights (OCR) Office of Justice Programs.
14. Recipient will inform the public and subgrantees of affected persons' rights to file a complaint of discrimination with the OCR for investigation, or with DHS pursuant to DHS Policy 1009 and Executive Directive 2013-01 for referral to the appropriate investigative agency.
15. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the OCR and the Division of Youth Services (DYS), Arkansas Department of Human Services.
16. Recipient will provide an Equal Employment Opportunity Plan (EEOP) to the OCR and the DHS, if it is a state government, a local government, or a for-profit entity that has 50 or more employees and receives a single award for \$500,000 or more that is subject to the administrative provisions of the Safe Streets Act; otherwise, it will provide a certification to the OCR and the DHS that it has a current EEOP on file, if it has 50 or more employees and receives a single award for \$25,000 or more,

but less than \$500,000, that is subject to the administrative provisions of the Safe Streets Act. For state governments, local governments, and for-profit entities receiving less than \$25,000, or for state governments, local governments and for-profit entities with fewer than 50 employees, regardless of the amount of the award, no EEOP is required. Information about civil rights obligations of grantees can be found at <http://www.ojp.usdoj.gov/ocr/>.

17. As clarified by Executive Order 13166, Improving Access to Service for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Safe Streets Act and Title VI of the Civil Rights Act of 1964, Recipient must take reasonable steps to ensure that LEP persons have meaningful access to its programs and activities. Meaningful access may entail providing language assistance services, including oral and written translation, where necessary. Recipient is encouraged to consider the need for language services for LEP persons served or encountered both in developing its budgets and in conducting its programs and activities. Additional assistance and information regarding your LEP obligations can be found at <http://www.lep.gov>.

These assurances are part of the project grant application. An official who is a duly authorized representative of the applicant must certify by his/her signature that the organization will comply with the provisions of the applicable laws, regulations, and policies related to the project. By signing in the designated area below, the applicant agrees to abide by the stipulation contained in this application. Further, by virtue of these

signatures, the applicant assures that this application was presented to the applicant organization governing board and received approval.

Signature_____

Typed Name_____

Date _____

ASSURANCES

**DEPARTMENT OF HUMAN SERVICES
ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE
REHABILITATION ACT OF 1973, AS AMENDED, AND THE AMERICANS WITH DISABILITIES
ACT OF 1990, AS AMENDED**

The undersigned (hereinafter called "the provider") hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended [29 U.S.C, 794]; the Americans With Disabilities Act of 1990, as amended; all requirements imposed by the applicable HHS regulation [45 CFR Part 84]; and all guidelines and interpretations issued pursuant thereto.

Pursuant to S84.5(a) of the regulation [45 CFR 84.5(a)], the provider gives this assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Human Services after the date of this assurance, including payments or other assistance made after such date on applications for federal financial assistance that were approved before such date. The provider recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this assurance and that the United States will have the right to enforce this assurance through lawful means. This assurance is binding on the provider, its successors, transferees, and assignees, and the person or persons whose signatures appear below who are authorized to sign this assurance on behalf of the provider.

This assurance obligates the provider for the period during which federal financial assistance is extended to it by the Department of Human Services or, where the assistance is in the form of real or personal property, for the period provided for in S84.5(b) of the regulation [45 CFR 84.5(b)].

The provider: (Check A or B below)

A. employs fewer than 15 persons;

B. employs 15 or more persons and, pursuant to S84.7(a) of the regulation [45 CFR 84.7(a)], has designated the following person(s) to coordinate its efforts to comply with the HHS regulations:

Name of Designee(s) (Type or Print): _____

Name of provider/agency: _____ IRS Employer ID #: _____

Street address or P.O. Box: _____

City: _____ State: _____ Zip: _____

I certify that the above information is complete and correct to the best of my knowledge.

Date

Signature and Title of Authorized Official

If there has been a change in agency name or ownership within the last year, please print the former name below:

CERTIFICATION FORM
Compliance with the Equal Employment Opportunity Plan (EEOP) Requirements

To complete this form, please click on
<http://http://www.ojp.usdoj.gov/about/ocr/pdfs/cert.pdf>

INSTRUCTIONS

Completing the Certification Form

Compliance with the Equal Employment Opportunity Plan (EEOP) Requirements

The federal regulations implementing the Omnibus Crime Control and Safe Streets Act (Safe Streets Act) of 1968, as amended, require some recipients of financial assistance from the U.S. Department of Justice subject to the statute's administrative provisions to create, keep on file, submit to the Office for Civil Rights (OCR) at the Office of Justice Programs (OJP) for review, and implement an Equal Employment Opportunity Plan (EEOP). *See* 28 C.F.R. pt. 42, subpt. E. All awards from the Office of Community Oriented Policing Services (COPS) are subject to the EEOP requirements; many awards from OJP, including awards from the Bureau of Justice Assistance (BJA), the Office of Juvenile Justice and Delinquency Prevention (OJJDP), and the Office for Victims of Crime (OVC) are subject to the EEOP requirements; and many awards from the Office on Violence Against Women (OVW) are also subject to the EEOP requirements. If you have any questions as to whether your award from the U.S. Department of Justice is subject to the Safe Streets Act's EEOP requirements, please consult your grant award document, your program manager, or the OCR.

Recipients should complete *either* Section A *or* Section B *or* Section C, not all three. If recipient completes Section A *or* C and sub-grants a single award over \$500,000, in addition, please complete Section D.

Section A

The regulations exempt some recipients from all of the EEOP requirements. Your organization may claim an exemption from all of the EEOP requirements if it meets any of the following criteria: it is a nonprofit organization, an educational institution, a medical institution, or an Indian tribe; *or* it received an award under \$25,000; *or* it has less than fifty employees. To claim the complete exemption from the EEOP requirements, complete Section A.

Section B

Although the regulations require some recipients to create, maintain on file, and implement an EEOP, the regulations allow some recipients to forego submitting the EEOP to the OCR for review. Recipients that (1) are a unit of state or local government, an agency of state or local government, or a private business; *and* (2) have fifty or more employees; *and* (3) have received a single grant award of \$25,000 or more, but less than \$500,000, may claim the limited exemption from the submission requirement by completing Section B. In completing Section B, the recipient should note that the EEOP on file has been prepared within twenty-four months of the date of the most recent grant award.

Section C

Recipients that (1) are a unit of state or local government, an agency of state or local government, or a private business, *and* (2) have fifty or more employees, *and* (3) have received a single grant award of \$500,000 or more, must prepare, maintain on file, *submit to the OCR for review*, and implement an EEOP. Recipients that have submitted an EEOP Utilization Report (or in the process of submitting one) to the OCR, should complete Section C.

Section D

Recipients that (1) receive a single award over \$500,000; *and* (2) subaward a single award of \$500,000 or more must provide a list; including, name, address and DUNS # of each such sub-recipient by completing Section D

Submission Process

Recipients should download the online Certification Form, complete required sections, have the appropriate official sign it, electronically scan the signed document, and then send the signed document to the following e-mail address: EEOPForms@usdoj.gov. *The document must have the following title: EEOP Certification.* If you have questions about completing or submitting the Certification Form, please contact the Office for Civil Rights, Office of Justice Programs, 810 7th Street, NW, Washington, DC 20531 (Telephone: (202) 307-0690 and TTY: (202) 307-2027).

Public Reporting Burden Statement

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a current valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated minimum average time to complete and file this application is 20 minutes per form. If you have any comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Office of Justice Programs, 810 7th Street, N.W., Washington, D.C. 20531.

OMB Approval No. 1121-0340 Expiration Date: 12/31/15

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM INSTRUCTIONS

SUBCONTRACTOR: Mark the “yes” box if the disclosing entity is a **subcontractor** to the entity with which DHS is contracting. Mark the “no” box if the disclosing entity is the one with which DHS is contracting and proceed to TAXPAYER ID NAME

SUBCONTRACTOR NAME: If the disclosing entity is a subcontractor, indicate subcontractor’s legal name.

Contractor for which this is a subcontract: If the disclosing entity is a subcontractor, indicate the name of the contractor for which this is a subcontractor. If the disclosing entity is the one with which DHHS is contracting, leave this section blank.

Estimated dollar amount of subcontract: If the disclosing entity is a subcontractor, indicate the estimated dollar amount of the subcontract. If the disclosing entity is the one with which DHHS is contracting, leave this section blank.

TAXPAYER ID NAME: If the disclosing entity is the one with which DHHS is contracting, enter the disclosing entity’s legal name. If disclosing entity is a subcontractor, leave this section blank.

GOODS? SERVICES? BOTH? Mark "X" in the appropriate box to indicate that which DHHS is purchasing from the disclosing entity.

YOUR LAST NAME, FIRST NAME, M.I.: Enter the last name, first name, and middle initial of individual completing the disclosure form.

ADDRESS, CITY STATE, ZIP CODE, COUNTRY: Enter the complete mailing address of the disclosing entity.

FOR INDIVIDUALS: This section is to be completed if disclosing entity is an individual. If the disclosing entity is a business, leave this section blank.

- Indicate with a check mark in the applicable spaces (current or former) if the individual, or the spouse, brother, sister, parent, or child of the individual or spouse holds (or has held) any of the positions listed.
- “Former” is defined as being within two years of the effective date of the contract for which disclosure is being made.
- If there are any positions disclosed, give **full explanation**, including name of position of job held, dates, person’s name, and relationship.
- **NONE OF THE ABOVE APPLIES:** Mark "X" in the box if there are no disclosures made by the individual.

FOR AN ENTITY (BUSINESS): This section is to be completed if the disclosing entity is a business. If the disclosing entity is an individual, leave this section blank.

- Indicate with a check mark in the applicable spaces (current or former) if any persons in control or authority of the business, or those persons’ spouse, brother, sister, parent, or child holds (or has held) any of the positions listed.
- “Former” is defined as being within two years of the effective date of the contract for which disclosure is being made.
- If there are any positions disclosed, give full explanation, including name of position of job held, dates, person’s name, % of ownership interest and position of control.
- **NONE OF THE ABOVE APPLIES:** Mark "X" in the box if there are no disclosures made by the business entity.

SIGNATURE, TITLE, DATE, ENTITY CONTACT PERSON, TITLE, PHONE NUMBER: (To be completed by individual completing form.) Sign, date, and enter the requested information.

AGENCY USE ONLY: (To be completed by Office of Finance and Administration or divisional staff developing the contract or sub-grant.) Enter the requested information.

Note: If the contract proposal for greater than \$10,000.00 is **NOT** competitively procured and includes contractor disclosure entries on the PCS-D, prior written approval from the Chief Fiscal officer of the State is required IF the identified entity currently holds a position of ownership of at least 10%. Prior approval of Office of State Procurement, Department of Finance and Administration is required on all contracts and sub-grants with constitutional officers or their spouses. The DFA-approval document must be included in the proposal submitted to Contract Support Section.

Contract/sub-grant developer is responsible for determining:

- the PCS-D is completed, signed and included in the contract/sub-grant
- none of the identified disclosures are prohibited by EO-98-04
- prior approval of DFA has been obtained, if applicable

Contract and Grant Disclosure and Certification Form

f-1

Failure to complete all the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR:	SUBCONTRACTOR NAME:	Contractor for which this is a subcontractor:
<input type="checkbox"/> YES <input type="checkbox"/> NO		
		Estimated dollar amount of subcontract:

IS THIS FOR:

TAXPAYER ID NAME: Goods? Services Both?

YOUR LAST NAME: **FIRST NAME:** **MI:**

ADDRESS:

CITY: **STATE:** **ZIP CODE:** **COUNTRY:** UNITED STATES OF AMERICA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

For Individuals*

Indicate below if you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: Member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? (i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)	
	Current	Former		From MM/YY	To MM/YY	Person's name(s)	Relation
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

None of the above applies

For an Entity (Business)*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/commission, data entry, etc.)	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's name(s)	Ownership Interest (%)	Position of Control
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>						
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input type="checkbox"/>	<input type="checkbox"/>						

None of the above applies *** NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED** **PAGE 1 OF 2** **01/06**

Contract and Grant Disclosure and Certification Form

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Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will _____ require _____ the _____ subcontractor _____ to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all _____ legal _____ remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent _____ to _____ the _____ contract _____ date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor _____ and _____ a _____ statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature _____ Title _____ Date _____

Vendor Contact Person _____ Title _____ Phone No. _____

AGENCY USE ONLY

Agency	Agency	Agency	Contact	Contract or
Number	Name	Contact Person	Phone No.	Grant No.
_____	_____	_____	_____	_____

* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED