

Application Information

Instructions:

- Complete the applicable fields on each page.
- Note that some fields may be required, but if they are not relevant to your agency or the program, a response of "NA" is acceptable.
- Also, the "save" button is located in the upper right hand corner of each page.
- After completing each application section the "save" button must be pressed in order to keep the submitted information and move to the next page.
- **Please ensure that your organization name matches your STAARS Vendor Registration.**
- To update your Grants.Alabama.Gov Organization Name, navigate to your profile, and click "Organization Information".
- This is a reimbursement grant. Funds have to be expended first and then reimbursement is made for the expenditure.
- Only one (1) priority per application. Agencies may apply for multiple priorities but must do so with separate applications.

Subgrantee Applicant Info

Organization Name: *Baldwin County Emergency Management Agency*

STAARS Vendor Number: [REDACTED]

UEI Number: [REDACTED]

EIN: (Federal Tax ID) [REDACTED]

SAM Expiration Date: *9/20/2024*

Zip: *36567*

SAM Activity Status: *No Exclusions*

Is this money being passed through to another agency/agencies? Yes No

Which Agency/Agencies?

NOTE: All applications are required to have at least three individuals assigned to the document. Please ensure that they have been added to your organization prior to selecting them in the dropdowns below. To add additional organization members please go to your profile in the top right corner of the screen and click on organization members.

Authorizing Official

Select the individual authorized to enter into binding commitments on behalf of the applicant. The official will normally be the Board President or the chief officer of the agency or governmental unit involved; i.e. Mayor, County Commission Chairman, City Council President, State Department Director, President of the Board of Directors.

Name*

Billie Jo Underwood

Title*
Chairman, Baldwin County Commission

Address*
23100 McAuliffe Drive

Phone No.*
(251) 972-6809

E-Mail*
bcema05@gmail.com

Project Director

Select the individual who combines knowledge and experience in the project area with abilities in administration and supervision of personnel. The project director will also be expected to devote the necessary amount of time to ensure the effective management the project.

Name*

Vernon Dandridge

Title*
EMA Planning & Grants Division Manager

Address*
23100 McAuliffe Drive

Phone No.*
(251) 972-6809

E-Mail*
vernon.dandridge@baldwincountyal.gov

Financial Officer

Select the individual who will be responsible for fiscal matters relating to the project, and in ultimate charge of accounting, management of funds, verification of expenditures, and grant financial reports.

Name*

Katrina Taylor

Title*
Grants Administrator

Address*
23100 McAuliffe Drive

Phone No.*
(251) 937-0227

E-Mail*
katrina.taylor@baldwincountyal.gov

Project Description

Project Name* *Baldwin County Operations Room Multi-Functional Situation Monitoring Wall*
Project Type* *Establish/enhance emergency operations center*
In which Congressional District is your agency headquartered?

If you don't know your Congressional District, please click [HERE](#) and search by Zip Code and/or Address. 1

What is the Zip Code (Zip + 4) for the location of this project? 36567-3189
What is your service area for this project?* Municipality County Other

Please Describe:

County* *Baldwin County*

Municipality* *N/A*

Core Capability Selection: *Situational Assessment*

Is your project building or sustaining capabilities? Build Sustain

Is this project deployable? Yes No

Is this project shareable? Yes No

Is 80% or more of your annual gross revenues from Federal Awards?

Yes No

Do you receive \$25 million or more annually from Federal Awards?

Yes No

Does this project require new construction, renovation, retrofitting, or modifications of existing structures?

Yes No

Does your agency spend \$750,000 or more in federal grant funds per fiscal year?

(See 2 CFR 200.500)

Yes No

Describe the needs of the agency and the problem the project will be addressing.

Describe how this project will enhance your ability to address threats and acts of terrorism.

Describe how this project will be implemented and how this project will address the problem or need by closing capability gaps and/or addressing sustainment needs.

- Please complete at least 3 milestones below to include Anticipated Completion Date.
- Please list one milestone per row.
- Click on the plus button to add a new one.
- Examples of Milestones Include:
 - Accept Grant Award
 - Obtain Quotes for Equipment
 - Complete Quarterly Reports
 - Complete Closeout

Milestones:**Anticipated Completion Date:**

<i>Milestone 1: Receive Award Obligation for Project from ALEA</i>	<i>10/31/2024</i>
<i>Milestone 2: Execute Grant Agreement with ALEA</i>	<i>11/29/2024</i>
<i>Milestone 3: Competitively procure equipment based on agency procurement policy and federal requirements</i>	<i>2/28/2025</i>
<i>Milestone 4: Receive equipment from selected vendor and conduct quality check inspection</i>	<i>5/30/2025</i>
<i>Milestone 5: Conduct staff training with equipment</i>	<i>7/17/2025</i>
<i>Milestone 6: Allow situational use of equipment</i>	<i>7/24/2025</i>

Misc Attachments

Instructions:

Click on the name of documents to be taken to the most recent version of each form.

The forms can then be saved and uploaded by clicking the "select" button.

Any attachments not specifically listed can be entered under the "Other Attachments" section.

Disclosure Statement *

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000. The form must be signed, dated, and notarized prior to submission. Complete all lines as indicated. If an item does not apply, denote N/A (not applicable).

Certification Regarding Debarment Suspension ineligibility & Involuntary Exclusion *

This form is used to ensure that an agency is not suspended or otherwise excluded from receiving federal funding. This form must be completed and signed.

Certification Regarding Drug Free Workplace Requirements *

This form certifies that the subrecipient will provide a drug-free workplace. Certification Regarding Drug-Free Workplace Requirements form must be completed and signed.

Equal Employment Opportunity Certification *

Compliance is required with federal laws which prohibit discrimination on the basis of race, color, national origin, religion, sex, age or disability. The Equal Employment Opportunity Program Certification must be completed and signed by the Authorizing Official.

Financial Questionnaire *

This questionnaire is a tool designed to assist both the subgrantee and the ALEA staff in assessing the subgrantee's management capabilities. Subrecipient organizations are expected to have certain systems, policies, and procedures in place for managing their own funds, equipment, and personnel. The questionnaire must be completed and signed.

Risk Assessment Questionnaire *

This questionnaire is a supplemental tool for completing a full risk assessment. A risk assessment must be conducted on each applicant before an award can be made. A higher risk rating may require additional grant requirements or special conditions. All assessments are unique and are handled on a case-by-case basis.

E-Verify *

You will need to upload the E-Verify MOU first page, signature page, page that includes the TIN number (FEIN), and any company profile pages that may be applicable such as the page listing multiple sites. E-Verify is an Internet-based system that compares information from an employee's Form I-9, Employment Eligibility Verification, to data from U.S. Department of Homeland Security and Social Security Administration records to confirm employment eligibility. You can enroll in E-Verify through <http://www.uscis.gov/e-verify>.

Certification Regarding Lobbying

This form certifies compliance with federal restrictions on lobbying. The Certification Regarding Lobbying must be completed and be signed by the Authorizing Official for grant awards in excess of \$100,000.

Environmental and Historic Preservation Screening Form (EHP)

At the time of award, if your agency is required to submit an EHP, please upload here.

W-9 *

Please upload your agency's W-9.

Procurement Policy *

Please upload your agency's procurement policy.

Other

Please upload any other necessary documents here. Add rows for each separate document.

Description



State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

312 Courthouse Square

ADDRESS

Suite 11

CITY, STATE, ZIP

Bay Minette, Alabama 36507

TELEPHONE NUMBER

(251) 580-2564

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

Alabama Law Enforcement Agency

ADDRESS

301 S. Ripley Street

CITY, STATE, ZIP

Montgomery, Alabama 36104

TELEPHONE NUMBER

(334) 676-6002

This form is provided with: FY24 Homeland Security Grant Application (2024-4LOC-EOC-70)

Contract

Proposal

Request for Proposal

Invitation to Bid

Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

Yes

No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

Yes

No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT
(Please see attached document)		

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS

By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.

Signature Date

Notary's Signature Date Date Notary Expires

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.

**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions
(Sub-Recipient)**

- 1 By signing and submitting this proposal, the prospective lower-tier participant is providing the certification set out below.
2. This certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage section of rules implementing Executive Order 12549.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transaction," without modification, in all lower covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant a lower tier covered transaction that is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

This certification is required by the regulations implementing Executive Order 12549, Debarment and suspension, 28 CFR Part 67, Section 67.510, Participants' Responsibilities. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160 - 19211)

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in these certification, such prospective participant shall attach an explanation to this proposal.

Chairman, Billie Jo Underwood

(Type or Print Name and Title of Authorized Representative)

(Signature of Authorized Representative)

Date

Baldwin County Commission

(Name of Organization)

312 Courthouse Square, Suite 11, Bay Minette, Alabama 36507

(Address of Organization)

Certification Regarding Drug Free Workplace Requirements Grantees Other Than Individuals

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 28 CFR Part 67, subpart F. The regulation, published in the January 31, 1989 Federal Register, require certification by grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment (see 28 DFR part 67, Sections 67.615 and 67.620).

The grantee certifies that it will provide a drug free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- (b) Establishing a drug free awareness program to inform employees about --
 - 1. The dangers of drug abuse in the workplace.
 - 2. The grantee's policies of maintaining a drug free workplace.
 - 3. Any available drug counseling, rehabilitation, and employee assistance programs.
 - 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
 - 1. Abide by the terms of the statement.
 - 2. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.
- (e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction.
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted --
 - 1. Taking appropriate personnel action against such an employee, up to and including termination.
 - 2. Requiring such employee to participate satisfactorily in drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.
- (g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

Place(s) of Performance: The grantee shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant (Street Address, City, County, State, Zip Code):

312 Courthouse Square, Suite 11	Bay Minette	Baldwin	AL	36507
Street Address	City	County	State	Zip Code
Street Address	City	County	State	Zip Code
Street Address	City	County	State	Zip Code

Baldwin County Commission

Organization Name

Billie Jo Underwood, Chairman

Name and Title of Authorizing Representative

Applicant or Grant Number

2024-4LOC-EOC-70

Signature

Date

Alabama Law Enforcement Agency (ALEA)
Office of the Secretary
Programs Office

Equal Employment Opportunity Program Certification

I, Billie Jo Underwood (Authorized Official), certified that the Applicant/Subgrantee

Baldwin County Commission

has formulated an Equal Employment Opportunity Program in accordance with 28 CFR 42.301, et seq., subpart E, and that it is on file in the office of:

Name: Deidra Hanak

Title: Baldwin County Commission, Personnel Director

for review or audit by officials of ALEA or the Grant Agency as required by relevant laws and regulations

(Signature of Authorized Official)

(Date)

NOTE: If your organization is required to develop an EEOP plan, the above certification must be completed. If a plan is not required, then the below certification must be completed. The signed certification must be returned to ALEA Programs Office.

I, _____ (Authorized Official), certify that the Applicant/Subgrantee

_____ is not required to formulate an Equal Employment Opportunity Program in accordance with relevant laws and regulations

(Signature of Authorized Official)

(Date)

Alabama Law Enforcement Agency

Financial Questionnaire

Section I. General Information

- | | | | |
|------------------------|---|--------------------|-------------------------|
| 1. Subgrantee: | <u>Baldwin County Commission</u> | Subgrant Number : | <u>2024-4LOC-EOC-70</u> |
| 2. Financial Officer : | <u>Aislinn Stone, Chief Compliance Officer</u> | Telephone Number : | <u>251-937-0303</u> |
| 3. Contact Person : | <u>Vernon Dandridge, EMA Planning & Grants Division Manager</u> | Telephone Number : | <u>251-972-6890</u> |

The financial responsibility of subgrantees must be such that the subgrantee can properly discharge the public trust that accompanies the authority to expend public funds. Adequate accounting systems should meet the criteria outlined in the appropriate federal/state regulations and meet the following criteria:

- (1) Accounting records should provide information needed to adequately identify the receipt of funds under each subgrant awarded and the expenditure of funds for each subgrant, for each action program and for each subgrant awarded by the State
- (2) Entries in accounting reports should refer to subsidiary records and/or documentation which support the entry and which can be readily located.
- (3) The accounting system should provide accurate and current financial reporting information.
- (4) The accounting system should be integrated with an adequate system of internal controls to safeguard the funds and assets covered, check the accuracy and reliability of accounting data, promote operational efficiency, and encourage adherence to prescribed management policies.

Section II. Accounting System

1. Manual Automated Combination Which best describes the accounting system?
2. Yes No Does the organization use a double entry system in accounting for program funds?
3. Yes No Does the accounting system identify the receipt and expenditures of program funds separately for each subgrant?
4. Yes No Does the accounting system provide for the recording of expenditures for each subgrant by the component project and budget cost categories shown in the approved budget?
5. Yes No Are time distribution records maintained for an employee when his/her effort can be specifically identified to a particular cost objective?
6. Does the accounting / financial system include budgetary controls to preclude incurring obligations in excess of:
 - a. Total funds available for a subgrant?
 - b. Total funds available for a budget cost category (e.g., Personnel, Travel, Operating Expense, etc.)
7. Yes No Is the organization generally familiar with the existing regulations and guidelines containing the cost principles and procedures for the determination of allowance of costs in connection with Federal contracts/grants/subgrants?

Financial Questionnaire (continued)

Subgrantee: Baldwin County Commission
Subgrant Number : 2024-4LOC-EOC-70

Section III. Fund Control

1. Yes No Is a separate bank account maintained for subgrant funds?
2. Yes No If Federal subgrant funds are commingled with organization funds, can the Federal subgrant funds and related costs and expenses be readily identified?
3. Yes No Are the officials of the organization bonded?

Section IV. Additional Information

- Yes No Did an independent certified public accountant (CPA) ever examine the financial statements?
1. Date of the last audit August, 2023
2. Dates covered by the last audit From October 1, 2022 to September 30, 2023
3. Date of the next audit August, 2024
4. Dates covered by the next audit From October 1, 2023 to September 30, 2024

Use the following space for any additional information. Indicate the section and item numbers if there is a continuation.

Section V. Applicant Certification

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

Signature

Date

Chairman, Baldwin County Commission

Title

Risk Assessment

Please select only one checkbox for each question.

Subrecipient:	Baldwin County Commission	
Does the agency receive \geq 25% in non-Federal funding?	Less than 25% in non-Federal Funding	<input checked="" type="checkbox"/>
	25% - 50% in non-Federal Funding	<input type="checkbox"/>
	> 50% in non-Federal Funding	<input type="checkbox"/>

Non-Profits Only: Does the agency seek additional funding through regular fundraisers?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

If no, please explain.

Is the entity new to operating or managing state and/or federal funds (has not done so within the past 5 years)?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>

If yes, please explain.

Is this program new for the entity (managed for fewer than 3 years)?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>

Has there been high staff turnover or agency reorganization that affects this program?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>

Are the staff assigned to the program inexperienced with the program (worked with the program for less than 2 funding cycles)?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>

Does the agency have a new Executive Director and/or new Financial Officer (within last 2 years)?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>

Does the agency/entity have or previously had a lawsuit(s) filed against them (within the last five years)?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>

If yes, please explain.

Has any of the agency's staff been jailed, convicted of a felony, or are currently under criminal investigation?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>

If yes, please explain.

Is the agency/entity currently or previously been suspended or debarred?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>

If yes, please explain.

Does the agency have a financial management system in place to track and record the program expenditures? (ex: QuickBooks, Peachtree, or Custom Proprietary System)	Yes	<input checked="" type="checkbox"/>
	No	<input checked="" type="checkbox"/>

Does the accounting system identify the receipts and expenditures of program funds separately for each award?	Yes	<input checked="" type="checkbox"/>
	No	<input checked="" type="checkbox"/>

Does the agency have loans to help meet its cash needs?	\$0	<input type="checkbox"/>
	≤ \$50,000	<input type="checkbox"/>
	> \$50,000	<input checked="" type="checkbox"/>

N/A

Is the agency delinquent in paying any obligations?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>

Has it been more than one year since the agency	Yes	<input type="checkbox"/>
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received a single audit? (If required)	No	<input checked="" type="checkbox"/>
If yes, please explain.		

Were there any audit findings?	Yes, 5+	<input type="checkbox"/>
	Yes, 1 - 4	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
If yes, please explain.		

Certification Regarding Lobbying

Each applicant shall file this certification and disclosure form if applicable, with each submission that initiates agency consideration of such applicant for an award of an Alabama Law Enforcement Agency (ALEA) contract, grant or cooperative agreement of \$100,000 or more.

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.

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 to any person for influencing or attempting to influence an officer or employee of any Federal 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 non-Federal funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Federal 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 initial here _____ and 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 sub-awards at all tiers and that all sub-recipients shall certify and disclose accordingly.

Signature of Authorized Official

Date

Title