

­­­­­­KDADS Grant Request for Proposal (RFP)

Interim Housing (IH) Grant

## Behavioral Health Commission

Release Date: March 12, 2020

Deadline: May 3, 2020

Contact Person: Misty Bosch-Hastings

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# Overview

The Kansas Department for Aging and Disability Services (KDADS), Behavioral Health Commission, announces the release of a Request for Proposal (RFP) for the Interim Housing Grant. Eligible applicants are community or faith based organizations who can demonstrate the capability of addressing the interim housing needs of homeless adults with Serious Mental Illness (SMI), and homeless adults who may also have a co-occurring mental illness and substance use disorder. This also includes homeless youth (ages 18-22) with Serious Emotional Disturbance (SED). The priority population are homeless adults who are being discharged from inpatient or residential mental health treatment/substance abuse treatment (e.g. state psychiatric hospital, nursing facility for mental health, substance use disorder treatment facility or community hospital inpatient psychiatric program. The period of this grant will run from July 1st, 2018 through June 30, 2019. Total funding will not exceed $92,250.

**Request for Proposal Timeline**

|  |  |
| --- | --- |
| Release of Request for Proposal | March 12, 2020 |
| Written Questions from Potential Bidders due by 5:00 p.m. | March 20, 2020 |
| Q&A Emailed & Posted by KDADS | March 27, 2020 |
| Letters of Intent are due by 5:00 p.m. | April 10, 2020 |
| Applications Due  | 2:00 P.M. CST on May 1, 2020 at503 S. Kansas AvenueTopeka, KS 66603 |
| Notification of Award(s) | June 1, 2020 |
| Grant Start-Up | July 1, 2020 |

# I. Introduction and Specific Information:

**Purpose**

The purpose of this Request for Proposal is to fund Interim Housing projects for homeless persons experiencing Serious Mental Illness (SMI) who may also have a co-occurring Substance Use Disorder (SUD) or youth who are 18 to 21 years of age with Serious Emotional Disturbance (SED). Serious Mental Illness is defined as a diagnosable mental, behavioral or emotional disorder of sufficient duration to cause serious functional impairment in an individual's major life activities.

Interim Housing projects are short-term (up to three months) project-based housing that provides immediate community-based housing for persons who are homeless with an emphasis on those who are homeless and being discharged from inpatient or residential mental health or substance use treatment facility (e.g., a state psychiatric hospital (SPH), nursing facility for mental health (NFMH), substance use disorder (SUD) facility or community hospital inpatient psychiatric program).

The goal of Interim Housing Grant is to provide immediate community based housing, to prevent discharging individuals from inpatient or residential mental health or substance use treatment facilities to homeless shelters or to street homelessness. **Interim Housing Projects shall demonstrate a plan to assist participants with expeditiously obtaining permanent housing and resources to sustain permanent housing.** If c**onsumers do not have a source of income upon entry of Interim Housing they shall be connected to benefits specialist certified in SOAR and/or IPS supported employment programming.**

This grant will be awarded to community or faith based organizations that can demonstrate they can effectively and efficiently respond to the community housing needs of homeless persons with SMI/SUD/SED who are being discharged from an inpatient or residential mental health or substance use treatment program or facility.

# II. Terms of the Grant

## Award Amounts and Length

Awards are subject to the availability of funds and any modifications or additional requirements that may be imposed by law.

This program will provide funding during State fiscal year 2021 with an anticipated budget period beginning July 1, 2020 and ending June 30, 2021. Approximately $92,250 is expected to be available. Applicants may propose funding for twelve months through this announcement. **Interim Housing Grant funds can only be used to pay for rent, utilities, phones service, security deposits, and household items.** Awards will be based on the applicant’s statement of need (outlined in theproposal requirements section below), the current Fair Market Rent (FMR) for the applicant’s service area and the 2010 Census.

* Based on the FMR schedule, applicants may request up to but not exceed the amounts for each area of the state for which an application is made. FMR is determined by U.S. Housing and Urban Developments and it is the best objective measure of what a household seeking an affordable rental unit could expect to pay in rent and utilities in the current market. The FY 2018 FMR Documentation System for the State of Kansas can be found at <https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2018_code/2018state_summary.odn>.

**Awardees shall not require tenants to pay any fees or cost associated with operating the Interim Housing Project, including, but not limited to, deposits, rent, or utilities.**

# III. Eligibility

**Eligible Applicants**

Eligible applicants are community or faith based organizations who can demonstrate the capability of addressing the interim housing needs of homeless adults with Serious Mental Illness (SMI) who may have a co-occurring substance use disorder. This also includes youth (ages 18-22) with Serious Emotional Disturbance (SED).

**Cost Sharing/Matching**

The Interim Housing Grant does not require cost sharing or matching. Matching funds are strongly encouraged but not required.

Selected applicants shall sign a KDADS Notice of Grant Award agreement. The application submitted to KDADS shall become part of the Notice of Grant Award.

# IV. Outcomes/Goal(s)

**Goals**

The following goals must be addressed throughout the project narrative and part of the project’s design and implementation plan.

* Persons with mental illness must have safe, decent, affordable housing to experience meaningful recovery.
* Interim Housing provides an alternative to homeless shelters and provides short term housing coupled with supportive services to those seeking permanent housing.
* Interim Housing providers must connect eligible individuals to Social Security and Medicaid benefits using the SOAR approach.
* Interim Housing providers shall refer consumers interested in employment to appropriate employment programs, e.g. Supported employment, Voc Rehab.
* Interim Housing participants shall have all rights guaranteed by the Kansas Tenant Landlord Act.
* Interim Housing grantees shall enter into a rental contract with a property owner willing to let the grantee sublease the home/apartment(s) to eligible participants.
* Interim Housing grantees shall assist eligible participants to move from institutions into the IH project(s) then assist them to find permanent housing.
* Interim Housing grantees shall collaborate with MCO’s, state psychiatric facilities, NFMH, SUD facilities, Homeless Shelters, Housing Authorities, Property Owners, Faith-Based Organizations, Local Affordable Housing providers, State and County Correctional Agencies, and Local Emergency Rooms.
* Interim Housing providers must demonstrate that they incorporate a recovery-oriented philosophy in their services.
* Interim Housing providers must demonstrate that they incorporate a trauma informed approach in their services.
* Interim Housing participants will have 90 days to work with provider to obtain permanent housing. If an extension is needed, the Interim Housing provider will need to request this extension in writing explaining why more time is being requested.

# V. Deliverables and Reporting

Financial Report: By the 20th of each month the grantee shall submit a monthly financial report for payment in a format provided by KDADS. The report is to include documentation supporting the amount of payment requested. Amounts requested shall be in accordance with the budget submitted with the grant application. Any deviation from the approved budget shall require submittal of a revised budget and an amendment to the grant. Reports shall be due by the 20th of each month to KDADS and will be emailed to Misty Bosch-Hastings at misty.boschhastings@ks.gov.

Interim Housing Participant Permanent Housing Plan: Grantees shall submit a written permanent housing plan for every participant. This will include an explanation of what measures will be taken by the grantee to assist the participant obtain a source of income to sustain housing and the necessary steps that will be taken to assist the participant obtain permanent housing. Grantees will have 14 days from the move in date to provide housing plans. Housing plans will be emailed to Misty Bosch-Hastings at misty.boschhastings@ks.gov.

Monthly Programmatic Report: Grantee shall submit a monthly programmatic report in a format provided by KDADS. Monthly Reports shall be due by the 20th of each month to KDADS and will be emailed to Misty Bosch-Hastings at misty.boschhastings@ks.gov.

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# VI. Proposal Process

To apply, organizations are **required** to submit an electronic non-binding Letter of Intent (LOI) no later than **April 10, 2020** **at 5:00 p.m**.

The LOI must include the following:

1) Name and address of the applicant
2) Statement indicating intent to apply
3) Name of KDADS Grant Program
4) Telephone number and email address of the contact person.

The LOI should be emailed to Misty Bosch-Hastings at misty.boschhastings@ks.gov.

KDADS will accept questions until **March 20, 2020 at 5:00 pm**. Questions must be emailed to Misty Bosch-Hastings at misty.boschhastings@ks.gov. KDADS will post answers to the questions by March 27**, 2020 at 5:00 pm** at <https://www.kdads.ks.gov/provider-home/providers/bhs-funding-opportunities>.

## How to Apply

To be considered for funding, an email copy of the application **must** be received by **May 1, 2020 by 2:00 pm.** The applications are to be submitted by email to Misty Bosch-Hastings at misty.boschhastings@ks.gov. Applications **must** be emailed in Word. PDF will not be accepted.

Also due on or before May 1, 2020, applicants are required to submit the original and four (4) copies addressed to:

 Kansas Department for Aging and Disability Services

Attn:  Misty Bosch-Hastings

 New England State Office Building

 503 South Kansas Avenue

 Topeka, Kansas, 66603

 Email: misty.boschhastings@ks.gov

Applications will not be accepted via fax. **Late applications will not be accepted.**

The application must be arranged in the order indicated in the “Application Checklist”.

## What a Proposal Should Include

Applications must include all the components described in this section. Failure to submit an application that contains all the specified information may negatively affect the review of the application.

### Table of Contents

Include page numbers for each of the major sections of your application and for each attachment. KDADS highly recommends a Table of Contents be included as part of the grant proposal.

Applicant Information *(5 points)*

Complete the Applicant Information Page (Attachment A). This is a standard form used for submission of proposals and related information. The Application page (attachment A) and Assurances (attachment C) must be signed by an official authorized to sign.

Program Abstract *(10 points)*

The program abstract should be no more than one double spaced page, using a standard 12-point font (Times New Roman is preferred) with not less than 1-inch margins, and should include the following:

* Identify the type of applicant (government agencies, public universities and colleges, and private, nonprofit and community organizations).
* Describe the proposed program for which funding is being requested (including the purpose and program outcomes, the geographic area, description of target population, services to be provided and number of clients to be served).

Program Narrative *(total 75 points)*

The program narrative must include five sections:

* Statement of the Problem
* Project Description
* Program Goals and Objectives
* Collaboration / Planning
* Sustainability Plan

The program narrative should be double-spaced, using a standard 12-point font (Times New Roman is preferred) with not less than 1-inch margins, and should not exceed 30 pages. Please number pages “1 of XX” “2 of XX”, etc. If the Program Narrative fails to comply with these length-related restrictions, noncompliance may be considered in peer review and in final award decisions.

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers will understand 1) the need for the proposed project within the context of the community, 2) the design of the proposed project, and 3) the expected impact of the proposed project.

**The narrative section contains seven sub-sections which should be presented in the following order with the given headings.**

***Statement of the Problem (****10 out of 75 points)*

This section outlines the needs of your community for the proposed project. A description of the following is required in the context of the community/geographical area; therefore, other factors that may impact the project, such as the geographic service area and the mental health services (or other relevant services) available, should also be described in this section.

* the target population to be served by the proposed project (people leaving NFMH, SPH, SUD, etc.)
* their unmet housing needs
* relevant barriers that the project will address

The following items **must** also be addressed in the *Statement of the Problem* section; **not necessarily in this order**.

* A well-defined problem statement.
* Identify the factors and specific data indicators that demonstrate community need for this project (number of persons served in NFMH, SPH, SUD, under federal poverty level, etc.).
* Describe the characteristics of the target population for this grant, including diagnoses, age, gender, and ethnicity.
* Use local data to document the unmet housing and service needs in the target population.
* Describe the existing resources and strengths (e.g., grants, existing community services, and surveys, other public or private funding) that will benefit this project.
* Describe any gaps in the ability to provide comprehensive services and supports to the target population.
* Describe other factors that may impact the project.
* Use and cite demographic data to support the information provided.
* Compare local, State, and national data.
* Describe relevant geographical information (if appropriate).
* Provide a detailed description of the various systems of care that are utilized by the applicant to provide mental health services to the target population. (These systems include, but are not limited to, NFMH, SPH, SUD, homeless shelters.)

***Program Description*** *(30 out of 75 points)*

* eligibility requirements
* recruitment of participants
* all activities associated with the program. Activities should align with the stated goal(s) and objectives.

Programs must describe specific plans for ensuring the services address the cultural, linguistic, religious, and social differences of the target populations.

Applicants **must** address the following items in the *Program Description* section; **not necessarily in this order**:

Provide a clear and concise description of the program, including:

* + Eligibility requirements
		- Provide a detailed and complete description of the eligibility criteria used by the applicant for admission into program, to enable the reviewer to have a practical understanding of the process.
		- Provide an assessment/screening tool in an indexed appendix.
	+ Recruitment of participants
		- Describe how participants will be recruited.
		- Describe community outreach/education activities to ensure that the public and State Psychiatric Hospitals, Nursing Facilities for Mental Health and Substance Use Disorders Treatment facilities are aware of and are able to access the program.
	+ All activities associated with the program
	+ Assistance provided to obtain permanent housing
	+ List permanent housing choices

Describe any technical assistance needed to implement the program.

Describe the processes and procedures that will be implemented for residents on how to address emergencies.

Describe specific plans for ensuring the services provided address the cultural, linguistic, religious, and social differences of the target populations.

Present the following information on the program that meet the program’s specified definitions where applicable:

* + Total number of units
	+ Total number beds per unit
	+ Cost per unit (rent, deposit, utilities – including phone for emergencies, and household items)
	+ The projected number of persons your project expected to serve in the grant year
	+ Include any intent to lease letter or contract from property owner willing to rent to your agency for the Interim Housing Project.

***Program Goals and Objectives*** *(15 out of 75 points)*

Clearly and concisely, propose goals and objectives for the project that will respond to the identified needs of the community that were presented in the Statement of Need section of this application. The stated goals and objectives should be measurable, realistic, and achievable in a specific timeframe.

* A goal is the desired outcome or result of the project; applicants may have single or multiple goals. **The goal(s) should be consistent with the background and philosophy of the Interim Housing program and consistent with the mission/vision of the Kansas Department for Aging and Disability Services.**

**Mission:** The Kansas Department for Aging and Disability Services mission is to foster an environment that promotes security, dignity and independence for all Kansans.

**Vision:** The Kansas Department for Aging and Disability Services envisions a community that empowers Kansas older adults and persons with disabilities to make choices about their lives.

* Objectives are the strategies and activities, or different methods and ways, that the goal(s) will be achieved.

Outcome measures should be included to determine level of progress for each objective and the impact of the program on the target population.

Applicants **must** address the following items in the *Program Goals and Objectives* section, **in this order**:

* A clear and concise goal statement, which follows from the problem statement/statement of need.
* Include specific, measurable, observable, objectives that follow from the stated goal(s).
* Describe the outcome measures, which follow from the stated goals and objectives.
* Goals, objectives, and outcome measures respond to the identified needs of the community that were presented in the Statement of Need section.

***Collaboration/Planning*** *(10 out of 75 points)*

Involving the stakeholders, community partners, and consumers in the planning phase to identify needs and develop activities increases the likelihood of success of the project by creating community ownership and buy-in. Therefore, this grant requires that the community served be involved in the development and ongoing operations of the project to ensure that the project is responding to the needs of the community. This includes State Psychiatric Hospitals for your catchment area, Nursing Facilities for Mental Health, Homeless Shelters in your area, Public Housing Authorities, property owners, faith-based organizations and local affordable housing providers.

Applicants **must** address the following items in the *Collaboration/Planning* section; **not necessarily in this** **order:**

* Describe the planning process including how the proposal was planned in collaboration with stakeholders.
* Describe how stakeholders, including target population consumers and their families, have and will continue to be included in the grant process.
* Describe how the community served is involved in the development and ongoing operations of the project
* If the Applicant contracts with other providers, provide a detailed description of the contractual obligations with the contractor/provider.

***Sustainability Plan*** *(10 out of 75 points)*

**It should be the aim of every KDADS grantee to reach sustainability within a relatively short amount of time since funding is not guaranteed in subsequent years.**  Development of a sound sustainability strategy is essential to financial viability and the ability of the program to continue. The prospect of being financially able to continue the project is increased if strategies for sustainability are identified during the planning stages of the program and implemented.

Include a plan for sustaining the project that is realistic and feasible for your program. The plan should include sustainability strategies that do not depend on one source of funding. It is suggested that you consider a range of possible options.

Applicants **must** address the following items in the *Sustainability Plan* section; **not necessarily in this order**:

* A realistic and feasible plan for sustaining the project
* An explanation of other sources of income for the project that will ensure continuance after the grant ends.
* Strategies that may be used to sustain this initiative or its programs after the grant ends that do not depend on one source of funding and considers a range of possible options.

Budget Detail Worksheet and Budget Narrative/Justification (10 points)

Applicants must submit a Budget Detail Worksheet and Budget Narrative outlining how grant funds will be used to support and implement the program.

The Budget Narrative should thoroughly and clearly describe every category of expense listed in the Budget Detail Worksheet. The narrative should be mathematically sound and correspond with the information and figures provided in the Budget Detail Worksheet. The narrative should explain how all costs were estimated and calculated and how they are relevant to the completion of the proposed project. The narrative may include tables for clarification purposes but need not be in a spreadsheet format. As with the Budget Detail Worksheet, the Budget Narrative should be broken down by year.VII. Review and Selection Process

## Peer Review Panel

KDADS is committed to ensuring a fair and equitable process for awarding grants. Eligible applications will be evaluated, scored, and rated by a peer review process. Peer review is the process by which competitive discretionary grant applications are evaluated by internal reviewers. Peer reviewers evaluate applications to make sure the information presented is reasonable, understandable, measurable, and achievable, as well as consistent with program or legislative requirements as stated in the solicitation.

KDADS leadership uses the peer review summaries as guidance when selecting applicants for awards. The peer reviewers' ratings serve as a basis for recommending whether to consider an application for funding. Peer review evaluations are advisory only and KDADS Secretary has final determination in the selection of grantees. KDADS Secretary approval is final with no appeal or grievance rights. In addition to peer review ratings, considerations may include, but are not limited to, underserved populations, strategic priorities, past performance, geographic balance, and available funding.

## Selection Criteria

The Peer Review process uses a scoring guide when reviewing proposals. The scoring guide has a 100 points total scoring system. The Scoring Guide scores as follows:

1. Applicant Information – Attachment A (5 points)

2. Program Abstract (10 points)

3. Program Narrative (75) points total)

 A. Statement of the Problem (10 Points)

 B. Project Description (30 points)

 C. Goals & Objectives (15 points)
 D. Collaboration / Planning (10) Points)

 E. Sustainability (10 Points)

4. Budget Justification (10 Points)

## Proposal Checklist

The following sections must be submitted in this order:

\_\_\_ Table of Contents

*\_\_\_* Applicant Information (Attachment A)

\_\_\_ Program Abstract

\_\_\_ Statement of Problem\*

\_\_\_Project Description\*

\_\_\_Goals / Objectives\*

 \_\_\_Collaboration/Planning\*

\_\_\_ Sustainability Plan\*

\_\_\_Budget Sheet (Attachment B)

\_\_\_Budget Narrative

Attachments:

\_\_\_Statement of Compliance with Assurances (Attachment C)

\_\_\_Letters of Support (Optional)

\_\_\_Organizational Chart/Description (Optional)

\* These items are considered part of the narrative and should not exceed 30 pages in length.

#

# Attachment A – Applicant Information

|  |
| --- |
| A. Applicant Agency  |
| Name: |  |
| Address: |  |
| City, ST Zip: |  |
| Telephone: |  | Email: |
|  |  |
| B. Type of Agency ☐Public ☐Private Non-Profit ☐Private Profit |
|  |
| C. Official Authorized to Sign Application |
| Name: |  |
| Title: |  |
| Address: |  |
| City, ST Zip: |  |
| Telephone: |  | Email: |
| Signature: |  |
|  |  |
| D. Project Director |
| Name: |  |
| Title: |  |
| Address: |  |
| City, ST Zip: |  |
| Telephone: |  | Email: |
|  |
| E. Financial Officer |
| Name: |  |
| Title: |  |
| Address: |  |
| City, ST Zip: |  |
| Telephone: |  | Email: |
|  |
| F. Type of Application ☐New ☐Revision ☐Continuation of Grant # \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |  |
| G. Title of Project:  |
|  |
| H. Geographic Area to be Served and Target Population |
| Area: |  |
| Population |  |
|  |
| I. Federal Identification Number (FEIN): |
|  |
| J. DUNS Number:  |
|  |
| K. Applicant’s Fiscal Year: |
|  |
| L. Project Costs |
| Grant Funds Requested: | $ |
| Local Funds/Cash Match | $ |
| In-Kind | $ |
| Total Cost | $ |

# Attachment B - Budget Sheet

|  |
| --- |
|  **LINE ITEM BUDGET**  |
| **RENT** |
| **Description** |  **Amount**  | **# of Payments** |  **Total**  |
| Rent |   |   |  $ -  |
|  |   |   |  $ -  |
|  |   |   |  $ -  |
|  |   |   |  $ -  |
|   |   |   |   |   |   |
| **BUDGET LINE TOTAL** |   |   |  **$ -**  |
| **SECURITY DEPOSITS** |
| **Description** |  **Amount**  | **# of Payments** |  **Total**  |
| Security Deposits  |   |   |  $ -  |
|  |   |   |  $ -  |
|  |   |   |  $ -  |
|  |   |   |  $ -  |
|   |   |   |   |   |   |
| **BUDGET LINE TOTAL** |   |   |  **$ -**  |
| **UTILITIES** |
| **Description** |  **Amount**  | **# of Payments** |  **Total**  |
| Electric |   |   |  $ -  |
| Gas |   |   |  $ -  |
| Water |  |  |  $ -  |
| Phone |  |  |  $ -  |
|   |   |   |   |   |   |
| **BUDGET LINE TOTAL** |   |   |  **$ -**  |
| **HOUSEHOLD ITEMS** |
| **Description** |  **Amount**  | **# of Payments** |  **Total**  |
| Supplies |   |   |  $ -  |
|  |  |   |   |  $ -  |
|  |   |   |  $ -  |
|   |   |   |   |   |   |
| **BUDGET LINE TOTAL** |   |   |  **$ -**  |
| **OTHER (*Please be specific)*** |
| **Description** |  **Amount**  | **# of Payments** |  **Total**  |
|   |   |   |  $ -  |
|   |   |   |  $ -  |
|   |   |   |   |   |   |
| **BUDGET LINE TOTAL** |   |   |  **$ -**  |

**Attachment C - Assurances**

**Supplantation of Grant Funds**

The grantee shall not replace or supplant funding of another existing program with funds provided for in this Grant. Funds awarded under this Agreement may not be used for any purpose other than the one defined in this document.

**DUNS Number**

Grant applicant agencies must obtain and provide verification of a DUNS number at the time of application. The DUNS number can be obtained by accessing the Dun & Bradstreet website at <http://www.dnb.com/get-a-duns-number.html>. The DUNS Number is a unique, nine-digit identification number provided by Dun & Bradstreet. Applicant agencies are responsible for submitting their DUNS Number verification with their grant application. Should your agency need assistance with your DUNS Number verification, please contact Dun & Bradstreet at (866)705-5711. (*There is no cost to obtain this information.)*

**Tax Clearance**

Grant applicant agencies must obtain a valid Kansas Certificate of Tax Clearance by accessing the Kansas Department of Revenue’s website at <http://www.ksreveue.org/taxclearance.html>. A Tax Clearance is a comprehensive tax account review to determine and ensure that an agency’s account is compliant with all primary Kansas Tax Laws. The Tax Clearance expires every 90 days. Applicant agencies are responsible for submitting a Tax Clearance Certificate with their grant application that is valid at the time of application. This is in accordance with Executive Order 2004-03. Should your agency need assistance with your Tax Clearance, please contact Kansas Department of Revenue at (785)296-3199, or via email at tax.clearance@kdor.ks.gov (T*here is no cost to obtain this information.*)

**Debarment**

As part of the Code of Federal Regulations (45 C.F.R. Part 76), all governmental entities receiving funding from the Federal Government must participate in a government wide system for non-procurement debarment and suspension. A person or entity that is debarred or suspended shall be excluded from Federal financial and non-financial assistance and benefits under Federal programs and activities. Debarment or suspension of a participant in a program by one agency shall have government wide effect. The Secretary of KDADS is authorized to impose debarment. The grant applicant agency must obtain the debarment status of the agency and its employees by accessing the System for Award Management website at <https://www.sam.gov/portal/public/SAM>.

**Compliance with Laws and Regulations**

The Grantee agrees that it will comply with all federal, state, and local laws and regulations in effect at any time during this Grant. The Grantee shall certify to KDADS that it will provide a drug-free workplace and as a condition of the Grant, the Grantee will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the Grant.

**Nondiscrimination and Workplace Safety**

The grantee agrees to abide by all state, federal and local laws, rules and regulations prohibiting discrimination in employment and controlling workplace safety. Any violation of applicable laws, rules and regulations may result in termination of this Grant.

ADA Compliance

The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 et. seq.) and the Kansas Age Discrimination in Employment Act (K.S.A. 44-111 et seq.) and the applicable provisions of the Americans with Disabilities Act (42 U.S.C. 12101 et. seq.) (ADA) and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission or access to, or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase “Equal Opportunity Employer@; (c) to comply with the reporting requirements set out at K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration; (f) if it is determined that the contractor has violated applicable provisions of ADA, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration.

Parties to this contract understand that the provisions of this paragraph Ae.@ (with the exception of those provisions relating to the ADA) are not applicable to a contractor who employs fewer than four employees during the term of such contract or whose contracts with the contracting state agency cumulatively total $5,000 or less during the fiscal year of such agency.

**State Audit and Monitoring**

In general, audits must be conducted in accordance with the provisions contained in 2 CFR Chapter I, Chapter II, Part 200, et al. Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards; Final Rule.

All entities receiving funding are subject to internal monitoring (both fiscal and program) and to audits conducted by KDADS Audit Services.

If selected as the sub-recipient of this award, I agree on behalf of \_\_\_\_\_\_\_\_\_ to abide by the assurances described in this document.

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| *Officer’s Name and Title*  |   | *Date* |