

FORMS

Disclosure Statement

The Offeror and each of its principal team members, if any, must submit a statement that discloses any past or present business, familiar or personal relationship with any individual(s) that are currently employment by or through:

A. D.C. Department of Employment Services

Please identify any past or present business, familiar, or personal relationship in the space below. Use extra sheets if necessary.

This is to certify that, to the best of my knowledge and belief, and after making reasonable inquiry, the above represents a full and accurate disclosure of any past or present business, familiar, or personal relationship with any of the individuals listed above. The undersigned acknowledges and understands that this Disclosure Statement is being submitted to the False Claims Act and that a failure to disclose a material relationship(s) may constitute sufficient grounds to disqualify the Offeror.

OFFEROR:

By: _____

Name: _____

Title: _____

Date: _____

NON-DISCLOSURE AGREEMENT

I, _____ hereby affirm that DOES records and any information gathered therefrom are strictly confidential and shall not be divulged to unauthorized persons. The Applicant must demonstrate an ability to maintain the confidentiality of information. Specifically, the Applicant must agree to the following conditions:

Participant records shall be kept confidential and shall not be open to public inspection nor shall their contents or existence be disclosed to the public. Participant records may not be divulged to unauthorized persons.

No person receiving information concerning a participant shall publish or use the information for any purpose other than that for which it was received.

Whoever willfully discloses, receives, makes use of, or knowingly permits the use of information concerning a child or other person shall be guilty of a misdemeanor and upon conviction shall be fined not more than \$250.00 or imprisoned for not more than 90 days, or both. (D.C. Official Code § 16-2336).

I also affirm that I will not disclose any information from any project meetings that is not a matter of public record.

I understand that if my organization is selected as a Grantee, then each staff person and volunteer who will be working on the program must submit a signed non-disclosure agreement, after award but prior to engaging in work.

I will hold confidential any information gathered or disclosed to grantee as a project staff member/volunteer in accordance with all applicable District and Federal confidentiality statutes.

By signing this document, I acknowledge that I have read and fully understand the statement contained herein.

Certified By:

Applicant's Authorized Representative (Print) Title

Title

Applicant's Authorized Representative's Signature

Date

ATTACHMENT B

BUDGET CATEGORIES

PERSONNEL:

Personnel are people who are work for a specific company or on a specific project. Enter a description of the itemized personnel (staff) cost requested. These costs should only include the labor cost of the organization's staff assigned to the project, and not those of contractors or other third parties. Provide a brief explanation of the work to be completed by each position budgeted and how the work of each position will support the purpose and goals of the overall project.

FRINGE:

Fringe benefits are an employee's benefits (such as a pension or a paid holiday) granted by an employer that has a monetary value but do not affect basic wage rates. Document the fringe benefit rate applied to each budgeted staff person assigned to the grant. The fringe cost applies to staff only not those of contractors or other third parties.

EQUIPMENT:

Equipment means tangible personal property (including information technology systems). Describe and itemize the equipment requested for purchase, the intended purpose and how the estimated cost was determined. The cost should only include cost to purchase new equipment needed to complete the project and not equipment rental cost or cost for existing equipment owned by the organization.

MATERIALS & SUPPLIES:

Materials and Supplies mean tangible property that is used or consumed in business operations. Describe and itemize the materials & supplies requested for purchase, the intended purpose and how the estimated costs were determined for each item.

CONTRACTUAL SERVICES:

Explain the need for each agreement and how their use will support the purpose and goals of the project. For each sub-grant or sub-contract, describe the associated activities, scope of work or services to be provided and how the costs were estimated. If budgeting for a procurement action, document if a solicitation process has occurred or if the contract will be a sole source.

OTHER DIRECT COSTS:

Other Direct Costs are those cost necessary to perform the project or activity, but do not fit any other budget line item. Enter a description of each budgeted cost item that does not fit in the above categories. Explain the need, how it is attributes to the project and how the cost was determined. (Examples: rent, reproduction, telephone, computer services, equipment and maintenance repair, janitorial services, security services etc.)

INDIRECT COSTS:

Indirect costs are costs that are not directly accountable to the project. For non-federal entities that have never received a negotiated indirect cost rate may elect to charge a de Minimis rate of 10% of modified total direct costs.

STIPEND:

A stipend is a predetermined amount of money that is provided periodically to help offset expenses. A stipend is generally lower than a salary would be, but the recipient is at the same time able to gain experience and knowledge in a specific field.



Attachment A

PAST PERFORMANCE FORM

Name of Organization (applicant):		
Name of Funding Agency/Organization:		Award Amount:
Type of Funding Year	Award Start Date	Award End Date:
Program Summary (brief description of services and activities provided under the grant or contract).		

PERFORMANCE DATA

Service Level of Contract/Grant		Number of Participant Enrolled	
Number of Participant that Completed		Number for Participants that Achieved an Outcome	

PERFORMANCE RATING DESCRIPTION

1	Unsatisfactory	Performance is consistently unacceptable
2	Below Expectations	Performance fails to meet contract / grant requirements on a frequent basis
3	Meets Expectations	Performance is regularly in compliance with requirements, specifications, regulations and standards provided by agency.
4	Exceeds Expectations	Performance is routinely above contract / grant requirements and/or product specifications
5	Outstanding	Performance is consistently superior

PERFORMANCE FACTORS		1	2	3	4	5
Vendor Responsiveness / Customer Service. Contractor or Grantee attends required trainings, meetings, and responds to program point of contact frequently and in a timely matter. Professionalism of Contractor or Grantee.						
Knowledge. Contractor or Grantee demonstrated knowledge about the contract/grant and the services that were outlined to be provided.						
Performance. Contractor or Grantee achieved the performance measures outlined in the contract/grant and they meet the deliverable in a timely manner.						
Program Requirements. Contractor or Grantee provided invoices, reports, and other programmatic requirements in accordance to the contract terms and conditions.						
Cost Control. Contractor or Grantee demonstrated performance of cost control effectiveness and budget management						

Completed By: _____
 Phone No.: _____

Date: _____
 Email: _____

