

# RESOLUTION No. 16-373

### OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING EXECUTION OF THE STANDARD AGREEMENT NUMBER 16F-5544 WITH THE STATE DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT (CSD) FOR 2016 COMMUNITY SERVICES BLOCK GRANT (CSBG) TARGETED INITIATIVE FUNDING AND AUTHORIZING AND DIRECTING THE AUDITOR-CONTROLLER TO AMEND THE HEALTH AND HUMAN SERVICES AGENCY – HOUSING DIVISION'S FISCAL YEAR 2016/17 BUDGET (4/5 AFFIRMATIVE VOTE REQUIRED)

WHEREAS, the County of Nevada is eligible to receive funding in the amount of \$17,000 through Standard Agreement Number 16F-5544 for the term of June 15, 2016 through December 31, 2016; and

WHEREAS, per Resolution 15-276, the Board of Supervisors approved the 2016/17 Nevada County Community Action Plan (CAP) which established a list of priorities for addressing and expending CSBG funds to meet the needs of low-income residents; and

WHEREAS, agencies using these discretionary funds for capacity building purposes shall obtain training and technical assistance that suppo ts enhancements that will benefit the CSBG Program, and Nevada County will specifically use these funds to assist in the development and implementation elements required under the Organizational Standards including a strategic plan, community assessment, community action plan, and administrative support as outlined in the County's Work Plan.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that the Standard Agreement No. 16F-5544 by and between the County and the State Department of Community Services and Development (CSD), for Community Services Block Grant (CSBG) Targeted Initiative Funding in the maximum amount of \$17,000 for the term of June 15, 2016 through December 31, 2016, to support department capacity building, be and hereby is approved in substantially the form attached hereto and that the Chair of the Board of Supervisors be and is hereby authorized to execute the Agreement on behalf of the County of Nevada.

BE IT FURTHER RESOLVED that the Nevada County Board of Supervisors authorizes and directs the Auditor-Controller to amend the Health and Human Services Agency – Housing Division' Budget for Fiscal Year 2016/17 as follows:

Fiscal Year 2016-17

Revenue:

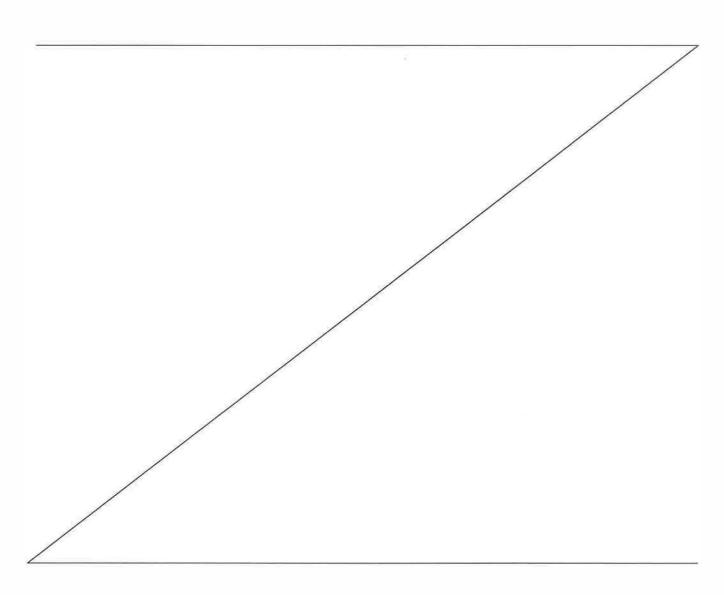
<del>1711-50</del>602-451-2016/446690

\$17,000

Expenses:

1711-50602-451-2016/521520

\$17,000



PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the <u>26th</u> day of <u>July</u>, <u>2016</u>, by the following vote of said Board:

Ayes:

Supervisors Nathan H. Beason, Edward Scofield, Dan Miller,

Hank Weston and Richard Anderson.

Noes:

None.

Absent:

None.

Abstain:

None.

ATTEST:

JULIE PATTERSON HUNTER Clerk of the Board of Supervisors

**7/2**6/2016 cc:

DSS(2) AC\*(hold) Dan Miller, Chair

STATE AGENCY'S NAME

CONTRACTOR'S NAME

RECEIVED ON:

### 2016 AUG 16 PM 3: 38

Department of Community Services and Development

This Agreement is entered into between the State Agency and the Contractor named below

AGREEMENT NUMBER

16F-5544

REGISTRATION NUMBER

	Nevada County Department of Housing and Community Services	The second secon				
2.	The term of this  June 15, 2016 through December 31, 2016					
3.	Agreement is:					
٥.	The maximum amount  Total \$17,000.00					
	of this Agreement is:					
4.	The parties agree to comply with the terms and conditions of the following ex	hibits that are by this reference				
	made a part of the Agreement:					
	Part I					
	Preamble					
	Article 1 - Scope of Work					
	Article 2 - Contract Construction, Administration, Procedure Part II*					
	Subpart A - Administrative Requirements*					
	Subpart B - Financial Requirements*					
	Subpart C - Programmatic Requirements*					
	Subpart D - Compliance Requirements*					
	Subpart E - Certification and Assurances*					
	Subpart F - State Contracting Requirements*	*				
	Subpart G - Definitions*					
	Subpart H - Table of Forms and Attachments*					
	Items shown with an Asterisk (*) are hereby incorporated by reference and made as if attached hereto. These documents can be accessed at https://providers.csd					
	as if attached hereto. These documents can be accessed at https://broviders.csd					
		.ca.gov/.				
IN	WITNESS WHEREOF, this Agreement has been executed by the parties hereto.					
IN		CALIFORNIA Department of General Services				
	WITNESS WHEREOF, this Agreement has been executed by the parties hereto.  CONTRACTOR	CALIFORNIA				
CON	WITNESS WHEREOF, this Agreement has been executed by the parties hereto.  CONTRACTOR  NTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)	CALIFORNIA Department of General Services Use Only				
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PRIN Da:	WITNESS WHEREOF, this Agreement has been executed by the parties hereto.  CONTRACTOR  WIRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)  Vada County Department of Housing and Community Services  (Authorized Signature)  DATE SIGNED (Do not type)  WITED NAME AND TITLE OF PERSON SIGNING  In Miller, Chair - Board of Supervisors  DRESS  SO Maidu Avenue, Nevada City, CA 95959  STATE OF CALIFORNIA	CALIFORNIA Department of General Services Use Only  "I hereby certify that all conditions for exemption have been complied with, and this document is exempt from the Department of General Services approval."				
CON Nev BY PRIN Da: ADD 95	WITNESS WHEREOF, this Agreement has been executed by the parties hereto.  CONTRACTOR  WITNESS WHEREOF, this Agreement has been executed by the parties hereto.  CONTRACTOR  WITNESS WHEREOF, this Agreement has been executed by the parties hereto.  CONTRACTOR  WITNESS WHEREOF, this Agreement has been executed by the parties hereto.  CONTRACTOR  WITNESS WHEREOF, this Agreement has been executed by the parties hereto.  CONTRACTOR  DATE SIGNED (Do not type)  WITNESS WHEREOF, this Agreement has been executed by the parties hereto.  CONTRACTOR  WITNESS WHEREOF, this Agreement has been executed by the parties hereto.	CALIFORNIA Department of General Services Use Only  "I hereby certify that all conditions for exemption have been complied with, and this document is exempt from the Department of General Services				
PRIN Da: ADD 95	WITNESS WHEREOF, this Agreement has been executed by the parties hereto.  CONTRACTOR  WITNACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)  Wada County Department of Housing and Community Services  (Authorized Signature)  DATE SIGNED (Do not type)  DATE SIGNED (Do not type)  TO Maidu Avenue, Nevada City, CA 95959  STATE OF CALIFORNIA  ENCY NAME  DATE SIGNED (Do not type)	CALIFORNIA Department of General Services Use Only  "I hereby certify that all conditions for exemption have been complied with, and this document is exempt from the Department of General Services approval."				
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#### **PART I**

### **PREAMBLE**

This subvention agreement, for the funding of Community Service Block Grant (CSBG) Targeted Initiative Contract ("Agreement"), is entered into between the Department of Community Services and Development ("CSD") and the contractor named on Form STD 213, the face sheet of this document ("Contractor"), and shall be enforceable on the date last signed.

NOW THEREFORE, in consideration of the promises and of the mutual agreements and covenants hereinafter set forth, the CSD and Contractor hereby agree as follows:

### ARTICLE 1 - SCOPE OF WORK

#### 1.1 General

### A. Program Purposes

The purpose of the contract is to provide discretionary funds to support Community Action Agency training and technical assistance needs that will enable agencies to build capacity and operate more efficiently to meet Organizational Standards; to support programs that focus on serving the homeless population; and to support programs, services and outreach that help low-income people claim the Earned Income Tax Credit. Funding is provided under three categories: Capacity Building, Homelessness, and Earned Income Tax Credit, utilizing CSBG discretionary funding.

Contractors participating in Targeted Initiative projects shall administer and/or operate community-based programs designed to reduce poverty, revitalize low-income communities, and empower low-income families and individuals within Contractor's service area (described in Section 1.3) to achieve greater self-sufficiency, pursuant to Title 42 of the United States Code (USC) Section 9901 et seq. (the Community Services Block Grant Act, as amended) and Government Code Section 12085 et seq., as amended. Agencies using discretionary funds for capacity building purposes shall obtain training and technical assistance that supports enhancements that will benefit the CSBG program. Contractor shall ensure that all services funded in whole or in part through this Agreement will support state and federal policies and goals of the CSBG Act as set forth in the above-referenced statutes.

B. The CSBG Catalog of Federal Domestic Assistance number is 93.569. The award is made available through the United States Department of Health and Human Services.

### 1.2 Term and Amount of Agreement

A. The term of this Agreement shall be as specified on the face sheet (STD. 213).

### 1.3 Service Area

The services shall be performed in the following service area:

See Part II, Subpart H. The 2016 CSBG Numbers, Contractors, and Service Territories listing may be accessed at http://providers.csd.ca.gov.

### 1.4 Legal Authorities – Program Requirements, Standards and Guidance

- A. All services and activities are to be provided in accordance with all applicable federal, state, and local laws and regulations, and as those laws and regulations may be amended from time to time, including but not limited to, the following:
  - 1. The Community Services Block Grant Act, as amended, 42 U.S.C. §9901et seq., and 45 Code of Federal Regulations (CFR) Part 96;
  - 2. The California Community Services Block Grant Program, Government Code §12085 et seq., as amended, and Title 22, California Code of Regulations (CCR) §\$100601-100795;
  - 3. The Single Audit Act, 31 U.S.C. §7301 et seq., and Office of Management and Budget (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR Part 75.
- B. Conflict of laws. Contractor shall comply with all of the requirements, standards, and guidelines contained in the authorities listed below, as they may be amended from time to time, with respect to procurement requirements, administrative expenses, and other costs claimed under this Agreement, including those costs incurred pursuant to subcontracts executed by Contractor, notwithstanding any language contained in the following authorities that might otherwise exempt Contractor from their applicability. To the extent that the requirements, standards, or guidelines directly conflict with any State law or regulation at Government Code §12085 et seq. or 22 CCR §100601 et seq., or any provision of this Agreement, then that law or regulation or provision shall apply, unless, under specified circumstances, a provision of federal law applicable to block grants, such as 45 CFR 96.30, allows for the application of state law.
  - 1. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (45 CFR 75);

- 2. Contractor further agrees to abide by all requirements in California Contractor Certification Clauses 307 (CC-307);
- C. CSD shall provide Contractor with specific program guidance which shall be binding on the Contractor as a condition of the Contractor's eligibility to receive CSBG funds, PROVIDED:
  - 1. That such guidance shall be issued by CSD in writing in the form of "CSD Program Notice (CPN) No. XX-XX" posted at <a href="https://providers.csd.ca.gov">https://providers.csd.ca.gov</a>.
  - 2. That such guidance shall be issued by CSD in the most timely and expeditious manner practicable;
  - 3. That such guidance shall be reasonably necessary to realize the intent and purposes of the CSBG Act;
  - 4. That major and material changes in program requirements which substantially affect the Contractor's and/or CSD's ability to fulfill contractual obligations, or which otherwise create a substantial hardship on either the Contractor or CSD, shall be subject to an amendment to this Agreement;
  - 5. That the parties' failure or inability to execute a mutually acceptable amendment, under circumstances described in the preceding subparagraph 1.4 C. 4, within a period of time allowing the parties to reasonably comply with any major change(s) in CSBG requirements, shall result in this Agreement being without force and effect, subject only to such provisions contained herein as are intended to survive the Agreement in accordance with the express and implied provisions of applicable federal and state law;
  - 6. That Contractor is duly informed of the risk of de-designation as an eligible entity, based on CSD's obligation to avoid/minimize interruption of CSBG-funded services in any part of the state, in the event that this Agreement terminates due to failure to agree to any necessary amendment; and,
  - 7. That upon CSD's or Contractor's good faith determination, delivered to the other party by written notice, that agreement to any necessary amendment as contemplated in subparagraph 1.4 C. 4. above cannot be achieved, then this contract shall be terminated, and any issues of eligible entity status addressed, in accordance with requirements of federal and state law and established CSD policy and procedure.
- D. The federal and state laws, regulations and other authorities referenced in the present paragraph 1.4 are hereby incorporated by reference into this Agreement. Copies may be accessed for reference at <a href="https://www.csd.ca.gov">www.csd.ca.gov</a>.

### ARTICLE 2 – CONTRACT CONSTRUCTION, ADMINISTRATION, PROCEDURE

### 2.1 Base Contract and Whole Agreement

- A. This Agreement consists of two parts, which together constitute the whole agreement between CSD and Contractor.
- B. Part I is the "Base Contract" which consists of the following:
  - 1. The face sheet (Form STD 213) which specifies:
    - a. the parties to the Agreement;
    - b. the term of the Agreement;
    - c. the maximum dollar amount of the Agreement; and
    - d. the authorized signatures and dates of execution.
  - 2. The Preamble, Article 1 and Article 2
- C. Part II consists of the "Administrative and Programmatic Provisions" which are comprised of Subparts A through H, including specified requirements, obligations, provisions, procedures, guidance, forms and technical materials necessary for program implementation.
- D. Agreed-upon Contract Execution Provisions, Procedures and Required Forms
  - 1. Part I, the Base Contract, will be exchanged by the parties for execution with original signatures, fully executed copies being retained by each party.
  - 2. Contractor must complete and update the following forms, available on the providers' website at <a href="https://providers.csd.ca.gov">https://providers.csd.ca.gov</a>, and return them with the executed contract:
    - a. 627 Budget Series Forms
      - i. CSD 627.S CSBG Contract Budget Summary
      - ii. CSD 627A CSBG Budget Support Personnel Cost
      - iii. CSD 627B CSBG Budget Support Non Personnel Cost
      - iv. CSD 627C CSBG Contract Budget Narrative
      - v. CSD 627D Spending Plan
    - b. Updated CSBG/NPI Workplan CSD 801 W (Form)
    - c. CSBG Discretionary Workplan CSD 626
    - d. Certification Regarding Lobbying/Disclosure of Lobbying Activities

- e. Community Services and Development Federal Accountability and Transparency Act Report CSD 279 (Form)
- 3. Board Resolution. Contractor must also submit a governing board resolution with an original signature of the board's authorized representative, identifying the individual(s) authorized to execute the 2016 Targeted Initiative Agreement and any amendments.
- 4. Part II, Administrative and Programmatic Provisions (and Table of Forms and Attachments) is hereby incorporated by reference into this Agreement, is an essential part of the whole Agreement, and is fully binding on the parties.
- 5. CSD shall maintain a certified date-stamped hardcopy of Part II for inspection by Contractor during normal business hours, as well as a date-stamped, PDF version of Part II on CSD's "Provider Website," which may be accessed by Contractor, downloaded and printed at Contractor's option.
- 6. Neither Part I nor Part II of this Agreement may be changed or altered by any party, except by a formal written, fully executed amendment, or as provided in Article 1.4 C with respect to program guidance, or as provided in Part II, Subpart A, Article 3 Agreement Changes. Upon such amendment of any provision of Part II, the amended PDF version shall be date-stamped and posted to the Provider Website until such time as a subsequent Agreement or amendment is executed by the parties.
- 7. Contractors that are public or governmental entities with local provisions requiring receipt of a hardcopy of all parts of this Agreement as a prerequisite to execution, as well as other contractors that make special arrangements with CSD, may receive hardcopies of Parts I and II for execution and retention.

### 2.2 State Contracting Requirements – "General Terms and Conditions, GTC 610"

In accordance with State contracting requirements, specified contracting terms and conditions are made a part of this agreement. The provisions in their entirety, previously located in Exhibit C of the CSBG contract, are now found in Part II, Subpart F of this Agreement and are fully binding on the parties in accordance with state law.

### 2.3 Contractor's Option of Termination

A. Contractor may, at Contractor's sole option, elect to terminate this contract in lieu of adherence to the procedures set out in subparagraph 1.4 C, should Contractor determine that any subsequent program guidance or proposed amendment to the contract is unjustifiably onerous or otherwise adverse to Contractor's legitimate

business interests and ability to implement the contract in an effective and reasonable manner, PROVIDED:

- 1. Such notice of termination is in writing and will be effective upon receipt by CSD, delivered by U.S. Certified Mail, Return Receipt Requested.
- 2. Notice contains a statement of the reasons for termination with reference to the specific provision(s) in the program guidance or proposed amendment in question.
- B. Contractor shall be entitled to reimbursement for all allowable costs incurred prior to termination of the contract. Such reimbursement shall be in accordance with the program guidance and contract provisions in effect at the time the cost was incurred.
- C. Contractor shall, within 60 days of termination, closeout the contract in accordance with contractual closeout procedures.
- D. By executing this Agreement, Contractor acknowledges and understands that voluntary termination prior to the end of the Agreement term may result in Contractor's permanent or temporary de-designation as an eligible entity, due to CSD's obligation to seek replacement CSBG provider(s) in accordance with state and federal CSBG requirements.

### 2.4 Budget Contingencies

### A. State Budget Contingency

- It is mutually agreed that if funds are not appropriated for implementation of CSBG programs through the state budget process or otherwise, whether in the current year and/or any subsequent year covered by this Agreement, this Agreement shall be of no further force and effect. Upon written notice to Contractor by CSD that no funds are available for contract implementation, the Agreement shall be terminated and the State shall have no obligation to pay Contractor or to furnish other consideration under this Agreement and Contractor shall not be obligated for performance.
- 2. If CSBG funding for any fiscal year is reduced to such degree that CSD reasonably determines that the program cannot be implemented effectively, the State shall at its sole discretion have the option either to terminate this Agreement upon written notice to Contractor or, in the alternative, to offer and negotiate an amendment addressing the reduced funding. If the parties fail to reach agreement on such amendment, CSD may at its option give written notice of termination without further obligation by either party except for contract closeout obligations and final settlement.

### B. Federal Budget Contingency

- 1. The parties agree that because of uncertainty in the federal budget process, this Agreement may be executed before the availability and amounts of federal funding can be ascertained, in order to minimize delays in the provision of services and the distribution of funds. The parties further agree that the obligations of the parties under this Agreement are expressly contingent on adequate funding being made available to the state by the United States Government.
- 2. If federal funding for any fiscal year is reduced to such degree that CSD reasonably determines that the program cannot be implemented effectively, the State shall at its sole discretion have the option either to terminate this Agreement upon written notice to Contractor or, in the alternative, to offer and negotiate an amendment addressing the reduced funding. If the parties fail to reach agreement on such amendment, CSD may at its option give written notice of termination without further obligation by either party except for contract closeout obligations and final settlement.
- 3. If federal funding authorities condition funding on any obligations, restrictions, limitations, or conditions not existent when this Agreement was executed, this Agreement shall be amended by mutual agreement for compliance with such obligations, restrictions, limitations or conditions. Failure of the parties to reach agreement on such amendment shall render this Agreement without force and effect.
- 4. Subject to the provisions of 2.4 B. 2., CSD shall authorize expenditures of funds under this Agreement based on any Continuing Resolution appropriations. CSD shall notify the Contractor in writing of authorized interval funding levels.

### 2.5 Miscellaneous Provisions

- A. Assignment. Neither this Agreement nor any of the rights, interests, or obligations under this Agreement shall be assigned by any party without the prior written consent of the other parties, except in the case where responsibility for program implementation and oversight may be transferred by the State to another State agency. In the event of such transfer, this Agreement is binding on the agency to which the program is assigned.
- B. Merger/Entire Agreement. This Agreement (including the attachments, documents and instruments referred to in this Agreement) constitutes the entire agreement and understanding of the parties with respect to the subject matter of this Agreement and

supersedes all prior understandings and agreements, whether written or oral, among the parties with respect to such subject matter.

- C. Severability. If any provision of this Agreement be invalid or unenforceable in any respect for any reason, the validity and enforceability of any such provision in any other respect and of the remaining provisions of this Agreement will not be in any way impaired and shall remain in full force and effect.
- D. Notices. Unless otherwise provided herein, notice given by the parties shall be in writing, delivered personally, by United States mail, or by overnight delivery service (with confirmation). Certain reporting and other communications may be delivered electronically as specified by CSD or as is customary between the parties. Notice shall be delivered as follows:
  - 1. To Contractor's address of record; and
  - 2. To CSD at:

Department of Community Services and Development Field Operations Services 2389 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833

### CSBG DISCRETIONARY (Disc.) CONTRACT BUDGET SUMMARY

COIIIIa	actor Name: Nevada County	Contract Number: 16F-5544	Contract Amount: \$17,000
repar	red By: Suzanne Doyle	Contract Term: 6/15/16 - 12/31/16	Amendment #:
Teleph	none #: 530-265-1401	Fax Number: 530-265-2295	
Date:	7/7/2016	E-mail Address: suzanne.doyle@co.nev	rada.ca.us
W .	The state of the s	SECTION 10: ADMINISTRATIVE COSTS	TO THE WAY THE THE
		Line Item	CSBG Disc. Funds (rounded to the nearest dollar
1	Salaries and Wages		\$1,112
2	Fringe Benefits		\$706
3	Operating Expenses	"No	İ
4	Equipment		
5	Out-of-State Travel		
6	Contract/Consultant Services	-	
7	Other Costs		
Subtot	al Section 10: Administrative Costs	s (cannot exceed 12% of the total CSBG Disc. allocation in Section 40)	\$1,818
		SECTION 20: PROGRAM COSTS	
			LOS PARTIES DE LA CONTRACTOR DE LA CONTR
		Line Item	CSBG Disc. Funds (rounded to the nearest dollar
1	Salaries and Wages	Line Item	1
1 2	Salaries and Wages Fringe Benefits	Line Item	(rounded to the nearest dollar
		Line Item	(rounded to the nearest dollar \$3,157
2	Fringe Benefits	Line Item	(rounded to the nearest dollar \$3,157 \$2,005
2	Fringe Benefits Operating Expenses	Line Item	(rounded to the nearest dollar \$3,157 \$2,005
2 3 4	Fringe Benefits Operating Expenses Equipment		(rounded to the nearest dollar \$3,157 \$2,005
2 3 4 5	Fringe Benefits  Operating Expenses  Equipment  Out-of-State Travel		(rounded to the nearest dollar \$3,157 \$2,005 \$20
2 3 4 5 6	Fringe Benefits  Operating Expenses  Equipment  Out-of-State Travel  Subcontractor/Consultant Service		\$3,157 \$2,005 \$20 \$10,000
2 3 4 5 6 7	Fringe Benefits  Operating Expenses  Equipment  Out-of-State Travel  Subcontractor/Consultant Service  Other Costs	ces	\$3,157 \$2,005 \$20 \$10,000
2 3 4 5 6 7	Fringe Benefits Operating Expenses Equipment Out-of-State Travel Subcontractor/Consultant Service Other Costs ON 40: Total CSBG Disc. Budge ON 70: Enter "Other Agency Operating Expenses of the costs o	ces Subtotal Secti <b>on</b> 20: Program Costs	\$3,157 \$2,005 \$20 \$10,000 \$15,182
2 3 4 5 6 7 SECTION FOR SECTION SECTIO	Fringe Benefits  Operating Expenses  Equipment  Out-of-State Travel  Subcontractor/Consultant Service  Other Costs  ON 40: Total CSBG Disc. Budge  ON 70: Enter "Other Agency Operation Only)	ces Subtotal Section 20: Program Costs et Amount (Sum of Subtotal Sections 10 and 20)	\$3,157 \$2,005 \$20 \$10,000 \$15,182

### CSBG DISCRETIONARY (Disc.) BUDGET SUPPORT -- PERSONNEL COSTS

Contractor Nam	e: Nevada County	Contract Number:	16F-5544	Contract \$17,000
Prepared By:	Suzanne Doyle	Contract Term:	6/15/16 - 12/31/16	Amendment #:
Telephone #:	530-265-1401	Fax Number:	530-265-2295	
Date:	7/7/2016	E-mail Address:	suzanne.doyle@co.nevada.d	ca.us

### Section 10 -- ADMINISTRATIVE COSTS -- SALARIES AND WAGES

<u>A</u>		<u>C</u>	<u>D</u>	<u>E</u>	E LES
No. of Positions	Position Title	Total Salary for each position	Percent (%) of CSBG Disc. time allocated for each position	Number of CSBG Disc. months allocated for each position	Total CSBG Disc Funds budgeted for each position
1	Administrative Services Associate	\$68,120	2.00%	5.5	\$624
1	Accountant	\$53,165	2.00%	5.5	\$487
			m 44 = 2 m		
	Total (must match Section 10: Adn	ninistrative Costs line item	1 on the CSD 627 B	udget Summary form)	\$1,112

### SECTION 20 -- PROGRAM COSTS -- SALARIES AND WAGES

1	Administrative Services Associate	\$68,120	8.00%	5	\$2,271
1	Accountant	\$53,165	4.00%	5	\$886
	Total (must match Section 20	: Program Costs line item		et Summary form)	\$3,157

### **FRINGE BENEFITS**

Enter description of Fringe Benefits. Please include the percentage of Salaries and Wages paid in Benefits. (Examples: FICA, SSI, Health Ins., Workers Comp. Etc.)	Percentage	Section 10 Administrative Costs List CSBG Disc. funds Budgefed Line 2	Section 20 Program Costs List CSBG Disc. funds Budgeted Line 2
Medical, Dental, Vision, Unemployment	21.00%	\$233.47	\$662.92
Retirement, OPEB	41.00%	\$456	\$1,294
Worker's Comp	1.50%	\$17	\$47
TOTAL MUST MATCH THE AMOUNT ENTERED ON CSD 627 (BU	DGET SUMMARY)	\$706	\$2,005

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSBG Discretionary (Disc.) Budget Support -- Non Personnel Costs
CSD 627B (Rev. 01/13)

CSBG DISCRETIONARY (Disc.) BUDGET SUPPORT -- NON PERSONNEL COSTS

Contractor Name: Nevada County	Contract Number: 16F-5544	Contract \$17,000 Amount:				
Prepared By: Suzanne Doyle	Contract Term: 6/15/16 - 12/31/16 Amendment #:					
Telephone #: 530-265-1401	Fax Number: 530-265- <b>22</b> 95					
Date: 7/7/2016	E-mail Address: suzanne.doyle@co.ne	vada.ca.us				
Hit Alt & Enter at the same time to begin a new line or paragraph within	n the cell.					
		scretionary				
LIST EACH LINE ITEM  Totals must match CSD 627 Budget Summary form  Attach additional sheet(s) if necessary	Section 10 Administrative Costs	Section 20 Program Costs				
List all Operating Expenses	3 sum should equal total on line item 3 of CSD 627 Budget Summary form	3 sum should equal total on line item 3 of CSD 627 Budget Summary form				
Copying/Printing Costs, Supplies, Mailing		\$20				
List all Equipment Purchases	4 sum should equal total on line item 4 of CSD 627 Budget Summary form	4 sum should equal total on line item 4 of CSD 627 Budget Summary form				
List all Out-of-State Travel:Name of conference; Specify location; Cost per trip	5 sum should equal total on line item 5 of CSD 627 Budget Summary form	5 sum should equal total on line item 5 of CSD 627 Budget Summary form				
List all Contract/Consultant Services	6 sum should equal total on line item 6 of CSD 627 Budget Summary form					
Consultants (to be determined)						
List all Subcontractor/Consultant Services		6 sum should equal total on line item 6 of CSD 627 Budget Summary form				
Consultants (to be determined)		\$10,000				
Other Costs - List each line item (i - iv): Any additional Other Costs (attach additional sheet if necessary):	Section 10 Administrative Costs	Section 20 Program Cost				
ii						
iii	2					
iv	# =					
Total Other Costs (Sum of i, ii, iii, iv):	7 sum should equal total on line item 7 of CSD 627 Budget Summary form	7 sum should equal total on line item 7 of CSD 627 Budget Summary form				

### CSBG DISCRETIONARY (Disc.) CONTRACT BUDGET NARRATIVE

Contractor Name:	Contract Number:	Contract Amount:	Date
Nevada County	16F-5544	\$17,000	7/8/2016
Prepared By:	Contract Term:	Amendment Number	er:
Suzanne Doyle	6/15/16 - 12/31/16		
Telephone Number:	Fax Number:	E-mail Address:	
5360-265-1401	530-265-2295	suzanne.doyle@co.i	nevada.ca.us

Nevada County will use these funds for staff and contracted consultants to assist in the development and implementation of elements required under the Organizational Standards, including board development and training, development of a strategic plan, community assessment, and community action plan, and administrative support.

This budget assumes two active staff working in the CSBG program. The limited amount of staffing assumes that both positions will be involved in administrative and program activities. The current budget assumes a specific split in time for each position, but staff will time study to determine how actual costs will be allocated.

Section 10 - ADMINISTRATIVE COSTS

Administrative Services Associate - .02 FTE of \$68,120 for 5.5 months

Responsible for overall fiscal management. Reviews all payroll hours and checks, authorizes all disbursements, approves payroll submissions to Auditor/Controller office, reviews financial statements, reviews and signs reports to CSD, reviews and signs payments to subcontractors, and is primary contact with Auditor/Controller, and Treasurer.

Accountant - .02 FTE of \$53,165 for 5.5 months

Prepares disbursement checks, compares supporting documents to checks drawn, prepares client payments/deposits for Treasurer, records client payments and disbursements into county accounting system, and is secondary backup to walk-in clients.

FRINGE BENEFITS - \$706 - 63.5% of salaries

Fringe Benefits include Medical, Dental, Vision and Unemployment benefits at a rate of 21% of Salaries. Retirement benefits include PERS (32.2% of salaries) and Other Post Employee Benefits (8.8% of salaries), and Worker's Comp is 1.5% of salaries.

OTHER COSTS - \$0

**SECTION 20 - PROGRAM COSTS** 

Administrative Services Associate - .08 FTE of \$68,120 for 5 months

### CSBG DISCRETIONARY (Disc.) CONTRACT BUDGET NARRATIVE

Manager of all direct client services for all Housing programs. Representative to the Tri-Partite Board (AFSC), is secondary backup to walk-in clients and reviews all activities in CSD/Housing programs. Works with direct providers to clarify program questions, assists staff in department activities, works with non-profits and subcontractors to verify compliance.

Accountant - .04 FTE of \$53,165 for 5 months

Prepares disbursement checks, compares supporting documents to checks drawn, prepares client payments/deposits for Treasurer, records client payments and disbursements into county accounting system, and is secondary backup to walk-in clients.

FRINGE BENEFITS - \$2,005 - 63.5% of salaries

Fringe Benefits include Medical, Dental, Vision and Unemployment benefits at a rate of 21% of Salaries. Retirement benefits include PERS (32.2% of salaries) and Other Post Employee Benefits (8.8% of salaries), and Worker's Comp is 1.5% of salaries.

OPERATING EXPENSE - Section 3 - \$21.00

Operating Expenses will include the various day to day expenses incurred to maintain and support the program activities. These include, but are not limited to office supplies, postage, and copying.

Subcontractor Expense - Section 6 - \$10,000

Funds will be expended on subcontracts to provide training to staff and **to** the tripartate board, and technical assistance with development of the strategic plan.

### State of California

Other Costs

Subtotal:

DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT CSBG Targeted Initiative Spending Plan CSD 627D (Rev 5.16)

### Nevada County 16F-5544

**Projected Spending Plan** 

Projected Spending Plan								
ADMINISTRATIVE COSTS	6/1-6/30/16	7/1-7/31/16	8/1-8/31/16	9/1-9/30/16	£10/1=10/31/16	11/1-11/30/16	12/1-12/31/16	TOTAL
Salaries and Wages	0	101	202	202	202	202	202	\$1,112.00
Fringe Benefits	0	64	128	128	128	128	128	\$706.00
Operating Expenses	0	0	0	0	0	0	0	\$0.00
Equipment	0	0	0	0	0	0	0	\$0.00
Out-of-State Travel	0	0	0	0	0	0	0	\$0.00
Contract/Consultant Services	0	0	0	0	0	0	0	\$0.00
Other Costs	0	0	0	0	0	0	0	\$0.00
Subtotal:	-	165	331	331	331	331	331	\$1,818.00
							West Marie Control	
PROGRAMECOSTS	6/1-6/30/16	7/1-7/31/16	8/1-8/31/16	9/1-9/30/16	10/1-10/31/16	11/1-11/30/16	12/1-12/31/16	TOTAL
Salaries and Wages	0	0	631	631	631	631	631	\$3,157.00
Fringe Benefits	0	0	401	401	401	401	401	\$2,005.00
Operating Expenses	0	0	4	4	4	4	4	\$20.00
Equipment	0	0	0	0	0	0	0	\$0.00
Out-of-State Travel	0	0	0	0	0	0	0	\$0.00
Subcontractor/Consultant Services	0	0	1250	1250	2500	2500	2500	\$10,000.00

0

2,286

2,286

3,536

3,536

0

\$0.00

\$15,182.00

3,536

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
Discretionary Work Plan/Progress Report
CSD 626

X	Work plan
	Progress Report

Agency Name: Nevada County	Agency/Project Representative: Rob Choate
Contract Number:16F-5544	Contract Term:6/15/16 - 12/31/16
Email: rob.choate@co.nevada.ca.us	Telephone Number: ( 530 ) 265-1645
Date: 7/7/16	Signature:

	_	_		
۱A.	$^{\prime}$		D	lan

Make copies for each outcome/goal

### Problem/Next to the attressent:

Community Action Agency training and technical assistance is needed that will enable the agency to build capacity and operate more efficiently to meet the Organizational Standards.

### Projected Activities/Services to be pediarmed

Obtain training and technical assistance for staff and board members, development of a strategic plan, community assessment, community Action plan and staff support.

### Expected Outcome/Coal (Number 1 of 1 )

Nevada County expects to obtain results in 1 of the 1 categories in the area of agency development by providing training for the entire Tripartite Board and staff in regard to Board role and responsibilities, CSBG Regulations, Organizational Standards and Strategic Planing.

### Maniformal Plention (mainreis) instituation((a))

Nevada County expects to achieve outcomes under 5.1 E-H of the NPI's.

/Agilivities/Services
Status Toward Achieving Indicated Outcome/Goal
Adirel Results
Progress Report (Indicate the Report Period

State of California
Department of Community Services and Development
CSBG/NPI Workplan

CSBG/NPI Workplan

Contract No. 16F-5544

CSD801 W (Rev. 10/15)

Contractor Name:

County of Nevada Health & Human Services Agency

Contact Person and Title:

Rob Choate, Administrative Services Associate

Phone Number: E-mail Address:

(530) 265-7645 Ext. Number:

rob.choate@co.nevada.ca.us

Fax Number: (530) 265-9860

### Goal 5: Agencies increase their capacity to achieve results.

### NPI 5.1: Agency Development

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Community Action Agency training and technical assistance is needed that will enable the agency to build capacity and operate more efficiently to meet the Organizational Standards.

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.

Obtain training and technical assistance for staff and board members, development of a strategic plan, community assessment, community Action plan and staff support.

	National Performance <u>Indicator 5.1</u>		WORKPLAN
_	ency Development	Reporting	Number of Resources in Agency Expected to Achieve
agei	number of human capital resources available to Community Action that increase ney capacity to achieve family and community outcomes, as measured by one or more of following:	Period	in Reporting Period (#)
A.	Number of Certified Community Action Professionals	Mid-Year	
		Annual	
B.	Number of Nationally Certified ROMA Trainers	Mid-Year	The second second
		Annual	
C.	Number of Family Development Certified Trainers	Mid-Year	
		Annual	New York Committee or and a
D,	Number of Child Development Certified Trainers	Mid-Year	
		Annual	
E.	Number of stalf attending trainings	Mid-Year	
		Annual	3
F.	Number of Board Members attending trainings	Mid-Year	
		Annual	10
3.	Hours of staff in trainings	Mid-Year	
		Annual	12
ł.	Hours of Board Members in trainings	Mid-Year	
		Annual	30
n th	e rows below, please include any additional indicators that were not captured above.		
		Mid-Year	
		Annual	



### CERTIFICATION REGARDING LOBBYING

**DEPARTMENT OF HEALTH AND HUMAN SERVICES FAMILY SUPPORT ADMINISTRATION** 

PROGRAM: Community Services Block Grant

PERIOD:

January 1, 2016 through December 31, 2016

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

- No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any 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, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

Chair -Board of Supervisors	Can Mille
Title	Signature
County of Nevada	7-24-14
Agency/Organization	Date

### **DISCLOSURE OF LOBBYING ACTIVITIES**

Approved by OMB 0348-0046

Complete the form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.)

1. Type of Federal Action:  a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan in surance	2. Status of Federal A  a. bid/offer/ap  b. initial award  c. post-award	pplication d	3. Report Type:  a. initial filing b. material change  For Material Change Only: year quarter date of Last report	
4. Name and Address of Reporting Entity  Prime Subawardee Tier	e	and Add	Entity In No. 4 is Subawardee, Enter Name dress of Prime:	
6. Federal Department/Agency:		7. Federal Program Name/Description:  CFDA Number, If applicable:		
8. Federal Action Number, if known:		9. Award Amou	nt, ifknown:	
10. a. Name address of Lobbying Entity (if individual, last name, first, nam		different (last name, fii	erforming Services (including address if from No. 10a) rst name, MI): ssary)	
11. Amount of Payment (check all that appl	y):	13. Type of Paym	ent (check all that apply):	
		a. retain		
	actual Dplanned	b. one-ti		
12. Form of Payment (check all that apply):		☐ c. commission☐ d. contingent fee		
☐ a. cash☐ b. In-kind; specify: nature		e. deferred		
value		f. other;		
14. Brief Description of Services Performe Member(s), contacted, for Payment  (Attach Continuation Sheet(s) SF-LLL-	indicated in Item 11:			
15. Continuation Sheet(s) SF-LLL-A attack	hed: Yes No			
16. Information requested through this for Title 31 U.S.C. section 1352. This disactivities is a material representation reliance was placed by the tier above was made or entered into. This dis	orm is authorized by sclosure of lobbying of fact upon which when this transaction sclosure is required information will be nually and will be to a civil penalty for an \$100,000 for each	Signature:  Print Name:  Title:  Telephone No.:	Date:	
Federal Use Only:	到400 VI 第25 (1) 80 美国内(V)	TO THE PARTY OF TH	Authorized for Local Reproductions	
	EALL SELECTION SELECTION	X. 100 100 100 100 100 100 100 100 100 10	Standard Form – LLL	

# DISCLOSURE OF LOBBYING ACTIVITIES CONTINUATION SHEET

Approved by OMB 0348-0046

Reporting Entity:			Or .	Page	 of	
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×						

Authorized for Local Reproduction Standard Form - LLL-A

### INSTRUCTION FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

- Identity the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
- 2. Identify the status of the covered Federal action.
- 3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the Information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
- 4. Enter the full name, address, city, state and ZIP Code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
- 5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known
- Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
- 7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
- Enter the most appropriate Federal Identifying number available for the Federal action Identified in Item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
- 9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
- 10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
- (b) Enter the full name of the Individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
- 11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
- 12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
- 13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
- 14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
- 15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
- 16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of Information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget. Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

# Community Services and Development Federal Funding Accountability and Transparency Act Report Form

### Return with the Contract

As of October 1, 2010, CSD is required to comply with sub-award reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA). CSD must file the FFATA sub-award report by the end of the month following the month in which CSD awards funds greater than or equal to \$25,000 to any agency/service provider. In accordance with terms of the CSD agreement, agencies are required to provide the information requested in this form on or before the above due date. Failure to timely submit the completed form may result in "high-risk" designation and/or imposition of additional special terms and conditions on the agency's eligibility for CSD funds.

Please e-mail completed report forms to your respective program e-mail address listed below: Department of Energy Weatherization Assistance Program: Wx@csd.ca.gov Community Services Block Grant: CSBGDIV@csd.ca.gov Lead Hazard Control: LEADGrants@csd.ca.gov Low Income Home Energy Assistance Program: Wx@csd.ca.gov NOTE: If your agency receives multiple Community Services and Development (CSD) awards under various programs (i.e., Community Services Block Grant (CSBG), Weatherization Assistance Program (WX), Lead Hazard Control Program (LHCP), Low-Income Home Energy Assistance Program), complete a separate form for each program. AGENCY/SUB-AWARDEE INFORMATION Nevada County Department of Housing and Community Services Agency Name Program Type (check one) ☐ LIHEAP ☐ DOE WAP ✓ CSBG ☐ LEAD Contract #(s) (list all active 16F-5544 contracts for the selected program) 06/15/16 - 12/31/16 Contract Period(s) (mm/dd/yy - mm/dd/yy)Agency Unique Identifier (DUNS Number) 10979029 Agency Primary Contact Name: **Rob Choate** Information (person Title Administrative Services Associate responsible for completing this E-mail: rob.choate@co.nevada.ca.us form) Phone: (530) 265-1645 Location of Agency Mailing Address: 950 Maidu Avenue, Nevada City State: California Zip + 4 digits (+4 digit is required) 95959-8600 U.S. Congressional District: 1st State Assembly District: 1st State Senate District: 1st

Department of Community Services and Development CSD 279 (Rev. 1/2015)

Place of Performance	Street Address:	950 Maidu Avenue, Nevada City					
(where program funds are	State:	California					
primarily spent, if different from agency location above)	Zip + 4 digits (+4 digit is						
Tom agency location above;	required)	95959-8600					
	U.S. Congressional						
	District:	1st					
	State Assembly District	rict: 1st					
	State Senate District:	1st					
Agency (Sub-Awardee)	Is more than 80% of yo	our agency's annual					
Executive Compensation Reporting	gross revenue from the Federal  government?  Yes  No						
	(If YES, continue to the next question. If NO, you are now finished completing this form.)						
	Does your agency's total annual federal Yes No funding exceed \$25 million?						
	(If YES, continue to the next question. If NO, you are now finished completing this form.)						
	Is your agency one of the entities Yes No described below?						
	• A tax-exempt nonprofit entity required to file an annual Form 990 return with the Internal Revenue Service (IRS).						
	A publicly owned corporation required to file annual reports with the Securities and Exchange Commission (SEC).						
	1, ,	ames and compensation of your agency's top five highest es in the spaces below. If YES, <u>you are now finished</u>					
Five Highest Compensated	Name	Rick Haffey, County Executive Offier					
Executives/Employees	Compensation	\$185,430.90					
	Name	Alison Barratt-Green, County Counsel					
	Compensation	\$173,545.46					
	Name	Alison Lehman, Assistant County Executive Officer					
	Compensation	\$168,486.38					
	Name	Steve Monaghan, Chief Information Officer					
	Compensation	\$168,486.38					
	Name	Sean Powers, Community Agency Development Director					
	Compensation	\$168,486.38					

Department of Community Services and Development CSD 279 (Rev. 1/2015)

### **Description of Information Requested**

### Place of Performance

Address represents where the prime recipient is performing the majority of work funded. If the award funds multiple projects in different locations, then an address such as a city hall or county seat may be the most appropriate if it represent where the majority of funds are being used.

Agency/Sub-Awardee Executive Compensation Reporting

Sub-awardees must report the total compensation and names of the top five executives in the organization if:

- a) More than 80% of the annual gross revenues are from the Federal government, and those revenues are greater than \$25 million annually; and
- b) Compensation information is not readily available through reporting to the to the IRS on a Form 990 (section 6104 of the Internal Revenue Code of 1986), or through reporting to Securities and Exchange Commission (SEC). SEC reporting is required for publicly owned/traded corporations.

Exemptions: Refer to 2 CFR

Part 170 for exemption

http://www.gpo.gov/fdsys/pkg/CFR-2012-title2-vol1/pdf/CFR-2012-title2-vol1-part170.pdf

criteria.

### **Additional Resources**

	Unique Identifier (DUNS Number)
The Data Universal Numbering System (DUNS) is the widely used system for identifying business entities on a location specific basis. The DUNS number remains with the company location to which it has been assigned even if it closes and goes out of business.	https://iupdate.dnb.com/iUpdate/companylookup.htm
	Zip Code + 4 Digit Zip
Use the United States Postal Service website to identify your +4 digit zip	https://tools.usps.com/go/ZipLookupAction!input.action
and the second s	Congressional District
Use the following sites to ide	ntify your congressional district
U.S. Congressional District	http://www.house.gov/representatives/find/
State Assembly and Senate District	http://findyourrep.legislature.ca.gov/
	Reporting Requirement Regulations
The Federal Funding Accountability and Fransparency Act of 2006	http://www.gpo.gov/fdsys/pkg/PLAW-109publ282/html/PLAW-109publ282.htm
FATA Subaward Reporting System (FSRS) website	https://www.fsrs.gov/