

EXHIBIT F
ASSURANCES AND CERTIFICATIONS

I. ASSURANCES

As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that the applicant:

- A. Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.
- B. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- C. Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- D. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- E. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
- F. Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to:
 1. Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin;
 2. Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686) which prohibits discrimination on the basis of sex;
 3. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of disability;
 4. The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age;
 5. The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse;
 6. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism;
 7. Sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records;
 8. Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing;
 9. Any other nondiscrimination provisions in the National and Community Service Act of 1990, as amended; and
 10. The requirements of any other nondiscrimination statute(s) which may apply to the application.

- G. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases.
- H. Will comply with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- I. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-77), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.
- J. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- K. Will comply with environmental standards which may be prescribed pursuant to the following:
 - 1. Institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514;
 - 2. Notification of violating facilities pursuant to EO 11738;
 - 3. Protection of wetlands pursuant to EO 11990;
 - 4. Evaluation of flood hazards in floodplains in accordance with EO 11988;
 - 5. Assurance of project consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.);
 - 6. Conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.);
 - 7. Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and
 - 8. Protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- L. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- M. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16U.S.C. 469a-l et seq.).
- N. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- O. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

- P. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
- Q. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.
- R. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.
- S. Will comply with all rules regarding prohibited activities, including those stated in applicable Notice, grant provisions, and program regulations, and will ensure that no assistance made available by the Corporation will be used to support any such prohibited activities.
- T. Will comply with the nondiscrimination provisions in the national service laws, which provide that an individual with responsibility for the operation of a project or program that receives assistance under the national service laws shall not discriminate against a participant in, or member of the staff of, such project or program on the basis of race, color, national origin, sex, age, political affiliation, disability, or on the basis of religion (except that the prohibition on religious discrimination does not apply to the employment of any staff member paid with non-Corporation funds or paid with Corporation funds but employed with the organization operating the project on the date the grant was awarded).
- U. Will comply with all other federal statutes relating to nondiscrimination, including any self-evaluation requirements. These include but are not limited to:
 - 1. Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin;
 - 2. Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex;
 - 3. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps;
 - 4. The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age;
 - 5. The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse;
 - 6. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism;
 - 7. Sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records;
 - 8. Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; and
 - 9. The requirements of any other nondiscrimination statute(s) which may apply to the application.
- V. Will provide, in the design, recruitment, and operation of any AmeriCorps program, for broad-based input from – (1) the community served and potential participants in the program; and (2) community-based agencies with a demonstrated record of experience in providing services and local labor organizations representing employees of service sponsors, if these entities exist in the area to be served by the program.

- W. Will, prior to the placement of participants, consult with the appropriate local labor organization, if any, representing employees in the area who are engaged in the same or similar work as that proposed to be carried out by an AmeriCorps program, to ensure compliance with the non-displacement requirements specified in section 177 of the NCSA.
- X. Will, in the case of an AmeriCorps program that is not funded through a State, consult with and coordinate activities with the state commission for the state in which the program operates.
- Y. Will ensure that any national service program carried out by the applicant using assistance provided under section 121 of the National and Community Service Act of 1990 and any national service program supported by a grant made by the applicant using such assistance will address unmet human, educational, environmental, or public safety needs through services that provide a direct benefit to the community in which the service is performed.
- Z. Will comply with the non-duplication and non-displacement requirements set out in section 177 of the National and Community Service Act of 1990, and in the 45 C.F.R. Chapter XXV § 2540.100.
- AA. Will comply with the grievance procedure requirements as set out in section 176(f) of the National and Community Service Act of 1990 and in 45 CFR Chapter XXV § 2540.230.
- AB. Will provide participants in the national service program with the training, skills, and knowledge necessary for the projects that participants are called upon to perform.
- AC. Will provide support services to participants, such as information regarding G.E.D. attainment and post-service employment, and, if appropriate, opportunities for participants to reflect on their service experiences.
- AD. Will arrange for an independent evaluation of any national service program carried out using assistance provided to the applicant under section 121 of the National and Community Service Act of 1990 or, with the approval of CNCS, conduct an internal evaluation of the program.
- AE. Will apply measurable performance goals and evaluation methods, which are to be used as part of such evaluation to determine the program's impact on communities and persons served by the program, on participants who take part in the projects, and in other such areas as required by CNCS.
- AF. Will ensure the provision of a living allowance and other benefits to participants as required by the Corporation.

II. CERTIFICATIONS

A. Certification – Debarment, Suspension, and Other Responsibility Matters

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, Section 85.510, *Participants' responsibilities*.

1. As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that neither the applicant nor its principals:
 - a. Is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
 - b. Has, within a three-year period preceding this application, been convicted of, or had an adverse civil judgment entered in connection with, fraud or other criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c. Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification, and
 - d. Has not, within a three-year period preceding this application, had one or more public transactions (federal, state or local) terminated for cause or default.
2. If you are unable to certify to any of the statements in this certification, you must attach an explanation to this application.

B. Certification – Drug-Free Workplace

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 34 CFR Part 85, Subpart F. The regulations require certification by grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification may be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see 34 CFR Part 85, Section 85.615 and 85.620). As the duly authorized representative of the grantee, I certify, to the best of my knowledge and belief that the grantee will provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing a drug-free awareness program to inform employees about:
 - a. The dangers of drug abuse in the workplace,
 - b. The grantee's policy of maintaining a drug-free workplace.
 - c. Any available drug counseling, rehabilitation, and employee assistance programs, and
 - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - a. Abide by the terms of the statement, and
 - b. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.
5. Notifying us within ten days after receiving notice under subparagraph (d) from an employee or otherwise receiving actual notice of such conviction;
6. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d), with respect to any employee who is so convicted-
 - a. Taking appropriate personnel action against such an employee, up to and including termination; or
 - b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.
7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (1) through (7).

C. Certification – Lobbying Activities

As required by Section 1352, Title 31 of the U.S. Code, as the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer of Congress in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, or modification of any federal contract, grant, loan, or cooperative agreement;
2. 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 member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the applicant will submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
3. The applicant will require that the language of this certification be included in the award documents for all subcontracts at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients will certify and disclose accordingly.

D. Erroneous Certification or Assurance

The assurances and certifications are material representations of fact upon which we rely in determining whether to enter into this transaction. If we later determine that you knowingly submitted an erroneous certification or assurance, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

- E. Notice of Error in Certification or Assurance
You must provide immediate written notice to us if at any time you learn that a certification or assurance was erroneous when submitted or has become erroneous because of changed circumstances.
- F. Definitions
The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. An applicant shall be considered a "prospective primary participant in a covered transaction" as defined in the rules implementing Executive Order 12549. You may contact us for assistance in obtaining a copy of those regulations.
- G. Assurance Requirement for Subgrant Agreements
You agree by signing this Contract that you shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by us.
- H. Assurance Inclusion in Subgrant Agreements
You agree by signing this Contract that you will obtain an assurance from prospective participants in all lower tier covered transactions and in all solicitations for lower tier covered transactions that the participants are not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction.
- I. Assurance of Subgrant Principals
You may rely upon an assurance of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless you know that the assurance is erroneous. You may decide the method and frequency by which you determine the eligibility of your principals. You may, but are not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
- J. Non-Assurance in Subgrant Agreements
If you knowingly enter into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.
- K. Prudent Person Standard
Nothing contained in the aforementioned may be construed to require establishment of a system of records in order to render in good faith the assurances and certifications required. Your knowledge and information is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.



Signature



Date

Mike Dent Director

Print Name and Title

2016/2017 CWS AMERICORPS PROGRAM MATCH & MATCH CERTIFICATION

AGENCY INFORMATION

Lead Agency Name: Nevada County Department of Social Services - Child Protective Services

CASH MATCH

Please review the information below, as it determines the amount of your 2016/2017 AmeriCorps Contract. Please make any change requests in writing to your project manager. Members who are serving through one Lead Agency and have the same Position Description should receive the same living allowance amount. Variations in Position Descriptions and/or living allowances must be approved by your project manager and PCA CA's Chief Program Officer.

Term of Service	Tier	# of Members	Living Allowance	Non-Refundable Member Enrollment Cost per Member	Total Non-Refundable Member Enrollment Cost	Cash Match per Member	Total Cash Match
1700	1		\$12,530	\$1,327	\$0.00	\$9,138	\$0
	2		\$14,300	\$1,650	\$0.00	\$11,085	\$0
	3	2	\$16,750	\$2,097	\$4,194.00	\$13,773	\$31,740
	4		\$17,750	\$2,279	\$0.00	\$14,876	\$0
	5		\$19,975	\$2,685	\$0.00	\$17,315	\$0
	6		\$20,825	\$2,840	\$0.00	\$18,260	\$0
900	1		\$6,650	\$775	\$0.00	\$3,670	\$0
	2		\$7,600	\$948	\$0.00	\$4,717	\$0
	3		\$8,900	\$1,185	\$0.00	\$6,145	\$0
	4		\$9,410	\$1,278	\$0.00	\$6,707	\$0
	5		\$10,575	\$1,491	\$0.00	\$7,984	\$0
	6		\$11,025	\$1,573	\$0.00	\$8,477	\$0
				Subtotal Non-Refundable Member Enrollment Cost=	\$4,194.00	Maximum Amount of AmeriCorps Contract=	\$31,740

2016/2017 CWS AMERICORPS PROGRAM AGENCY INFORMATION

AGENCY INFORMATION

Legal Name (Must match DUNS):	Nevada County Department of Social Services - Child Protective Services		
DUNS Number:	0109790290000		
Street Address:	988 McCourtney Rd #104		
City:	Grass Valley		
State:	CA		
ZIP+4:	95949-7400		
Main Contact/Title:	Nicholas (Nick) Ready		
Telephone:	530-265-1654		
Cell Phone:	NA		
Email:	nicholas.ready@co.nevada.ca.us		
Fiscal Agency Name:	Same as above		
Fiscal Contact/Title:	Michelle Bodley		
Street Address:	950 Maidu Avenue		
City:	Nevada City		
State:	CA		
ZIP+4:	95959-8600		
Telephone:	530-470-2420		
Cell Phone:	Same as above		
Email:	michelle.bodley@co.nevada.ca.us		
Select Fiscal Year Start:	July	Select Fiscal Year End:	June

2016/2017 CWS AMERICORPS PROGRAM RISK ASSESSMENT

2 CFR Part 200 requires all recipients of Federal funding to complete a pre-award risk assessment on each subrecipient prior to entering into subawards or subcontracts. The Administrative and Cost Principles apply to new subawards and subcontracts made after 12/26/2014. By answering the questions below, which are in alignment with Federal guidance, you will be helping PCA CA ensure compliance with the new requirements.

AGENCY INFORMATION

Lead Agency Name: Nevada County Department of Social Services - Child Protective Services

Agency's Contract Experience:

Types of Contract (check all that apply)

	Yes	No	Not Sure	N/A	Experience in Years
AmeriCorps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Federal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
State	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please describe):	Briefly Describe Other Contracting Type(s) in this box				

Program Complexity

1. How many individuals are employed by your agency?	19
2. On a scale of 1 to 5, what level of priority is AmeriCorps to your agency?	3
3. On a scale of 1 to 5, to what degree is your agency's management aware of the AmeriCorps program?	5
4. On a scale of 1 to 5, what is the commitment of your agency's management to the AmeriCorps program?	4
5. How many of your agency program staff are required for the AmeriCorps program at its peak activity?	2
6. Does your agency maintain written policies and procedures regarding the AmeriCorps program, other than those provided by PCA CA?	No
7. If you answered "yes" to question 6 how often are the policies and procedures updated?	
8. Does your agency have consistent and reliable internet access to enable webinar attendance and facilitate online electronic timekeeping for AmeriCorps members?	Yes
9. On a scale of 1 to 5, how accessible to your agency is an IT professional who can identify and resolve IT issues that could impede your ability to communicate with PCA CA?	5
10. Will all AmeriCorps members be serving at one Service Site?	No
11. If you answered "no" to question 10 will you have more than one Service Site?	Yes
12. If you answered "yes" to question 11 will some AmeriCorps members serve at multiple Service Sites?	Yes
13. If your agency works with multiple Service Sites, how far away is the furthest Service Site?	55
14. Will you contract with any other party to complete any aspect of the AmeriCorps program?	Yes
15. If you answered "yes" to question 14, how many separate contracts will be associated with the AmeriCorps program?	2
16. Will some AmeriCorps members report to more than one Service Site Supervisor?	Yes
17. What percentage of the Service Site Supervisor's time will be dedicated to the AmeriCorps program?	18%
18. Will an individual be designated to support members during any absences of the Service Site Supervisor?	Yes
19. Are the facilities of all Service Sites sufficient (will members have a space to serve from, computer, internet access, telephone, etc.) to conduct and/or deliver AmeriCorps program activities?	Yes

AmeriCorps Program Staff (as listed in your agency's budget)

Position	Tenure	Licensed/Certified	Education	Describe Other Education
Program Manager			Graduate Degree	
Staff Services Analyst II			Bachelor's Degree	
ENTER TITLE				
ENTER TITLE				
ENTER TITLE				

AmeriCorps Administrative/Fiscal Staff (ONLY if contributing In-Kind Match)

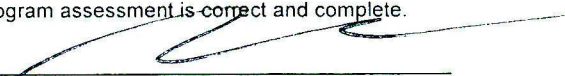
Position	Tenure	Licensed/Certified	Education	Describe Other Education
Administrative Services Officer			Bachelor's Degree	
ENTER TITLE				
ENTER TITLE				
ENTER TITLE				
ENTER TITLE				

CERTIFICATION

I certify to the best of my knowledge and belief that this program assessment is correct and complete.

Nicholas Ready

 Authorized Certifying Official Name



 Signature/Date

2016/2017 CWS AMERICORPS PROGRAM NATIONAL SERVICE CRIMINAL HISTORY CHECK AUTHORIZATION

EACH INDIVIDUAL PROVIDING SUPERVISION FOR AMERICORPS MEMBERS, AND LISTED AS PROVIDING IN-KIND SUPPORT, MUST COMPLETE THIS AUTHORIZATION PRIOR TO UNDERGOING A NATIONAL SERVICE CRIMINAL HISTORY CHECK.

EACH INDIVIDUAL MUST SUBMIT A COPY OF A GOVERNMENT-ISSUED PHOTO ID TO BE USED IN CONDUCTING THE NATIONAL SERVICE CRIMINAL HISTORY CHECK.

AGENCY INFORMATION

Lead Agency Name:	Nevada County Department of Social Services - Child Protective Services
Service Site Name:	N/A
Individual's Name:	N/A

I authorize Prevent Child Abuse California ("PCA CA") to conduct a National Service Criminal History Check consisting of DOJ, FBI, and NSOPW information, and to notify my Lead Agency and/or Service Site as to whether or not I have met the criteria to remain eligible to work with the AmeriCorps program. I acknowledge that refusing to authorize the National Service Criminal History Check or making a false statement in connection with PCA CA's inquiry will disqualify me as ineligible to work with the AmeriCorps program. I understand that PCA CA will receive Subsequent Arrest Notification from the California Department of Justice in the event of my arrest, conviction of a crime, or detainment. Further, I understand that I will have the opportunity to review and challenge the factual accuracy of a result before an action is taken to exclude me from the position. I further understand that if I am subject to a State sex offender registration I will be deemed unsuitable to work with the AmeriCorps program.

Signature

Date

2016/2017 CWS AMERICORPS PROGRAM SUPPORTING DOCUMENTS

AGENCY INFORMATION

Lead Agency Name: Nevada County Department of Social Services - Child Protective Services

SUPPORTING DOCUMENTS

INSURANCE

Your insurance must be primary and non-contributory. All policies must provide thirty (30) days' written notice of cancellation or non-renewal to PCA CA. Insurance companies must be rated by A.M. Best as "A:VII" or better. No less than ten (10) business days prior to commencement of work under the Standard Contract, your agency must submit the following evidence of insurance to PCA CA:

<input checked="" type="checkbox"/>	<p>Comprehensive General Liability Insurance which includes products/completed operations, independent contractors, contractual liability, and broad form property damage coverages with a combined single limit of not less than \$1,000,000 per occurrence, and not less than \$2,000,000 aggregate.</p> <p>A separate endorsement showing that PCA CA is named as an additional insured on your Comprehensive General Liability Insurance must be submitted. The following types of additional endorsements are acceptable:</p> <p>ISO CG 2010 ISO CG 2037 ISO CG 2011 ISO CG 2026 NIAC-E32 05 11, if insured by the Nonprofit Insurance Alliance of California ("NIAC") PI-GLD-HS (04/07), if insured by the Philadelphia Insurance Companies</p> <p>REQUIRED FROM ALL CONTRACTORS.</p>
<input checked="" type="checkbox"/>	<p>Automobile Liability Insurance for all owned, non-owned, and hired vehicles with a combined single limit of not less than \$1,000,000 per occurrence. REQUIRED FROM ALL CONTRACTORS.</p>
<input checked="" type="checkbox"/>	<p>Professional Liability Insurance or Errors and Omissions Insurance with a limit of not less than \$1,000,000. REQUIRED FROM ALL CONTRACTORS WHO EMPLOY LICENSED CLINICIANS/THERAPISTS OR PROVIDE COUNSELING SERVICES IN RELATION TO THIS CONTRACT. DIRECTORS AND OFFICERS INSURANCE WILL NOT SUBSTITUTE. If your agency does not employ licensed clinicians/therapists and does not provide counseling services in relation to this contract, you must complete and submit the Professional Liability Certification on tab 3.</p>

OTHER DOCUMENTS

- | Included | N/A | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | | Risk Assessment. TAB 3 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | National Service Criminal History Check (ONLY IF CONTRIBUTING IN-KIND MATCH). TAB 4 |
| <input checked="" type="checkbox"/> | | Match and Match Certification. TAB 6 |
| <input checked="" type="checkbox"/> | | Professional Liability Insurance Certification, if applicable. TAB 7 |
| <input checked="" type="checkbox"/> | | eGrants User Access Form. TAB 8 |
| <input checked="" type="checkbox"/> | | Partnership Form(s). Complete one form for your own agency, and one form for each service site. TAB 9 |
| <input checked="" type="checkbox"/> | | Disaster and Emergency Response Information. TAB 10 |
| <input checked="" type="checkbox"/> | | Labor Organization Certification. TAB 11 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Labor Union Concurrence, if applicable. TAB 12 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Electronic copy of your agency's most recent audited financials, or A-133 (if applicable). |

PREPARED BY: Nicholas Ready



 SIGNATURE

2016/2017 CWS AMERICORPS PROGRAM MATCH & MATCH CERTIFICATION

AGENCY INFORMATION

Lead Agency Name: Nevada County Department of Social Services - Child Protective Services

NON-FEDERAL CASH MATCH CONTRIBUTION

Please indicate below the various grants by name, funding sources by name, and amounts of non-federal cash match that your agency will contribute toward this AmeriCorps program:

SOURCE	AMOUNT
SB163 Funding	\$ 31,740.00
Subtotal	\$ 31,740.00

FEDERAL MATCH CONTRIBUTION (NON-CNCS), IF APPLICABLE

Please indicate below the various sources and amounts of FEDERAL FUNDS that your agency will contribute toward this AmeriCorps program as match. FEDERAL FUNDS may only be used as match to AmeriCorps programs if a) authorized by statute, or b) approved in writing by the federal agency granting the funds. For each entry below, you must submit evidence that the FEDERAL FUNDS are authorized by statute as match, or the written approval of the federal agency granting the funds.

NAME OF FEDERAL AGENCY	GRANT OR CONTRACT NUMBER	CFDA OR "N/A" IF CONTRACT	AMOUNT
Subtotal			\$ -

IN-KIND CONTRIBUTION, IF APPLICABLE

Please indicate staff members of Lead Agency and/or Service Site(s) who will be responsible for supervision of AmeriCorps members. You must provide the following information for each staff member: total annual salary per budget and percentage of time allocated to AmeriCorps. **NOTE: AMOUNTS LISTED IN THIS SECTION CANNOT ALSO BE MATCHED TO ANY OTHER FEDERALLY FUNDED PROGRAM, NOR CAN THEY BE PAID BY THE FEDERAL GOVERNMENT UNDER ANY OTHER AWARD, EXCEPT WHERE AUTHORIZED BY FEDERAL STATUTE TO BE USED FOR COST SHARING OR MATCHING.**


STAFF MEMBER	STAFF TITLE	ANNUAL SALARY	% OF TIME	VALUE
				\$ -
				\$ -
				\$ -
Subtotal				\$ -

CERTIFICATION

I certify to the best of my knowledge and belief that this report is correct and complete.

Michelle Bodley

 Authorized Certifying Official Name

 8/18/16

 Signature/Date

530-470-2420
 Telephone Number (with extension, if applicable)

2016/2017 CWS AMERICORPS PROGRAM MATCH & MATCH CERTIFICATION

AGENCY INFORMATION

Lead Agency Name: Nevada County Department of Social Services - Child Protective Services

CASH MATCH

Please review the information below, as it determines the amount of your 2016/2017 AmeriCorps Contract. Please make any change requests in writing to your project manager. Members who are serving through one Lead Agency and have the same Position Description should receive the same living allowance amount. Variations in Position Descriptions and/or living allowances must be approved by your project manager and PCA CA's Chief Program Officer.

Term of Service	Tier	# of Members	Living Allowance	Non-Refundable Member Enrollment Cost per Member	Total Non-Refundable Member Enrollment Cost	Cash Match per Member	Total Cash Match
1700	1		\$12,530	\$1,327	\$0.00	\$9,138	\$0
	2		\$14,300	\$1,650	\$0.00	\$11,085	\$0
	3	2	\$16,750	\$2,097	\$4,194.00	\$13,773	\$31,740
	4		\$17,750	\$2,279	\$0.00	\$14,876	\$0
	5		\$19,975	\$2,685	\$0.00	\$17,315	\$0
	6		\$20,825	\$2,840	\$0.00	\$18,260	\$0
900	1		\$6,650	\$775	\$0.00	\$3,670	\$0
	2		\$7,600	\$948	\$0.00	\$4,717	\$0
	3		\$8,900	\$1,185	\$0.00	\$6,145	\$0
	4		\$9,410	\$1,278	\$0.00	\$6,707	\$0
	5		\$10,575	\$1,491	\$0.00	\$7,984	\$0
	6		\$11,025	\$1,573	\$0.00	\$8,477	\$0
				Subtotal Non-Refundable Member Enrollment Cost=	\$4,194.00	Maximum Amount of AmeriCorps Contract=	\$31,740

2016/2017 CWS AMERICORPS PROGRAM PROFESSIONAL LIABILITY INSURANCE CERTIFICATION

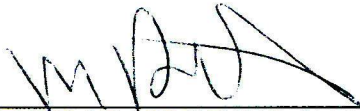
Check one of the boxes below:

Nevada County Department of Social Services - Child Protective Services

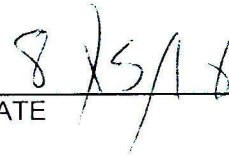
- EMPLOYS** licensed clinicians and/or therapists, and/or **PROVIDES** counseling services in relation to the AmeriCorps Contract with PCA CA for the AmeriCorps program. As such, Professional Liability Insurance is listed on a certificate of insurance, which will be submitted to PCA CA no less than ten (10) business days prior to commencement of work under the contract.

By signing this certification, I acknowledge my understanding of the requirement. I further acknowledge that failure to provide proof of Professional Liability Insurance may result in contracting delays, which may ultimately impact my agency's ability to participate in the program.

- DOES NOT EMPLOY** licensed clinicians and/or therapists, and **DOES NOT PROVIDE** counseling services in relation to the Standard Contract with PCA CA for the AmeriCorps program.



SIGNATURE OF CERTIFYING OFFICIAL



DATE

Mike Dent, Director of Social Services

NAME AND TITLE

2016/2017 CWS AMERICORPS PROGRAM eGRANTS USER ACCESS FORM

PLEASE IDENTIFY AND PROVIDE CONTACT INFORMATION FOR YOUR AGENCY'S STAFF WHO WILL ACCESS THE eGRANTS SYSTEM (CNCS' ONLINE AMERICORPS DATABASE). NOTE: THIS INFORMATION MUST BE UPDATED IMMEDIATELY AND SENT TO PCA CA FOLLOWING ANY CHANGES IN LISTED USERS.

AGENCY INFORMATION

Lead Agency Name:	Nevada County Department of Social Services - Child Protective Services
Street Address:	988 McCourtney Rd #104
City:	Grass Valley
State:	CA
ZIP:	95949-7400

PRIMARY USER

Staff Name:	Nicholas Ready
Title:	Program Manager
Phone 1:	530-265-1654
Phone 2:	
Email:	Nicholas.Ready@co.nevada.ca.us

SECONDARY USER

Staff Name:	Faye Hignight
Title:	Staff Services Analyst II
Phone 1:	530-265-1728
Phone 2:	
Email:	Faye.Hignight@co.nevada.ca.us

PREPARED BY:

Nicholas Ready


SIGNATURE

8-15-16
DATE

2016/2017 CWS AMERICORPS PROGRAM AMERICORPS PARTNERSHIP FORM

AGENCY INFORMATION

Lead Agency Name:	Nevada County Department of Social Services - Child Protective Services
Street Address:	988 McCourtney Rd #104
City:	Grass Valley
State:	CA
Zip:	95949-7400

PARTNERSHIP INFORMATION

Partner Organization Name:	Nevada County Superintendent of Schools
First Name:	Kristen
Middle Name:	Lynne
Last Name:	McGrew
Contact Organization Name:	PARTNERS Family Resource Centers
Title:	FRC Coordinator
Address:	112 Nevada City Hwy
City:	Nevada City
State:	California
ZIP+4:	95959
Phone:	530 478-6400 x264
Fax:	530 478-6410
County:	Nevada
Email:	kmcgrew@nevco.org
Website:	partnersfamilyresourcecenters.org

SITE PLACEMENT INFORMATION (IF APPLICABLE)

Is this a Placement Site?	No
Is this a Placement Site that is also a School Improvement Grant School (SIG) and/or Priority School identified by the CA Department of Education?	no
If "yes," enter the NCES School ID:	
# of 900-Hour Members:	
# of 1700-Hour Members:	1
Site Supervisor:	Laurie DeMartini
MSY Awarded:	1

PARTNER RESOURCES

Support Type:	Facilities
Financial Type:	In-Kind
Cash Type:	Non-Federal
Amount:	
Description:	will provide an office space, desk, computer, supplies and direct supervision

PARTNER ORGANIZATION INFO

- | | |
|---|---|
| <input type="checkbox"/> CNCS-AMC National Direct | <input type="checkbox"/> CNCS-CalServe Program |
| <input type="checkbox"/> CNCS-Foster Grandparent | <input type="checkbox"/> CNCS-LSA - CBO |
| <input type="checkbox"/> CNCS-LSA - Higher Ed | <input type="checkbox"/> CNCS-NCCC |
| <input type="checkbox"/> CNCS-Retired Senior Volunteer Program | <input type="checkbox"/> CNCS-Senior Companion |
| <input type="checkbox"/> CNCS-VISTA | <input checked="" type="checkbox"/> Education (K-12)-County Office of Ed. |
| <input type="checkbox"/> Education (K-12)-Elementary School | <input type="checkbox"/> Education (K-12)-High School |
| <input type="checkbox"/> Education (K-12)-Middle School | <input type="checkbox"/> Education (K-12)-School Association |
| <input type="checkbox"/> Education (K-12)-School District | <input type="checkbox"/> Higher Education-Community College |
| <input type="checkbox"/> Higher Education-CSU | <input type="checkbox"/> Higher Education-Higher Ed Association |
| <input type="checkbox"/> Higher Education-Independent College | <input type="checkbox"/> Higher Education-UC |
| <input type="checkbox"/> Media Organization-Local Print | <input type="checkbox"/> Media Organization-Local Radio |
| <input type="checkbox"/> Media Organization-Local TV | <input type="checkbox"/> Media Organization-National Print |
| <input type="checkbox"/> Media Organization-National Radio | <input type="checkbox"/> Media Organization-National TV |
| <input type="checkbox"/> Media Organization-State Print | <input type="checkbox"/> Non-Profit Org.-Civic Organization |
| <input type="checkbox"/> Non-Profit Org.-Direct Service Provider | <input type="checkbox"/> Non-Profit Org.-Faith Based Organization |
| <input type="checkbox"/> Non-Profit Org.-Local Conservation Corps | <input type="checkbox"/> Non-Profit Org.-Non-Profit Association |
| <input type="checkbox"/> Non-Profit Org.-Policy and Advocacy | <input type="checkbox"/> Non-Profit Org.-Volunteer Center |
| <input type="checkbox"/> Other | <input type="checkbox"/> Private Sector-Business Donations |
| <input type="checkbox"/> Private Sector-Corporate Volunteer Program | <input type="checkbox"/> Private Sector-Foundations |
| <input type="checkbox"/> Private Sector-Private Sector Association | <input type="checkbox"/> Public Sector-County Agency |
| <input type="checkbox"/> Public Sector-Elected Official | <input type="checkbox"/> Public Sector-Local Agency |
| <input type="checkbox"/> Public Sector-State Agency | |

2016/2017 CWS AMERICORPS PROGRAM AMERICORPS PARTNERSHIP FORM

AGENCY INFORMATION

Lead Agency Name:	Nevada County Department of Social Services - Child Protective Services
Street Address:	988 McCourtney Rd #104
City:	Grass Valley
State:	CA
Zip:	95949-7400

PARTNERSHIP INFORMATION

Partner Organization Name:	Family Resource Center of Truckee
First Name:	Chelsee
Middle Name:	
Last Name:	Thomas
Contact Organization Name:	Family Resource Center of Truckee
Title:	Program Director, Family Advocacy & Education
Address:	11695 Donner Pass Rd
City:	Truckee
State:	California
ZIP+4:	96161
Phone:	530-587-2513 x105
Fax:	530-550-5236
County:	Nevada
Email:	chelsee@truckeefrc.org
Website:	www.truckeefrc.org

SITE PLACEMENT INFORMATION (IF APPLICABLE)

Is this a Placement Site?	No
Is this a Placement Site that is also a School Improvement Grant School (SIG) and/or Priority School identified by the CA Department of Education?	no
If "yes," enter the NCES School ID:	
# of 900-Hour Members:	
# of 1700-Hour Members:	1
Site Supervisor:	Chelsee Thomas
MSY Awarded:	1

PARTNER RESOURCES

Support Type:	Facilities
Financial Type:	In-Kind
Cash Type:	Non-Federal
Amount:	
Description:	will provide an office space, desk, computer, supplies and direct supervision

PARTNER ORGANIZATION INFO

- | | |
|---|--|
| <input type="checkbox"/> CNCS-AMC National Direct | <input type="checkbox"/> CNCS-CalServe Program |
| <input type="checkbox"/> CNCS-Foster Grandparent | <input type="checkbox"/> CNCS-LSA - CBO |
| <input type="checkbox"/> CNCS-LSA - Higher Ed | <input type="checkbox"/> CNCS-NCCC |
| <input type="checkbox"/> CNCS-Retired Senior Volunteer Program | <input type="checkbox"/> CNCS-Senior Companion |
| <input type="checkbox"/> CNCS-VISTA | <input type="checkbox"/> Education (K-12)-County Office of Ed. |
| <input type="checkbox"/> Education (K-12)-Elementary School | <input type="checkbox"/> Education (K-12)-High School |
| <input type="checkbox"/> Education (K-12)-Middle School | <input type="checkbox"/> Education (K-12)-School Association |
| <input type="checkbox"/> Education (K-12)-School District | <input type="checkbox"/> Higher Education-Community College |
| <input type="checkbox"/> Higher Education-CSU | <input type="checkbox"/> Higher Education-Higher Ed Association |
| <input type="checkbox"/> Higher Education-Independent College | <input type="checkbox"/> Higher Education-UC |
| <input type="checkbox"/> Media Organization-Local Print | <input type="checkbox"/> Media Organization-Local Radio |
| <input type="checkbox"/> Media Organization-Local TV | <input type="checkbox"/> Media Organization-National Print |
| <input type="checkbox"/> Media Organization-National Radio | <input type="checkbox"/> Media Organization-National TV |
| <input type="checkbox"/> Media Organization-State Print | <input type="checkbox"/> Non-Profit Org.-Civic Organization |
| <input type="checkbox"/> Non-Profit Org.-Direct Service Provider | <input type="checkbox"/> Non-Profit Org.-Faith Based Organization |
| <input type="checkbox"/> Non-Profit Org.-Local Conservation Corps | <input checked="" type="checkbox"/> Non-Profit Org.-Non-Profit Association |
| <input type="checkbox"/> Non-Profit Org.-Policy and Advocacy | <input type="checkbox"/> Non-Profit Org.-Volunteer Center |
| <input type="checkbox"/> Other | <input type="checkbox"/> Private Sector-Business Donations |
| <input type="checkbox"/> Private Sector-Corporate Volunteer Program | <input type="checkbox"/> Private Sector-Foundations |
| <input type="checkbox"/> Private Sector-Private Sector Association | <input type="checkbox"/> Public Sector-County Agency |
| <input type="checkbox"/> Public Sector-Elected Official | <input type="checkbox"/> Public Sector-Local Agency |
| <input type="checkbox"/> Public Sector-State Agency | |

2016/2017 CWS AMERICORPS PROGRAM DISASTER & EMERGENCY RESPONSE INFORMATION

PLEASE SUBMIT A COMPLETE RECORD FOR EACH COMMUNITY THAT YOU SERVE

AGENCY INFORMATION

Lead Agency Name:	Nevada County Department of Social Services - Child Protective Services
Street Address:	988 McCourtney Rd #104
City:	Grass Valley
State:	CA
ZIP+4:	95949-7400

Program Name:	CWS AmeriCorps Program
Community Served:	

PRIMARY EMERGENCY COORDINATOR INFORMATION

First Name:	Victor
Last Name:	Ferrera
Title:	Program Manager - Office of Emergency Services
Street Address:	10114 North Bloomfield Road
City:	Nevada City
State:	CA
ZIP+4:	95959
Email:	oes@co.nevada.ca.us and victor.ferrera@co.nevada.ca.us
Business Phone:	530-265-1515
Business Fax:	530-265-7087
Cell Phone:	NA
Home Phone:	NA

SECONDARY EMERGENCY COORDINATOR INFORMATION

First Name:	Tom
Last Name:	Coburn
Title:	Program Manager I
Street Address:	10114 North Bloomfield Road
City:	Nevada City
State:	CA
ZIP+4:	95959
Email:	tom.coburn@co.nevada.ca.us
Business Phone:	530-265-1515
Business Fax:	530-265-7087
Cell Phone:	NA
Home Phone:	NA

HAVE YOUR MEMBERS RECEIVED TRAINING IN SAFETY AND EMERGENCY RESPONSE?

YES NO

IF YES, PLEASE DESCRIBE THE TRAINING AND THE DATE BY WHICH THEY WILL HAVE COMPLETED IT:

New members will receive safety training through Nevada County within the first 3 months of hire.

2016/2017 CWS AMERICORPS PROGRAM DISASTER & EMERGENCY RESPONSE INFORMATION

PLEASE SUBMIT A COMPLETE RECORD FOR EACH COMMUNITY THAT YOU SERVE

AGENCY INFORMATION

Lead Agency Name:	Nevada County Department of Social Services - Child Protective Services
Street Address:	988 McCourtney Rd #104
City:	Grass Valley
State:	CA
ZIP+4:	95949-7400

WHAT SAFETY AND EMERGENCY RESPONSE RESOURCES DOES YOUR PROGRAM HAVE ACCESS TO?

Our program has access to the full system of response from Nevada County which includes the County Office of Emergency Services; Nevada County Employee Safety Program; Emergency Preparedness Continuity of Operations Plans for each office.

IS YOUR PROGRAM ABLE TO OFFER RESOURCES OR ASSISTANCE (INCLUDING MEMBER SERVICE TIME) TO ASSIST WITH A LOCAL DISASTER OR INCIDENT IN YOUR COMMUNITY?

YES NO

IS YOUR PROGRAM ABLE TO OFFER RESOURCES OR ASSISTANCE (INCLUDING MEMBER SERVICE TIME) TO ASSIST WITH A DISASTER OR INCIDENT IN ANOTHER PART OF CALIFORNIA?

YES NO

2016/2017 LABOR ORGANIZATION CERTIFICATION

LEAD AGENCY NAME:

Nevada County Department of Social Services - Child Protective

PROGRAM NAME:

CWS AmeriCorps Program

APPLICANT MUST CHECK AT LEAST ONE OF THE BOXES AND SIGN BELOW

LABOR ORGANIZATION CONCURRENCE REQUIRED AND OBTAINED

- THE PROGRAM APPLICANT IS SERVING AS THE SERVICE SPONSOR, AND HAS OBTAINED THE WRITTEN CONCURRENCE OF ANY LOCAL LABOR ORGANIZATION REPRESENTING EMPLOYEES OF THE SERVICE SPONSOR WHO ARE ENGAGED IN THE SAME OR SUBSTANTALLY SIMILAR WORK AS THAT PROPOSED TO BE CARRIED OUT. **CONCURRENCE(S) ARE SUBMITTED WITH THIS CERTIFICATION.** (42 U.S.C. § 12582(F)(1).)

LABOR ORGANIZATION CONSULTATION REQUIRED

- PRIOR TO THE PLACEMENT OF PARTICIPANTS, PROGRAM APPLICANT HAS CONSULTED WITH THE APPROPRIATE LOCAL LABOR ORGANIZATIONS, IF ANY, REPRESENTING EMPLOYEES IN THE AREA WHO ARE ENGAGED IN THE SAME OR SIMILAR WORK AS THAT PROPOSED TO BE CARRIED OUT BY SUCH PROGRAM TO ENSURE COMPLIANCE WITH THE FEDERAL NONDISPLACEMENT REQUIREMENTS, AS SET FORTH AT 42 U.S.C. SECTION 12637. (42 U.S.C. § 12583(C)(2).) **DOCUMENTATION SHOWING SUCH CONSULTATION IS KEPT ON FILE WITH PROGRAM APPLICANT AND IS AVAILABLE FOR REVIEW UPON REQUEST.**

NEITHER LABOR ORGANIZATION CONCURRENCE NOR LABOR ORGANIZATION CONSULTATION REQUIRED

- THE PROGRAM APPLICANT IS NOT REQUIRED TO OBTAIN LABOR ORGANIZATION CONCURRENCE, BECAUSE (1) IT IS NOT THE SERVICE SPONSOR, OR (2) THERE ARE NO LOCAL LABOR ORGANIZATIONS REPRESENTING EMPLOYEES OF THE SERVICE SPONSOR WHO ARE ENGAGED IN THE SAME OR SUBSTANTIALLY SIMILAR WORK AS THAT PROPOSED TO BE CARRIED OUT. THE PROGRAM APPLICANT IS ALSO NOT REQUIRED TO CONSULT WITH LABOR ORGANIZATIONS, BECAUSE THERE ARE NO APPROPRIATE LOCAL LABOR ORGANIZATIONS REPRESENTING EMPLOYEES IN THE AREA WHO ARE ENGAGED IN THE SAME OR SIMILAR WORK AS THAT PROPOSED TO BE CARRIED OUT BY THE PROGRAM APPLICANT.



SIGNATURE OF APPLICANT REPRESENTATIVE



DATE

Mike Dent, Director of Social Services

PRINT NAME AND TITLE OF PERSON SIGNING