

# Town of Gordonsville, Virginia Agenda Item Summary September 21, 2020

| AGENDA ITEM 12g   | DISPOSITION:                           |
|---|--|
| New Business  | [X] Action Required [ ] For Discussion |
| AGENDA TITLE:   | [ ] Consent Agenda [ ] Closed Session  |
| Consideration of Resolution in Support of<br>USDA – Rural Development Grant Funding for<br>Police Department Ballistic Vest Purchase. | [ ] Informational                      |
| PRESENTER:  | ATTACHMENTS:                           |
| Mayor Robert Coiner   | [X] yes [] no                          |

# **BACKGROUND**:

In June, Town Council approved the use of a portion of funds, previously appropriated for a Police Department radio purchase, to purchase ballistic vests for the department. Staff has been made aware that grant funding is available for the vest purchase through the USDA Rural Development Community Facilities program. Staff has prepared an application for grant funding and must submit with the application a resolution of support from Council. This grant application is the same as what was submitted to and awarded by USDA for the radio purchase this past winter.

The amount of grant funding available to the Town through this program (\$20,600) will cover the full cost of the vest purchase, which is estimated to be approximately \$8,600.

Attached for Council's consideration is a draft application for USDA Rural Development grant funding, which includes a draft resolution of support.

# **STAFF RECOMMENDATION:**

Staff recommends Council adopt a resolution in support of USDA Rural Development grant funding for the purchase of ballistic vests for the police department.

# **MOTION FOR CONSIDERATION:**

"Motion to adopt resolution #2020-9a in support of USDA Rural Development grant funding to for the purchase of ballistic vests for the police department, as presented."

# **Community Facilities Application Checklist**

| Applicant                    | Award No./Project Name   |                               |                                   |  |  |
|------------------------------|--|-------------------------------|-----------------------------------|--|--|
| Street 1<br>Street 2<br>City |  | <i>,</i> VA                   | Zip                               |  |  |
| County                       |  | Organizational DL             | JNS                               |  |  |
| Loan \$<br>Other \$          | Grant \$<br>Source   | Leverage                      | Guar. Loan \$<br>Total Project \$ |  |  |
|                              | Resolution of Governing Body, along wit<br>SF 424 "Application for Assistance"                     | h minutes from the meeting    |                                   |  |  |
|                              | SF 424 B "Assurances - Non-Construction  | ר"                            |                                   |  |  |
|                              | Feasibility Report   |                               |                                   |  |  |
|                              | Operating Budget   |                               |                                   |  |  |
|                              | Projected Cash Flow  |                               |                                   |  |  |
|                              | Certification Regarding Debartment, Suspension, and Other Responsibility Matters - Primary Covered |                               |                                   |  |  |
|                              | Transactions Certification Regarding Drug-Free Workplace Requirements                              |                               |                                   |  |  |
|                              | Certification for Contracts, Grants and Lo   | oans                          |                                   |  |  |
|                              | Community Facilities Eligibility Certificat  | ion                           |                                   |  |  |
|                              | Equal Opportunity Agreement  |                               |                                   |  |  |
|                              | Assurance Agreement  |                               |                                   |  |  |
|                              | AD-3030, Representations Regarding Fel   | ony Conviction and Tax Deline | quent Status for Corporate        |  |  |
|                              | Applicants RD 442-3, Balance Sheet   |                               |                                   |  |  |
|                              | Survey Ensuring Equal Opportunity for Applicants   |                               |                                   |  |  |



# TOWN OF GORDONSVILLE RESOLUTION IN SUPPORT OF USDA RURAL DEVELOPMENT GRANT APPLICATION FOR POLICE DEPARTMENT BALLISTIC VESTS

The Governing Body of the Town of Gordonsville, consisting of a Mayor and four Council members, at the regular scheduled meeting of the Gordonsville Town Council held on the 21st day of September, 2020, at which a quorum was present **RESOLVED** as follows:

**BE IT HEREBY RESOLVED** that in order to facilitate obtaining financial assistance from the United States of America, United States Department of Agriculture, Rural Development (the Government) for the purchase of police department ballistic vest to serve the community, the Governing Body does hereby adopt and abide by all covenants contained in the agreements, documents, and forms required by the Government to be executed.

**BE IT FURTHER RESOLVED** that the Town Manager of the Town of Gordonsville be authorized to execute on behalf of the Gordonsville Town Council the above referenced agreements, documents, and forms and to execute such other documents including, but not limited to, debt instruments, security instruments, and/or grant agreements as may be required in obtaining the said financial assistance.

This Resolution is hereby entered into the permanent minutes of the meetings of this Council.

Mayor Robert Coiner Vice-Mayor Emily Winkey Councilmember Ronald Brooks

Councilmember James Bradley Councilmember Elizabeth Samra

# TOWN OF GORDONSVILLE, VIRGINIA

By:

**Robert K. Coiner, Mayor** 

This resolution is hereby effective upon adoption this 21st day of September, 2020, by the Town Council of the Town of Gordonsville by affirmative vote.

# CERTIFICATE

I attest and certify that the foregoing resolution was adopted by the Gordonsville Town Council on September 21, 2020.

Janet W. Jones, Clerk of Council

Date

| Application for Federal Assistance SF-424                                 |  |  |  |  |  |
|---|--|--|--|--|--|
| * 1. Type of Submission<br>Preapplication<br>Application<br>Changed/Corre | * 2. Type of Application:       * If Revision, select appropriate letter(s):         New |  |  |  |  |
| * 3. Date Received:   | 4. Applicant Identifier:   |  |  |  |  |
| 5a. Federal Entity Ide  | ntifier: 5b. Federal Award Identifier:   |  |  |  |  |
| State Use Only:   |  |  |  |  |  |
| 6. Date Received by S   | State: 7. State Application Identifier:  |  |  |  |  |
| 8. APPLICANT INFO   | RMATION:   |  |  |  |  |
| * a. Legal Name:  |  |  |  |  |  |
| * b. Employer/Taxpay  | er Identification Number (EIN/TIN):  * c. Organizational DUNS:                           |  |  |  |  |
| d. Address:   |  |  |  |  |  |
| * Street1:<br>Street2:<br>* City:<br>County/Parish:<br>* State:           |  |  |  |  |  |
| Province:   | VA: Virginia   |  |  |  |  |
| * Country:<br>* Zip / Postal Code:  | USA: UNITED STATES   |  |  |  |  |
| e. Organizational U   | nit:   |  |  |  |  |
| Department Name:  | Division Name:   |  |  |  |  |
| f. Name and contac  | t information of person to be contacted on matters involving this application:           |  |  |  |  |
| Prefix:<br>Middle Name:<br>* Last Name:<br>Suffix:                        | * First Name:  |  |  |  |  |
| Title:  |  |  |  |  |  |
| Organizational Affiliation:   |  |  |  |  |  |
| * Telephone Number: Fax Number:   |  |  |  |  |  |
| * Email:  |  |  |  |  |  |

| Application for Federal Assistance SF-424                        |   |
|--|---|
| * 9. Type of Applicant 1: Select Applicant Type:                 |   |
|  |   |
| Type of Applicant 2: Select Applicant Type:                      | 1 |
|  | ] |
| Type of Applicant 3: Select Applicant Type:                      | 1 |
| * Other (specify):   |   |
|  |   |
| * 10. Name of Federal Agency:                                    |   |
| USDA Rural Development   |   |
|  |   |
| 11. Catalog of Federal Domestic Assistance Number:               |   |
| 10.766       CFDA Title:   |   |
| Community Facilities Loans and Grants                            |   |
|  |   |
| * 12. Funding Opportunity Number:                                |   |
|  |   |
| * Title:   |   |
|  |   |
|  |   |
|  |   |
| 13. Competition Identification Number:                           |   |
|  |   |
| Title:   |   |
|  |   |
|  |   |
|  |   |
| 14. Areas Affected by Project (Cities, Counties, States, etc.):  |   |
|  |   |
|  |   |
| * 15. Descriptive Title of Applicant's Project:                  |   |
|  |   |
|  |   |
| Attach supporting documents as specified in agency instructions. |   |
|  |   |
|  |   |

| Application          | for Federal Assistanc          | e SF-424  |                                 |                    |                      |  |
|----------------------|--------------------------------|---|---------------------------------|--------------------|----------------------|--|
| 16. Congressio       | onal Districts Of:             |   |                                 |                    |                      |  |
| * a. Applicant       |                                |   | * b. Program                    | n/Project          |                      |  |
| Attach an addition   | onal list of Program/Project C | ongressional Districts if neede                           | d.                              |                    |                      |  |
|                      |                                |   |                                 |                    |                      |  |
| 17. Proposed I       | Project:                       |   |                                 |                    |                      |  |
| * a. Start Date:     |                                |   | * b. E                          | Ind Date:          |                      |  |
| 18. Estimated        | Funding (\$):                  |   |                                 |                    |                      |  |
| * a. Federal         |                                |   |                                 |                    |                      |  |
| * b. Applicant       |                                |   |                                 |                    |                      |  |
| * c. State           |                                |   |                                 |                    |                      |  |
| * d. Local           |                                |   |                                 |                    |                      |  |
| * e. Other           |                                |   |                                 |                    |                      |  |
| * f. Program Inc     | come                           |   |                                 |                    |                      |  |
| * g. TOTAL           |                                |   |                                 |                    |                      |  |
| * 19. Is Applica     | ation Subject to Review By     | / State Under Executive Ord                               | ler 12372 Process?              |                    |                      |  |
| a. This app          | plication was made availab     | le to the State under the Exe                             | cutive Order 12372 Proces       | s for review on    |                      |  |
| b. Program           | n is subject to E.O. 12372 b   | out has not been selected by                              | the State for review.           |                    |                      |  |
| C. Program           | n is not covered by E.O. 12    | 372.  |                                 |                    |                      |  |
| * 20. Is the App     | olicant Delinquent On Any      | Federal Debt? (If "Yes," p                                | ovide explanation in attach     | hment.)            |                      |  |
| Yes                  | No                             |   |                                 |                    |                      |  |
| If "Yes", provid     | le explanation and attach      |   |                                 |                    |                      |  |
|                      |                                |   |                                 |                    |                      |  |
| 21. *By signing      | g this application, I certify  | (1) to the statements con                                 | tained in the list of certific  | cations** and (2)  | that the statements  |  |
| herein are tru       | e, complete and accurate       | e to the best of my knowle<br>opt an award. I am aware th | edge. I also provide the r      | required assuran   | ces** and agree to   |  |
|                      |                                | rative penalties. (U.S. Code,                             |                                 | radation statem    | cints of oralins may |  |
| ** I AGREE           | 1                              |   |                                 |                    |                      |  |
|                      |                                | or an internet site where you                             | I may obtain this list, is cont | ained in the annou | uncement or agency   |  |
| specific instruction |                                |   |                                 |                    |                      |  |
| Authorized Re        | presentative:                  | _   |                                 |                    |                      |  |
| Prefix:              |                                | * First Name:   |                                 |                    |                      |  |
| Middle Name:         |                                |   |                                 |                    |                      |  |
| * Last Name:         |                                |   |                                 |                    |                      |  |
| Suffix:              |                                |   |                                 |                    |                      |  |
| * Title:             |                                |   |                                 |                    |                      |  |
| * Telephone Nu       | mber:                          |   | Fax Number:                     |                    |                      |  |
| * Email:             |                                |   |                                 |                    |                      |  |
| * Signature of A     | uthorized Representative:      |   |                                 |                    | * Date Signed:       |  |
|                      |                                |   |                                 |                    |                      |  |
|                      |                                | L   |                                 |                    | 1                    |  |

### **ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 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 (0348-0040), Washington, DC 20503.

# PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- 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 cost) to ensure proper planning, management and completion of the project described in this application.
- 2. 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.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- 4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- 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 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
- Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to:

   (a) 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; (b) 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; (c) Section 504 of the Rehabilitation

Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U. S.C. §§6101-6107), which prohibits discrimination on the basis of age: (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) 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; (g) §§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; (h) 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; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

- 7. 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.
- Will comply, as applicable, with 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.

- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), 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 subagreements.
- 10. 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 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.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental guality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) 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.); (f) 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.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- 12. 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.

- 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 (16 U.S.C. §§469a-1 et seq.).
- 14. 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.
- 15. 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.
- 16. 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.
- Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | TITLE          |
|---|----------------|
| APPLICANT ORGANIZATION                      | DATE SUBMITTED |

Standard Form 424B (Rev. 7-97) Back

## **APPLICANT'S FEASIBILITY REPORT**

1. Existing Facility. Briefly describe what facilities you currently have or how service is currently provided.

2. **Proposed Facility.** Describe what you want to purchase or construct. Indicate what the facility will be used for, approximate size, and expected method of procurement. For buildings indicate location, basic materials or type of construction, and attach a sketch or working drawings. For items of major equipment, indicate new or used, existing or custom-built, and any special features.

3. Need for the Facility. Indicate why the proposed facility is needed.

4. Service Area. Indicate what area the proposed facility will serve and, if known, the population or number of families served.

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Agriculture, Clearance Officer, OIRM AG Box 7630, Washington, D. C. 20250; and to the Office Management and Budget, Paperwork Reduction Project (OMB No. 0575-0120), Washington, D. C. 20503. Please DO NOT RETURN this form to this address. Forward to the local USDA office only.

### 5. Cost Estimate.

| Development and construction\$ |  |
|--------------------------------|--|
| Land and rights                |  |
| Legal fees                     |  |
| Architect and Engineer         |  |
| Equipment                      |  |
| Refinancing                    |  |
| Other (describe)               |  |
| Total                          |  |
|                                |  |

6. **Income.** List the sources and estimate the amount of expected revenue for a typical year.

7. **Other Funds.** List the sources and amount of funds that may be available other than from USDA, to fund part of the project (such as applicant's contributions, commercial loans, or loans or grants from other government agencies).

8. **Operating History.** If you have operated a similar facility, attach audits, financial statements, or lists of income and expenses for the past five years.

| 9. Signature and Title of Applicant Official | Date |
|--|------|
|  |      |
|  |      |

USDA-RD

Name

Form RD 442-7 (Rev. 3-02)

## **OPERATING BUDGET**

Address

| Applicant Fiscal Year                                |     | County |    | State (Includ | State (Including ZIP Code) |                 |
|--|-----|--------|----|---------------|----------------------------|-----------------|
| From   | То  |        |    |               |                            | , VA            |
|  | 20  | 20     | 20 | 2             | 20                         | First Full Year |
| OPERATING INCOME                                     | (1) | (2)    |    | (3)           | (4)                        | (5)             |
| 1  |     |        |    |               |                            |                 |
| 2  |     |        |    |               |                            |                 |
| 3  |     |        |    |               |                            |                 |
| 4  |     |        |    |               |                            |                 |
| 5. Miscellaneous                                     |     |        |    |               |                            |                 |
| 6. Less: Allowances and Deductions                   |     |        |    |               |                            |                 |
| 7. Total Operating Income<br>(Add Lines 1 through 6) |     |        |    |               |                            |                 |
| OPERATING EXPENSES                                   |     |        |    |               |                            |                 |
| 8  |     |        |    |               |                            |                 |
| 9  |     |        |    |               |                            |                 |
| 10   |     |        |    |               |                            |                 |
| 11   |     |        |    |               |                            |                 |
| 12   |     |        |    |               |                            |                 |
| 13   |     |        |    |               |                            |                 |
| 14   |     |        |    |               |                            |                 |
| 15. Interest (RD)                                    |     |        |    |               |                            |                 |

17. Total Operating Expense (Add lines 8 through 16) **18. NET OPERATING INCOME** (LOSS) (Line 7 less 17)

NONOPERATING INCOME

16. Depreciation

19. 20. 21. Total Nonoperating Income (Add Lines 19 and 20) 22. NET INCOME (LOSS) (Add Lines 18 and 21) (Transfer to Line A Schedule 2)

Budget and Projected Cash Flow Approved by Governing Body

Attest:

Date

Appropriate Official Date

Secretary

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponser, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0015 and 0572-0137. The time required to complete this information collection is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Schedule 2

# PROJECTED CASH FLOW

|  | 20 | 20 | 20 | 20 | First<br>Full Year |
|--|----|----|----|----|--------------------|
| A. Line 22 from Schedule 1 Income (Loss)   |    |    |    |    |                    |
| Add  |    |    |    |    |                    |
| B. Items in Operations not Requiring Cash:   |    |    |    |    |                    |
| 1. Depreciation (Line 16, Schedule 1)  |    |    |    |    |                    |
| 2. Others:   |    |    |    |    |                    |
| C. Cash Provided from:   |    |    |    |    |                    |
| 1. Proceeds from RD loan/grant   |    |    |    |    |                    |
| 2. Proceeds from others  |    |    |    |    |                    |
| 3. Increase ( <i>Decrease</i> ) in Accounts Payable,<br>Accruals and other Current Liabilities                       |    |    |    |    |                    |
| 4. Decrease ( <i>Increase</i> ) in Accounts Receivable, inventories and Other Current Assets ( <i>Exclude Cash</i> ) |    |    |    |    |                    |
| 5. Other:  |    |    |    |    |                    |
| 6  |    |    |    |    |                    |
|  |    |    |    |    |                    |
| D. Total all A, B and C Items  |    |    |    |    |                    |
| E. <i>Less:</i> Cash Expended for:   |    |    |    |    |                    |
| 1. All Construction, Equipment and New Capital Items<br>(Loan and grant funds)                                       |    |    |    |    |                    |
| 2. Replacement and Additions to Existing Property, Plant and Equipment   |    |    |    |    |                    |
| 3. Principal Payment RD Loan   |    |    |    |    |                    |
| 4. Principal Payment Other Loans   |    |    |    |    |                    |
| 5. Other:  |    |    |    |    |                    |
| 6. Total E I through 5   |    |    |    |    |                    |
| Add  |    |    |    |    |                    |
| F. Beginning Cash Balances   |    |    |    |    |                    |
| G. Ending Cash Balances (Total of D minus E 6 plus F)  |    |    |    |    |                    |
| Item G Cash Balances Composed of:  |    |    |    |    |                    |
| Construction Account   |    |    |    |    |                    |
| Revenue Account  |    |    |    |    |                    |
| Debt Payment Account   |    |    |    |    |                    |
| O&M Account  |    |    |    |    |                    |
| Reserve Account  |    |    |    |    |                    |
| Funded Depreciation Account  |    |    |    |    |                    |
| Others:  |    |    |    |    |                    |
|  |    |    |    |    |                    |
| Total - Agrees with Item G   |    |    |    |    |                    |
| Total - Agrees with Itelli O   |    |    |    |    |                    |
|  |    |    |    |    |                    |

### **Instructions - Operating Budget Schedule 1**

This form is to be prepared by the Applicant and is to include data for each year, from loan closing through the first full year of operation. Example: If only two columns are required, use columns four(4) and five(5).

Income and Expense Items:

All data entered should be on the same basis as the Applicant's Accounting records, i.e., cash basis, accrual basis, etc.

#### Operating Income:

lines 1-5 List types of income as appropriate

line 6— Allowances and Deductions (Pertains generally to Health Care Institutions, and represents the difference between Gross Income and Amounts Received or to be Received from patients and third party payors)

Operating Expenses:

| lines 8-14 | List types of expenses as appropriate  |
|------------|--|
| line 15 —  | Interest RD  |
|            | (Interest expense incurred on RD note(s))  |
| line 16 —  | Depreciation   |
|            | (Total depreciation expense for the year)  |
| line 18—   | Net Operating (Loss)   |
|            | (This amount represents the net operating income or loss before adding income not related to operations below) |

Non Operating Income:

 lines 19-20 Indicate items of income derived from sources other than regular activities (Example: interest earned)
 line 22— Net income (Loss) (This amount is also transferred to item A, Schedule 2, Projected Cash Flow Statement)

### Instructions - Projected Cash Flow, Schedule 2

This from is used to Project the flow of Cash by the Applicant for each year, from loan closing through the first full year of operation. Use the same number of columns as used on the Operating Budget, Schedule 1. These Cash Flow Projections are important in determining the adequacy of cash to cover operating expenses, transfers to debt payment, reserve accounts, etc.

#### Cash Basis Accounting

Applicants who maintain their records strictly on the cash basis of accounting and have no Accounts Receivable and Accounts Payable, may only need to complete the following line items: A, B-1, C-1, E-1 and E-3, F and G.

Line Item Instructions:

- line A Bring forward the income or loss as entered on line 22, Schedule 1.
- line B Add back any depreciation or other non cash items included on Schedule 1, Operating Budget.
- line C Complete items C-1 through C-6 as appropriate, for item changes which provide for increase in cash balances. NOTE: Do not include changes in cash Accounts in Current Assets of item C4. Lines C-3 and C-4 will indicate the changes in Working Capital (Current Assets and Current Liabilities, Exclusive of Cash.)
- line D— Enter the Net Total of all A, B and C items.
- line E complete items E-1 through E-6 as appropriate for items for which cash was expended.
- line F Enter the Beginning Cash Balance(s) for the period.
- line G The total of item D less E-6 plus F will be the Ending Cash Balance(s). The total will be reconciled by balances in the various accounts, i.e., construction, revenue, debt, etc.

# **U.S. DEPARTMENT OF AGRICULTURE**

## Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, <u>Federal Register</u> (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the proposed covered transaction.

# (BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - (b) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a 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) are not 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) have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Organization Name

Name Authorized Representative

Title of Authorized Representative

PR/Award Number or Project Name

Signature)

Date

Form AD- 1047 (1/92)

### **Instructions for Certification**

1. By signing and submitting this form, the prospective primary participant is providing the certification set out on the reverse side in accordance with these instructions.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out on this form. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to whom this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," " person, 11 "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. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this form that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters 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, the department or agency may terminate this transaction for cause or default.

Form AD- 1 047 (1/92) \*U.S.GPO:1999-757-034185012

# **U.S. DEPARTMENT OF AGRICULTURE**

### CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS (GRANTS) ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

This certification is required by the regulations implementing Section 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D: 41 U.S.C.701 et seq.), 7 CFR Part 3017. Subpart F, Section 3017.600, Purpose. The January 13, 1989, regulations were amended and published as Part 11 of the May 25, 1990 <u>Federal Register</u> (pages 21681-21691). Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the grant.

### (BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON PAGE 3)

### Alternative I

A. The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about -

- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will -

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position

title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted -

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) 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;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

**B.** The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, State, zip code)

Check If there are workplaces on file that are not identified here.

**Organization Name** 

Award Number or Project Name

Name of Authorized Representative

**Title of Authorized Representative** 

Signature

Date

### INSTRUCTIONS FOR CERTIFICATION

- 1. By signing and submitting this form, the grantee is providing the certification set out on pages 1 and 2.
- 2. The certification set out on pages 1 and 2 is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
- 3. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
- 4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
- 5. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s). If it previously identified the workplaces in question (see paragraph three).
- 6. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or States criminal drug statutes;

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) all "direct charge" employees; (ii) all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g. volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces)

#### CERTIFICATION FOR CONTRACTS, GRANTS AND LOANS

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

1. No Federal appropriated funds have been paid or will be paid, 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, the making of any Federal grant or Federal loan, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant or loan.

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 a Member of Congress in connection with this Federal contract, grant or loan, the undersigned shall complete and submit Standard Form - LLL, ''Disclosure of Lobbying Activities,'' in accordance with its instructions.

3 The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including contracts, subcontracts, and subgrants under grants and loans) 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.

(name)

(date)

(title)

000

(08-21-91) PN 171

### COMMUNITY FACILITIES ELIGIBILITY CERTIFICATION

### Certification for commercial credit and outstanding judgments

The undersigned certifies, to the best of their knowledge and belief, that:

- 1. The organization is unable to finance the proposed project from its own resources or through commercial credit at reasonable rates and terms.
- 2. No outstanding judgment has been obtained and recorded by the United States of America in a Federal Court (other than in the United States Tax Court).

Name of Organization

Name of Authorized Official

Signature

Date

#### EQUAL OPPORTUNITY AGREEMENT

This agreement, dated

between

(herein called "Recipient" whether one or more) and United States Department of Agriculture (USDA), pursuant to the rules and regulations of the Secretary of Labor (herein called the 'Secretary') issued under the authority of Executive Order 11246 as amended, witnesseth:

In consideration of financial assistance (whether by a loan, grant, loan guaranty, or other form of financial assistance) made or to be made by the USDA to Recipient, Recipient hereby agrees, if the cash cost of construction work performed by Recipient or a construction contract financed with such financial assistance exceeds \$10,000 - unless exempted by rules, regulations or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order 11246 of September 24, 1965.

1. To incorporate or cause to be incorporated into any contract for construction work, or modification thereof, subject to the relevant rules, regulations, and orders of the Secretary or of any prior authority that remain in effect, which is paid for in whole or in part with the aid of such financial assistance, the following "Equal Opportunity Clause":

During the performance of this contract, the contractor agrees as follows:

- (a) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex or national origin. Such action shall include, but not be limited, to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the USDA setting forth the provisions of this nondiscrimination clause.
- (b) The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex or national origin.
- (c) The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the USDA, advising the said labor union or workers' representative of the contractor's commitments under this agreement and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- (d) The contractor will comply with all provisions of Executive Order 11246 of September 24,1965, and of all rules, regulations and relevant orders of the Secretary of Labor.
- (e) The contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, rules, regulations, and orders, or pursuant thereto, and will permit access to his books, records, and accounts by the USDA Civil Rights Office, and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- (f) In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of the said rules, regulations, or orders, this contract may be cancelled, terminated, or suspended in whole or in part and the contractor may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order No. 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order No. 11246 of September 24, 1965, or by rule, regulation or order of the Secretary of Labor, or as otherwise provided by Law.
- (g) The contractor will include the provisions of paragraph 1 and paragraph (a) through (g) in every subcontract or purchase order, unless exempted by the rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order No. 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the USDA may direct as a means of enforcing such provisions, including sanctions for noncompliance: <u>Provided, however</u>, that in the event the contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the USDA, the contractor may request the United States to enter into such litigation to protect the interest of the United States.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collections is 0575-0018. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 2. To be bound by the above equal opportunity clause with respect to its own employment practices when it participates in federally assisted construction work: Provided, that if the organization so participating is a State or local government, the above equal opportunity clause is not applicable to any agency, instrumentality or subdivision of such government which does not participate in work on or under the contract.

3. To notify all prospective contractors to file the required 'Compliance Statement', Form RD 400-6, with their bids.

4. Form AD-425, Instructions to Contractors, will accompany the notice of award of the contract. Bid conditions for all nonexempt federal and federally assisted construction contracts require inclusion of the appropriate "Hometown" or "Imposed" plan affirmative action and equal employment opportunity requirements. All bidders must comply with the bid conditions contained in the invitation to be considered responsible bidders and hence eligible for the award.

5. To assist and cooperate actively with USDA and the Secretary in obtaining the compliance of contractors and subcontractors with the equal opportunity clause and rules, regulations, and relevant orders of the Secretary, that will furnish USDA and the Secretary such information such as , but not limited to, Form AD-560, Certification of Nonsegregated Facilities, to submit the Monthly Employment Utilization Report, Form CC-257, as they may require for the supervision of such compliance, and that it will otherwise assist USDA in the discharge of USDA's primary responsibility for securing compliance.

6. To refrain from entering into any contract or contract modification subject to such Executive Order 11246 of September 24, 1965, with a contractor debarred from, or who has not demonstrated eligibility for, Government contracts and Federally assisted construction contracts pursuant to the Executive Order and will carry out such sanctions and penalties for violation of the equal opportunity clause as may be imposed upon contractors and subcontractors by USDA or the Secretary of Labor pursuant to Part II, Subpart D, of the Executive Order.

7. That if the recipient fails or refuses to comply with these undertakings, the USDA may take any or all of the following actions: Cancel, terminate, or suspend in whole or in part this grant (contract, loan, insurance, guarantee); refrain from extending any further assistance to the organization under the program with respect to which the failure or refund occurred until satisfactory assurance of future compliance has been received from such organization; and refer the case to the Department of Justice for appropriate legal proceedings.

Signed by the Recipient on the date first written above.

Recipient

(CORPORATE SEAL)

Name of Corporate Recipient

By\_

Attest:

Secretary

President

Recipient

| AD-30  | D-3030 U.S. DEPARTMENT OF AGRICULTURE   |  |   |  |  |
|--------|---|--|---|--|--|
|        |   | SENTATIONS REGARDING FELONY CON<br>ELINQUENT STATUS FOR CORPORATE A  |   |  |  |
| Note:  | entity that has filed articles of inco<br>the United States including Americ<br>Mariana Islands, Puerto Rico, Rep<br>Corporations include both for profit<br>The following statement is made in accorda<br>information for U.S. Department of Agriculta<br>Pub. L. 114-113, as amended and/or subse<br>felony criminal violation, and/or unpaid Fed<br>According to the Paperwork Reduction Act<br>information unless it displays a valid OMB or<br>required to complete this information collect | ance with the Privacy Act of 1974 (5 USC 552(a), as an<br>ure (USDA) Agencies and staff offices is in §745 and 74<br>equently enacted. The information will be used to confi | t of Columbia, or the various territories of<br>Guam, Midway Islands, Northern<br>nds, or the U.S. Virgin Islands.<br>Hended). The authority for requesting the following<br>46 of the Consolidated Appropriations Act, 2016,<br>m applicant status concerning entity conviction of a<br>person is not required to respond to a collection of<br>information collection is 0505-0025. The time<br>ncluding the time for reviewing instructions, |  |  |
| 1. APP | LICANT'S NAME   | 2. APPLICANT'S ADDRESS (Including Zip Code)  | 3. TAX ID NO.<br>(Last 4 digits)  |  |  |

- 4A. Has the Applicant been convicted of a felony criminal violation under any Federal law in the 24 months preceding the date of application? YES NO
- 4B. Does the Applicant have any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability?  $\Box$  YES  $\Box$  NO

Providing the requested information is voluntary. However, failure to furnish the requested information will make the applicant ineligible to enter into a contract, memorandum of understanding, grant, loan, loan guarantee, or cooperative agreement with USDA.

| PART B – SIGNATURE             |   |                                 |
|--------------------------------|---|---------------------------------|
| 5A. APPLICANT'S SIGNATURE (BY) | 5B. TITLE/RELATIONSHIP OF THE INDIVIDUAL IF<br>SIGNING IN A REPRESENTATIVE CAPACITY | 5C. DATE SIGNED<br>(MM-DD-YYYY) |

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (266) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

| Form RD 442-3<br>(Rev. 3-97)  | Name                      |          |             |            |   |
|---|---------------------------|----------|-------------|------------|---|
| BALANCE SHEET   | Address                   |          |             |            |   |
|   |                           |          | <i>,</i> VA |            |   |
|   |                           |          |             |            |   |
| ASSETS  |                           |          | ay Year     | Month Day  |   |
| <u>CURRENT ASSETS</u>   |                           | Curre    | ni Tear     | Prior Year |   |
| <ol> <li>Cash on hand in Banks</li> <li>Time deposits and short-term investments</li> </ol>   |                           |          |             |            |   |
| 3. Accounts receivable  |                           |          |             |            |   |
| 4. Less: Allowance for doubtful accounts  |                           | (        | )           | (          | ) |
| 5. Inventories  |                           |          |             |            |   |
| 6. Prepayments  |                           |          |             |            |   |
| 7   |                           |          |             |            |   |
|   |                           | -        |             |            |   |
| 9. Total Current Assets (Add 1 through 8)   |                           |          |             |            |   |
| FIXED ASSETS  |                           |          |             |            |   |
| 10. Land  |                           |          |             |            |   |
| 11. Buildings     12. Furniture and equipment   |                           |          |             |            |   |
| 13  |                           |          |             |            |   |
| 14. Less: Accumulated depreciation  |                           | (        | )           | (          | ) |
| 15. Net Total Fixed Assets (Add 10 through 14)  |                           |          |             |            |   |
| OTHER ASSETS  |                           |          |             |            |   |
| 16  |                           |          |             |            |   |
|   |                           |          |             |            |   |
| 18. Total Assets (Add 9, 15, 16 and 17)   |                           |          |             | 1          |   |
| LIABILITIES AND EQUITIES<br>CURRENT LIABILITIES   |                           |          |             |            |   |
| 19. Accounts payable  |                           |          |             |            |   |
| 20. Notes payable   |                           |          |             |            |   |
| 21. Current portion of USDA note  |                           |          |             |            |   |
| 22. Customer deposits   |                           |          |             |            |   |
| 23. Taxes payable   |                           |          |             |            |   |
| 24. Interest payable           25.  |                           |          |             |            |   |
|   |                           |          |             |            |   |
| 27. Total Current Liabilities (Add 19 through 26)   |                           |          |             |            |   |
| LONG-TERM LIABILITIES   |                           |          |             |            |   |
| 28. Notes payable USDA  |                           |          |             |            |   |
| 29  |                           |          |             |            |   |
|   |                           |          |             |            |   |
| <ul> <li>31. Total Long-Term Liabilities (<i>Add 28 through 30</i>).</li> <li>32. Total Liabilities (<i>Add 27 and 31</i>)</li> </ul> |                           |          |             |            |   |
| EQUITY  |                           |          |             |            |   |
| 33. Retained earnings   |                           |          |             |            |   |
| 34. Memberships   |                           |          |             |            |   |
| 35. Total Equity (Add <i>lines</i> 33 and 34)   |                           |          |             |            |   |
| 36. Total Liabilities and Equity (Add lines 32 and 35   |                           |          |             |            |   |
| CERTIFIED CORRECT Date  | Appropriate Official (Sig | gnature) |             |            |   |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0570-0015. The time required to complete this information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

# SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

OMB NO. 1894-0010 Exp. 05/31/2012

<u>Purpose</u>: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

<u>Instructions for Submitting the Survey</u>: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

| Applicant's (Organization) Name:  |   |  |  |  |  |
|---|---|--|--|--|--|
| Applicant's DUNS Number:  |   |  |  |  |  |
| Federal Program:  | CFDA Number:  |  |  |  |  |
| 1. Has the applicant ever received a grant or contract from the Federal government? | 6. How many full-time equivalent<br>employees does the applicant have?<br>(Check only one box). |  |  |  |  |
| 🗌 Yes 📄 No  | 🗌 3 or Fewer 🔄 15-50  |  |  |  |  |
| 2. Is the applicant a faith-based organization?                                     | <b>4-5 51-100</b>   |  |  |  |  |
| 🗌 Yes 📄 No  | ☐ 6-14 ☐ over 100   |  |  |  |  |
| 3. Is the applicant a secular organization?   | 7. What is the size of the applicant's annual budget? (Check only one box.)                     |  |  |  |  |
| Yes No  | Less Than \$150,000   |  |  |  |  |
| 4. Does the applicant have 501(c)(3) status?  | <b>\$150,000 - \$299,999</b>  |  |  |  |  |
| 🗋 Yes 📄 No  | \$300,000 - \$499,000   |  |  |  |  |
| 5. Is the applicant a local affiliate of a  | \$500,000 - \$999,999   |  |  |  |  |
| national organization?  | \$1,000,000 - \$4,999,999   |  |  |  |  |
|   | 5.000.000 or more   |  |  |  |  |

## Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

- 1. Self-explanatory.
- 2. Self-identify.
- 3. Self-identify.
- 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501 (c)(3) status. Other grant programs do not.
- 5. Self-explanatory.
- 6. For example, two part-time employees who each work half-time equal one fulltime equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
- 7. Annual budget means the amount of money your organization spends each year on all of its activities.

### **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: The Agency Contact listed in this grant application package.