

Certifications

Fiscal Compliance

Applicants must certify that they will comply with the following requirements, if funding is awarded as a result of this RFP. All awardees of funds shall:

1. Comply with all Equal Opportunity Laws, including Americans with Disabilities Act of 1990;
2. Sign a “Certification Regarding Debarment, Suspension, and Other Responsibility Matters”, indicating that they have not been debarred or suspended from participating in federal programs because of crimes, fraud, or other serious violations of federal laws and regulations;
3. Sign a certification regarding lobbying, indicating that no federal funds will be used to attempt to influence any federal officer, employee, or elected official;
4. Sign a certification that they provide a drug-free workplace and have a written drug-free workplace policy;
5. Agree to provide services without any duplication of costs;
6. Provide a copy of their most recent financial audit before contract execution;
7. Maintain an insurance policy that includes, at a minimum general liability coverage with single limits of liability in the amount of \$1,000,000 (depending on the program, there may be additional requirements). RochesterWorks, Inc. requires that such policies name it as an additional insured. Provide proof of coverage for worker’s compensation, disability, and automobile liability (if applicable); and
8. Agree to allow on-site inspections and audits of any records related to their programs.

Americans with Disabilities Act Checklist

The following checklist is intended only to provide a brief assessment of conformance with ADA regulations.

<u>Service Delivery Practices</u>	<u>Yes</u>	<u>No</u>
1. Does the advertisement of service provision discourage individuals with disabilities from applying?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the orientation/assessment process prevent or inhibit an individual with a disability from participating?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you prepared to make "Reasonable Accommodations" for disabled individuals?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your proposal resolve potential communication problems confronted by persons with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are facilities accessible to the disabled?	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>
Building Entrance	<input type="checkbox"/>	<input type="checkbox"/>
Rest Rooms	<input type="checkbox"/>	<input type="checkbox"/>
Building Corridors	<input type="checkbox"/>	<input type="checkbox"/>
Training Equipment	<input type="checkbox"/>	<input type="checkbox"/>

I certify that _____(name of Applicant organization) will comply with the above requirements.

Name

Position

Signature