NORTH CENTRAL
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Appendix D- Government-wide Debarment and Suspension

GOVERNMENT -WIDE DEBARMENT AND SUSPENSION (NONPROCUREMENT)

Recipients, contractors, and subcontractors that enter into covered transactions are required to verify that the entity (as well as its principals and affiliates) with which they propose to contract or subcontract is not excluded or disqualified. This is done by: (a) checking the SAM exclusions; (b) collecting a certification from that person (found below); or (c) adding a clause or condition to the contract or subcontract.

Instructions for Certffication: Signing below indicates the prospective lower tier participant is providing the signed certification.

(1) It will comply and facilitate compliance with U.S. DOT regulations, "Nonprocurement Suspension and Debarment," 2 CFR part 1200, which adopts and supplements the U.S. Office of Management and Budget (U.S. OMB) "Guidelines to Agencies on Govemmentwide Debarment and Suspension (Nonprocurement)," 2 CFR part 180,

(2) To the best of its knowledge and belief, that its Principals and Subrecipients at the first tier:

a. Are eligible to participate in covered transactions of any Federal department or agency and are not presently:

1. Debarred,
2. Suspension,
3. Proposed for debarment,
4. Declared ineligible,
5. Voluntarily excluded, or
6. Disqualified

b. Its management has not within a three-year period preceding its latest application or proposal been convicted of or had a civil judgment rendered against any of them for:

1. 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,
2. Violation of any Federal or State antitrust statute, or,
3. Commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making any false statement, or receiving stolen property,

c. It is 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 listed in the preceding subsection 2.b of this Certification,

d. It has not had one or more public transactions (Federal, State, or local) terminated for cause or default within a three-year period preceding this Certification,

e. If, at a later time, it receives any information that contradicts the statements of subsections 2.a - 2.d above, it will promptly provide that information to FT A,

f. It will treat each lower tier contract or lower tier subcontract under its Project as a covered lower tier contract for purposes of 2 CFR part 1200 and 2 CFR part 180 if it:

1. Equals or exceeds $25,000,
2. Is for audit services, or,
3. Requires the consent of a Federal official, and

g. It will require that each covered lower tier contractor and subcontractor:

1. Comply and facilitate compliance with the Federal requirements of 2 CFR parts 180 and 1200, and
2. Assure that each lower tier participant in its Project is not presently declared by any Federal department or agency to be:

a. Debarred from participation in its federally funded Project,
b. Suspended from participation in its federally funded Project,
c. Proposed for debarment from participation in its federally funded Project,
d. Declared ineligible to participate in its federally funded Project,
e. Voluntarily excluded from participation in its federally funded Project, or
f. Disqualified from participation in its federally funded Project, and

(3) It will provide a written explanation as indicated on a page attached in FT A's TrAMS platform or the Signature Page if it or any of its principals, including any of its first tier Subrecipients or its Third-Party Participants at a lower tier, is unable to certify compliance with the preceding statements in this Certification Group.

Certification

Contractor: _____

Signature of Authorized Official: _____ Date _____

Name and Title of Contractor's Authorized Official:. _____

Board of Directors: President: David Shelton, 1st Vice President: Carmen Metzger, 2nd Vice-President: Dr. Joel Ardner, Treasurer: Robert Boos, Secretary: Mary Hay, Natalie Eberly, Theresa Frankart, Andrea Fuller, Carol Iannantuono, Tim Loy and Denise Manning

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Appendix E- Federal Certifications and Restricted Lobbying

Federal Certifications

CERTIFICATION AND RESTRICTIONS ON LOBBYING

On behalfof _____ that:
(Name of Bidder/Company Name)

• 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, and 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, the making
of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

• If any funds other than federal appropriated funds have been paid or will be paid to any person influencing or attempting to influence an
officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

• The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants and contracts under grants, loans, and cooperative agreements) and that all sub-recipients 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 31 U.S.C. § 1352. 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 of Bidder/Company Name: _____

Type or print name: _____

Signature of authorized representative: _____ Date _____

Board of Directors: President: David Shelton, 1st Vice President: Carmen Metzger, 2nd Vice-President: Dr. Joel Ardner, Treasurer: Robert Boes, Secretary: Mary Hay, Natalie Eberly, Theresa Frankart, Andrea Fuller, Carol Iannantuono, Tim Ley and Denise Manning

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Appendix F- Addenda Acknowledgement

ADDENDA ACKNOWLEDGMENT

Proposer:_____

Project Title:_____

Project ID:_____

Addendum No. Date_____

Addendum No._____ . Date _____

Addendum No._____ . Date _____

Addendum No_____. . Date _____

Addendum No_____. . Date _____

Addendum No_____. . Date _____

Failure to acknowledge may cause the bid to be considered not responsive

I acknowledge receipt of all above listed addendums.

Print Name:_____

Signature:_____

Title:_____

Date:_____

Board of Directors: President: David Shelton, 1st Vice President: Carmen Metzger, 2nd Vice-President: Dr. Joel Ardner, Treasurer: Robert Boes, Secretary: Mary Hay, Natalie Eberly, Theresa Frankart, Andrea Fuller, Carol Iannantuono, Tim Ley and Denise Manning

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APPENDIX G- CONFLICT OF INTEREST FORMS

DISCLOSURE OF POTENTIALCONFLICT OF INTEREST FORM FOR A&E CONTRACTS

The PROPOSER must identify and describe in detail each conflict of interest.

Use one form for each firm and attach additional documentation as necessary.

I. Describe in detail the nature of the actual or potential conflict(s) (involving project, personnel, financial advantage, or another item):
   a) project,
   b) personnel,
   c) financial advantage, or
   d) another item

II. For **each** actual or potential conflict above, describe in detail the **measures proposed to mitigate or resolve each issue.**

III. Describe in detail the intended effect of the proposed measures on the actual or potential conflict(s) and how the proposed measures will mitigate or resolve the actual or potential conflict(s):

I, _____(insert name) on behalf of _____(insert co.) declare under penalty of perjury that the information and facts provided above are true and correct.

Signature_____Date_____

Provide name and phone number for a contact person who is authorized to discuss this disclosure form with the CAACC contract personnel.

Name & Title_____Phone .....

Solicitation#.....Firm Name.....

—The following section is/or NCAT Review Only- - -

NCAT REVIEWER

Check the appropriate box and document justification in the comment area for all responses. Attach additional fact sheet as required.

- o I agree with the mitigation/resolution plan as outlined by the Proposer.
- o I do not agree with the mitigation/resolution plan and recommend disqualification (attach Fact Sheet)
- o I do not agree with the mitigation/resolution plan and propose an alternate mitigation/resolution plan (attach Fact Sheet)

Comments:

_____

_____

Date: _____

_____

NCAT Reviewer Signature: _____

NCAT Executive Director

- o I approve the proposed mitigation plan.
- o I do not concur with the mitigation plan. See comments below. Comments:

Sample Comment: I approve/disapprove the recommendation as proposed Disapproval is based on

(facts here).

Executive Director signature:_____ Date:_____

CONFLICT OF INTEREST STATEMENT

_____fully supports NCAT's commitment to ensuring that all proposers maintain objectivity and avoid any actual or perceived organizational conflicts of interest. We recognize that such conflicts may arise when a contractor is unable or potentially unable to render impartial assistance or advice, when a contractor's objectivity may be impaired, or when a contractor may gain an unfair competitive advantage due to past, present, or planned relationships or activities.

In accordance with this policy, _____affirms that our objectivity is not impaired by any related financial or other interests in organizations whose interests may be substantially affected by n's contracting activities.

I hereby certify, to the best of my knowledge and belief, that no affiliation exists that presents a potential or actual conflict of interest in connection with this proposal.

Signature: _____

Name: _____

Title: _____

Date: _____

Company: _____