



Communities of Color Nonprofit Stabilization Fund Request for Applications

Application deadline: September 23, 2019

BACKGROUND

In 2014, the Hispanic Federation (HF), Coalition for Asian American Children and Families (CACF), New York Urban League (NYUL), and Asian American Federation (AAF) formed an alliance to provide capacity-building support to Black, Latino, and Asian-led community-based organizations (CBOs) throughout New York City's five boroughs. These four organizations, along with the Black Agency Executives, developed this initiative to generate new levels of support for the city's organizations. As a result, the New York City Council allocated \$2.5 million to establish the Communities of Color Nonprofit Stabilization Fund (CCNSF) in Fiscal Year 2015, an amount that was increased to \$3.755 million in Fiscal Year 2019. This initiative has supported 378 capacity-building projects for nonprofit organizations to date. Thanks to continued support from the New York City Council, we are pleased to announce the release of the Request for Applications (RFA) for a sixth round of awards.

The first New York City Council fund of its kind, CCNSF aims to build the capacity of New York City nonprofits in recognition of the fact that organizations led by people of the community are best equipped to meet the needs of the community. CCNSF is also intended to promote learning among CBO leaders.

Applications will be reviewed, and awards will be determined by the partner agencies in three separate funding streams, whose allocations were determined by U.S. Census data. An organization may apply to only **ONE** partner agency, even if it serves more than one ethnic group.

Awarded organizations will be required to participate in a minimum of three technical assistance seminars on the subject of organizational development and may be visited by CCNSF staff and/or Department of Youth & Community Development (DYCD) staff for project monitoring, to showcase progress, and for delivery of additional technical assistance.

ELIGIBLE APPLICANTS

To be eligible for funding, organizations submitting applications must meet the following requirements:

- Registration in PASSPort and HHS Accelerator is **mandatory**, and for those who are not enrolled in PASSPort and/or pre-qualified in HHS Accelerator, PASSPort and HHS Accelerator training sessions are required. Training sessions will be conducted by the Mayor's Office of Contract Services and held on September 9th and 16th at DYCD offices at 2 Lafayette Street, New York, New York.
- PASSPort account creation and enrollment. Applicants are required to **register now** for PASSPort training by clicking on: <https://www.eventbrite.com/e/passport-enrollment-for-vendors-tickets-39221840581> in order to receive instructions to create a NYC ID and account.
- Pre-qualification in HHS Accelerator. Applicants are required to **register now** for HHS Accelerator training by clicking on: <https://www.eventbrite.com/e/hhsa-getting-prequalified-tickets-41479193384> in

years. However, successful implementation of a CCNSF grant may contribute to favorable consideration for renewed funding. In the event that additional funding becomes available, organizations will have to re-apply with a new project and proposal.

Award decisions will be made by three allocations panels, each organized by one of the CCNSF partners (HF; CACF and AAF; or NYUL). Each panel will be an independent and transparent body comprised of at least five voting members with expertise in philanthropy and capacity-building, as well as at least two non-voting representatives from each of the other CCNSF partners.

Awards will be subject to terms of the contract between the City of New York and Hispanic Federation, New York Urban League, or Coalition for Asian American Children and Families. Awardees will be required to enter into an Awardee Agreement with the organization to which they applied. Funds will not be distributed to any awardee unless and until all contract requirements are met.

MONITORING AND AWARD RECIPIENT LEARNING ACTIVITIES

Awardee organizations will be required to submit monthly financial reports, a mid-year progress report in April 2020, and a final report in July 2020. During the award period, awardee organizations will also be required to send at least two staff members to three seminars on organizational development topics held by one of the four partners. In addition, each awardee may be asked to host a site visit for CCNSF representatives to showcase progress and activities, as well as identify gaps or additional assistance needed.

EVALUATION CRITERIA

The strongest applications will be those that meet all or most of the following criteria:

- Project is focused, well-defined, and clearly aligns with one of the project areas identified on pages 2-3. Organizations MAY NOT apply for a project under an area that they previously were funded for through CCNSF.
- Needs statement is compelling, relates to organizational effectiveness and fulfillment of mission, and addresses (when relevant) how increased capacity will enhance organization's ability to offer services in a culturally and linguistically competent manner. If you received an award in the last five years, briefly describe the project(s), results, and any impact.
- Organization demonstrates linguistic and cultural capacity; a track record of providing culturally competent and language accessible services; an understanding of cultural and linguistic needs of population served; demonstrated and successful record of outreach to communities of color for recruitment of the executive director or CEO and members of the board of directors; and a record of involving the community in the planning, implementation, or promotion of programs.
- Staff and consultants leading the project must show the necessary qualifications and experience needed to implement the project successfully. Project includes a plan to sustain the newly-developed capacity after the award period ends.
- Project identifies a clear and realistically achievable timeline (project MUST be completed by June 30, 2020), as well as outcomes and indicators of success, and how outcomes will be sustained.
- Organizations with an annual budget that exceeds \$2 million must provide a strong rationale for the request.
- Plan identifies a reasonable process for measuring progress towards benchmarks and overall success of project.
- Project budget is clear and relates to the program design.
- Project budget costs are reasonable, and revenue is sufficient to accomplish goals of the project.
- Consultant is chosen with the following considerations:
 - Consultant cannot be existing staff, a current/former intern, or family/relatives of staff or board members
 - Consultant has been properly interviewed and references checked

- In line with CCNSF goals to support and build capacity within communities of color, the initiative also encourages the use of consultants of color, organizations that are led by people of color, or organizations that are M/WBE certified or otherwise eligible.

Note: There is a monetary cap on how much each Consultant can be paid under this grant; it is a collective cap across all awardees. The cap on for-profit consultants is \$50,000, and the cap on nonprofit consultants is \$75,000. A list of consultants used over the last five years, nonprofit and for-profit, will be provided at the information sessions. This is not an endorsement of the consultants themselves or the services they provide.

APPLICATION

Please prepare the application using the following format:

I. Cover Sheet

Please complete or recreate the cover sheet provided as part of this RFA.

II. Project Abstract

Please complete or recreate the project abstract sheet provided as part of this RFA.

III. Narrative

The application narrative must not exceed five single-spaced pages (excluding cover page and attachments). Please number each page of the narrative and use 11-point Arial font and 1" margins. In preparing your narrative, please use the following outline:

A. About the Organization (one page)

- Date the organization was established and incorporated
- Mission statement
- Brief overview of community served
- Brief overview of key programs and accomplishments
- How the organization meets each of the RFA's eligibility criteria

B. Need/Opportunity (half-page to one page)

- Describe the organizational issue or problem to be addressed, why it is important to undertake the proposed project at this time, and the anticipated impact the project will have on the organization's clients. Where relevant, describe how the project will increase the organization's ability to deliver services in a culturally and linguistically competent manner.
- **If you received an award in the last five years, briefly describe the project(s), results, and any impact.**
- For organizations with budgets over \$2 million, please describe your past investment in capacity-building, project undertaken, and the impact on your organization.

C. Goals, Activities, and Timeline (one page)

- Describe the goals for the project
- Describe the project activities and how CCNSF funding will be used
- Describe the rationale for project activities
- Include a timeline of the project
- Describe how this project will help to advance the mission of the organization or achieve a broader goal

D. Outcomes (one page)

- What are the outcomes you hope to achieve through this capacity-building project, and how will you know if your outcomes are achieved? What is your measure of success?

E. Organizational Capability and Project Sustainability (one page)

- Describe the organization's current and past record of providing services in a linguistically and culturally competent manner.
- Describe how the organization engages the community in planning, implementation, and promotion of programs.
- Describe the key staff, board, volunteers, and/or consultants to be involved in the proposed activity. Provide (as attachments) resumes and/or a description of roles for key staff. If consultants have already been identified, provide a justification. If consultants will be selected, include a list of desired qualifications and selection criteria.
- Describe how the capacity that the project develops will be sustained after the grant period.

IV. Required Attachments

- Project budget and budget narrative: Please use the template provided as part of this RFA. Some general expense limitations include (see attached sample awardee agreement for additional information on eligible expenses):
 - Salary expenses allocated to CCNSF may not exceed 30% of the project's awarded budget and are allowed only under the following two scenarios: 1) existing staff are delivering training or professional development to other staff to enhance the capacity of the CBO and is currently not compensated for offering this training; 2) existing staff are participating in training and other existing staff have to cover programs so there is no disruption to services.
 - Fringe benefits are capped at 15% of the salary line item.
 - All consultants (for-profit and nonprofit) are capped at 60% of the awarded budget.
 - Computer hardware and software expenses are capped at 30% of the awarded budget. No other capital expenses are allowed.
 - The budget narrative should explain how amounts were calculated and include any necessary details to illustrate how the award funds would be used. Please use attached template (downloadable).
- For identified consultants, attach the following documents:
 - Resume
 - EIN/Social Security Number
 - Contact Information
 - Conflict of Interest Disclosure Certification – Exhibit B (Attachment)
 - Client List
 - Description of consultant appropriateness/rationale for choosing the consultants
- IRS determination letter
- Proof of registration with the New York State Office of the Attorney General (Attachment)
- List of board of directors and senior officers, and the affiliations, race, and ethnicity of each member
- New York City Council Discretionary Funding Conflicts of Interest Disclosure (Attachment)
- MOCS Doing Business Form
Download:
https://www1.nyc.gov/assets/dycd/downloads/pdf/Doing_Business_Data_Form_Standard_FY2019.pdf
- MOCS Conflict of Interest Disclosure and Compliance Certification
Download:
https://www1.nyc.gov/assets/dycd/downloads/pdf/Conflict_of_Interest_Disclosure_and_Compliance_Certification_%20FY2019.pdf
- Agency budget for current fiscal year
- Key program staff's resumes, and consultant qualifications or description of qualifications (if applicable)
- Organization's most recent financial audit. If prior to 2018, also provide a preliminary report for 2018 and budget analysis YTD with variance. If the organization does not have an audit, please submit the most recent internal financial statements and/or IRS form 990 and provide an explanation, in the cover sheet, as to why there is no audit, or provide the extension

HOW TO SUBMIT YOUR APPLICATION – Please submit your application to only one partner

A copy of your complete application can be submitted by email in one (1) PDF file to one (1) CCNSF partner no later than **5:00 p.m. Eastern Time on September 23, 2019**.

Applications submitted by mail must be postmarked on or before **September 23, 2019**.

Incomplete applications and applications received after the stated date and time will not be considered.

FOR APPLICATION SUBMISSIONS AND ADDITIONAL INFORMATION

Coalition for Asian American Children & Families

Joyce Ma at jma@cacf.org or 212-809-4675, ext. 107

Hispanic Federation

Fernando Aguilar at faquilar@hispanicfederation.org or 212-233-8955, ext. 137

New York Urban League

Yvonne Smothers at ssmothers@nyul.org or 212-926-8000, ext. 142

COMMUNITY BRIEFINGS

Potential applicants are strongly encouraged to attend any of the Community Briefings listed below to learn more about the grant and application process:

Tuesday, September 3, 2019 at 10:00 a.m.
Hispanic Federation (MANHATTAN)
55 Exchange Place, 5th Floor, New York, NY 10005
RSVP: faquilar@hispanicfederation.org

Thursday, September 5, 2019 at 10:00 a.m.
Bronx House (BRONX)
990 Pelham Pkwy S, 2nd Floor, PA Room 7-8
The Bronx, NY 10461
RSVP: faquilar@hispanicfederation.org

Monday, September 9, 2019 at 3:00 pm
CPC Brooklyn Community Center (BROOKLYN)
4101 8th Avenue, Brooklyn, NY 11232
RSVP: jma@cacf.org

Tuesday, September 10, 2019 at 10:00 a.m.
AAARI – CUNY (MANHATTAN)
25 W. 43rd Street, Room 1000, New York, NY 10036
RSVP: shivani.damera@aafederation.org

Thursday, September 12, 2019 at 3 pm
Queensborough Community College – CUNY (QUEENS)
39-07 Prince Street, Classroom 6, Flushing, NY 11354
RSVP: shivani.damera@aafederation.org

Friday, September 13, 2019 at 4:30 pm
CPC Queens Community Center (QUEENS)
133-14 41st Avenue, 6th Floor (Room 610)
Flushing, New York 11355
RSVP: jma@cacf.org

Additional information sessions in September TBA

APPLICATION PACKET CHECKLIST

- Cover sheet
- Project abstract
- Application narrative
- Project budget and budget narrative
- IRS determination letter
- Proof of registration with the New York State Office of the Attorney General
- List of board of directors, officers, and affiliations
- Agency budget for current fiscal year
- NYC Council Discretionary Funding Conflicts of Interest Disclosure
- MOCS Doing Business Data Form
- MOCS Conflict of Interest Disclosure and Compliance Certification
- Key program staff's resumes
- Description of proposed consultant qualifications
- If Consultant(s) are used, must submit consultant resumes, description of consultant qualifications, and Conflict of interest forms/Exhibit B

IMPORTANT DATES

Request for Applications Released	August 20, 2019
Deadline for Application Submissions	September 23, 2019
Grant Awards Announced	November 20, 2019
Interim Report Due	April 10, 2020
Services Delivered/Funds Expended By	June 30, 2020
Final Report Due	July 10, 2020

Nonprofit Stabilization Fund Application Cover Sheet

Legal Name:

Other Names Used:

EIN #:

Website:

Legal Address:

Executive Director (ED):

Executive Director's Email Address:

Contact Person/Title (must be someone other than ED):

Email Address:

Phone Number:

Location(s) of Services:

Organizational Budget:

City Council District:

Project Area (Check one):

- Management information systems design and development*
- Financial management and planning*
- Evaluation and outcomes system development*
- Leadership development*
- New program planning and development*
- Strategy and organization development*
- Collaboration and Strategic Alliances*

Amount Requested:

CCNSF Project Abstract

This must be completed. Please do not cut and paste from your full application.

These must be independent answers that summarize the project.

Organization Name		
Grant Request Amount		
Grant Request Area (choose one):		
1 - Management Info Systems	2 - Financial Management	3 - Evaluation and Outcomes
4 - Leadership Development	5 - New Program Planning	6 - Strategy and Org Development
7 - Collaboration/Strategic Alliance		
Were you a CCNSF Grant Recipient in a prior year? Please reflect all years.	If you were a prior year Recipient, which category was the Grant Request for? Please reflect all years.	

About the Organization

Mission/date established:

Community served (geographically and demographically):

How are Communities of Color represented in your board and leadership?

Need/Opportunity

Issue or problem to be addressed:

Anticipated impact on clients and/or services:

Where relevant, how project will increase ability to deliver culturally competent services:

Narrative: Competency, Goals, Activities, and Timeline

Demonstrated track record of providing competent and accessible services in culturally and linguistically relevant manner:

Project goals:

Project activities and how CCNSF funding will be used:

Timeline:

Narrative: Outcomes, Monitoring, and Evaluation

Outcomes the organization hopes to achieve:

How will the organization know it has achieved them? Please provide clear plan, benchmarks, and measures for success.

Does the organization have a plan to sustain capacity of project after the grant period? If so, what is the plan?

Budget

Expense	Amount
Salaries and Wages	
Fringe	
Consultants	
OTPS	
Total	

Non - Profit Stabilization Fund FY 2020 Budget Summary

Agreement ID #: _____

Grantor _____

Grantee _____

Address: _____

Tel #: _____ Fax #: _____

Claim Period From: _____ 1/1/20 Through: _____ 6/30/20

Account Code	Budget Category	Budget Amount
1100	Salaries and Wages	
1200	Fringe Benefits	
2100	Consultants	
3000	OTPS	

BUDGET AMOUNT

Description of Budget Categories: Claimed expenses must be within described categories.		
Code	Category	Description:
1100	Salaries and Wages	Staff salaries are capped at 30% of the total budget.
1200	Fringe Benefits	Fringe Benefits cannot exceed 15% of salary allocation (may include Worker's Compensation, Disability, Unemployment Insurance, Medical, Life & Pension.)
2100	Consultants	Individuals, with specific skills, retained to perform limited programmatic tasks or to complete program related projects on a temporary and/or limited basis, where the tasks or projects cannot be accomplished by the contractor's staff. The services provided by the Consultant must be related to the program work scope described in the Consultant Agreement Form. Consultant's resume must be submitted. City Council requires no more than 60% of your total budget can be applied to a private, for-profit consultant or a non-profit consultants.
3000	OTPS	Refers to programmatic expenses other than Salaries, Fringe Benefits or Non-Staff Services (e.g. admission fees, seminars, workshops). Any hardware/software purchases are limited to 30% of your total budget. Limits to hardware and software relates to the capacity building initiative (eg. accounting and fundraising software). No administrative fees or overhead costs.

Salary and Wages / Consultant Details

1100 - Salaries and Wages

# Positions	Position Title	Amount
Total		

1200 - Fringe Benefits

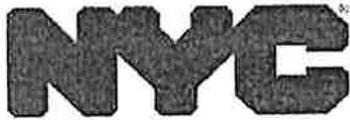
	Description	Amount
Total		

2100 - Consultants

Consultant Name	Description of Services	Amount
Total		

3000 - OTPS (please provide itemized breakdown of expenses)

Category	Description/Purpose	Amount
Total		



Mayor's Office of Contract Services

Bill de Blasio
Mayor

Lisette Camilo
City Chief Procurement Officer and Director of Contract Services

253 Broadway, 9th Floor
New York, NY 10007

212 788 0001 tel
212 788 0049 fax

New York State Charities Bureau Filing Certification

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION, AND/OR THE FAILURE TO CONDUCT APPROPRIATE DUE DILIGENCE IN VERIFYING THE INFORMATION THAT IS THE SUBJECT MATTER OF THIS CERTIFICATION, WILL RESULT IN RENDERING THE VENDOR NON-RESPONSIBLE FOR THE PURPOSE OF CONTRACT AWARD, AND A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, _____ (authorized officer), being a duly authorized officer of this corporation, certify that _____ (legal name of organization), submitted the attached annual filing for the fiscal year ending ___/___/___ (date) to the New York State Attorney General's Office, Charities Bureau on ___/___/___ (date). The information submitted has been verified and continues to the best of my knowledge to be full, complete and accurate. I understand that the City of New York will rely on the information supplied in this certification to determine compliance with New York State laws.

Required Attachments

(please check all that were submitted)

- Copy of check or money order dated ___/___/___ that paid the total of all applicable filing fees
- CHAR500
- IRS 990, IRS 990-EZ or IRS 990-PF
- Financial Statements *(check only one)*
 - Financial Statements Reviewed by a Certified Public Accountant *(If organization received \$100,001 to \$250,000 in annual support and revenues within the fiscal year)*
 - Financial Statements Independently Audited by a Certified Public Accountant *(If organization received more than \$250,000 in annual support and revenues within the fiscal year)*

Legal Name of Vendor

Signature of Authorized Officer / Date

Phone Number

Print Name | Title of Signer

Vendor's Address

Email

City / State / Zip Code

Vendor's EIN

Submit signed Certification with all attachments to the Mayor's Office of Contract Services
Attn: Lishawn Alexander | CBO Analyst | Fax: (212) 312-0997 | Email: cbo@cityhall.nyc.gov



New York City Council Discretionary Funding
Conflicts of Interest Disclosure

Legal Name of Organization

POSSIBLE CONFLICTS OF INTEREST WITH CITY ELECTED OFFICIALS AND THEIR ASSOCIATES

Report personal and financial relationships between all City Elected Officials, persons or firms associated with the City Elected Official, and the organization and its staff that could give rise to an actual conflict of interest or the appearance of a possible conflict of interest.

City Elected Official: Ch.68, S.2601(10)

- New York City Mayor, Comptroller, Public Advocate, Borough President or Council Member

"Associated" Person or Firm: Ch68, S. 2601.5

- Spouse, Domestic Partner, Child, Parent, Sibling of a City Elected Official:
- Person with whom the public servant has a business or other financial relationship
- Firms in which the City Elected Official has a present or potential interest
- Employees of the Sponsoring Council Member and / or Spouse, Domestic Partner, Child, Parent, Sibling of Such Employees

Connection to Organization Including:

- Organization's Employee, Board Member, Director, Trustee, Officer or Consultant of the organization
- Persons with a direct or indirect financial interest in the organization
Persons who have received or will receive any direct or indirect financial benefit from the organization or from this funding

Attach additional sheets as needed.

This MUST be signed and sent in even if you have no conflicts to disclose.

	Name, Title, Position of City Official or Associated Person	Name, Title, Position and Relationship of Person with Organization
	Sample Disclosure: <i>Council Member Chris Marks</i>	Sample Disclosure: <i>Council Member Marks serves on our board of directors</i>
	Sample Disclosure: <i>Carol Smith, Council Member Marks' Chief of Staff</i>	Sample Disclosure: <i>Carol Smith, Chief of Staff to Council Member Marks, is one of our paid consultants</i>
	Sample Disclosure: <i>Jake Jock, Council Member Marks' Deputy Chief of Staff</i>	Sample Disclosure: <i>Jake Jock's son owns the business that supplied equipment to a baseball team that we sponsored</i>
1	<input style="width: 340px; height: 25px;" type="text"/>	<input style="width: 430px; height: 25px;" type="text"/>
2	<input style="width: 340px; height: 25px;" type="text"/>	<input style="width: 430px; height: 25px;" type="text"/>
3	<input style="width: 340px; height: 25px;" type="text"/>	<input style="width: 430px; height: 25px;" type="text"/>

Authorized Official:

Signature Date

Print Name Title

**CITY OF NEW YORK
EXHIBIT B COVERSHEET
CONSULTANT / SUBCONTRACTOR APPROVAL FORM FOR DISCRETIONARY CONTRACTS**
Column on left denotes party responsible for completion of each section.

CONTRACT INFORMATION		
AGENCY	Agency:	Unit/Div:
	FMS Contract No.:	EPIN:
	Contractor Name:	EIN/SSN:
	Contract Value:	Registration Date:
	Contract Description:	

CONSULTANT / SUBCONTRACTOR INFORMATION				
If more than 4 consultants / subcontractors need approval please attach additional sheets.				
CONTACTOR	Name:	Disclosure Attached: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	Phone:	Fax:		
	Address:	City: New York	State/Zip: NY	
	EIN/SSN:	E-Mail:		
	Description of Agreement:			
	Value of Agreement:	Start Date:	End Date:	
	Name:	Disclosure Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Phone:	Fax:		
	Address:	City:	State/Zip:	
	EIN/SSN:	E-Mail:		
CONTACTOR	Description of Agreement:			
	Value of Agreement:	Start Date:	End Date:	
	Name:	Disclosure Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Phone:	Fax:		
	Address:	City:	State/Zip:	
	EIN/SSN:	E-Mail:		
	Description of Agreement:			
	Value of Agreement:	Start Date:	End Date:	
	Name:	Disclosure Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Phone:	Fax:		
CONTACTOR	Description of Agreement:			
	Value of Agreement:	Start Date:	End Date:	
	Name:	Disclosure Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Phone:	Fax:		
	Address:	City:	State/Zip:	
	EIN/SSN:	E-Mail:		
	Description of Agreement:			
	Value of Agreement:	Start Date:	End Date:	
	Name:	Disclosure Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Phone:	Fax:		
CONTACTOR	Description of Agreement:			
	Value of Agreement:	Start Date:	End Date:	
	Name:	Disclosure Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Phone:	Fax:		
	Address:	City:	State/Zip:	
	EIN/SSN:	E-Mail:		
	Description of Agreement:			
	Value of Agreement:	Start Date:	End Date:	
	Name:	Disclosure Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Phone:	Fax:		

AGENCY APPROVAL		
AGENCY	Date of Receipt:	Date sent to City Council:
	Final Agency Approval: Granted <input type="checkbox"/> Denied <input type="checkbox"/>	City Council Approval: Granted <input type="checkbox"/> Denied <input type="checkbox"/>
	Signature:	Date:



Printed on paper containing 30% post-consumer material

**CITY OF NEW YORK
EXHIBIT B
Conflict of Interest Disclosure Certification**

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION, AND/OR THE FAILURE TO CONDUCT APPROPRIATE DUE DILIGENCE IN VERIFYING THE INFORMATION THAT IS THE SUBJECT MATTER OF THIS CERTIFICATION, MAY RESULT IN RENDERING THE VENDOR NON-RESPONSIBLE FOR THE PURPOSE OF CONTRACT AWARD, AND A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

No Conflict of Interest: Except as otherwise fully disclosed below (attach additional pages as needed), the Consultant / Subcontractor affirms, to the best of its knowledge, information and belief, that no City Elected Official, nor any person associated with any City Elected Official, is an employee, Director or Trustee, Officer or consultant to/of, or has any financial interest, direct or indirect, in the organization, or has received or will receive any financial benefit, directly or indirectly, from the organization or from this funding. For the purposes of this certification, "associated" persons include: a spouse, domestic partner, child, parent or sibling of a City Elected Official; a person with whom a City Elected Official has a business or other financial relationship, including but not limited to employees of a City Elected Official and/or a spouse, domestic partner, child, parent or sibling of such employees; and each firm in which a City Elected Official has a present or potential interest.

NOTE: THE CONSULTANT / SUBCONTRACTOR IS ENCOURAGED TO DISCLOSE ANY CONNECTION TO A CITY ELECTED OFFICIAL THAT COULD CREATE AN APPEARANCE OF A CONFLICT OF INTEREST, REGARDLESS OF WHETHER IT MEETS THE LISTED DEFINITIONS.

Name of Consultant / Subcontractor	Signature of Consultant or Authorized Officer / Date
Vendor's Address	Print Name / Title of Signer (if not Consultant)
City / State / Zip Code	Consultant / Subcontract EIN / TIN
Phone Number	Email Address

Sworn to before me this ____ day of _____, 20_____.

Notary Public



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