

**SEMINOLE COUNTY COMMUNITY SERVICES DEPARTMENT
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PUBLIC FACILITIES AND IMPROVEMENTS
NOTICE of FUNDING AVAILABILITY (NOFA)
SUBMISSION DEADLINE: April 2, 2021 at 4:00 p.m.**



Public Facilities and Improvements – On February 28, 2021, the Seminole County Community Development Division published its Notice of Funding Availability (NOFA), listing activities the County will consider funding during the 2021-2022 Program Year. Activities involving acquisition, construction, reconstruction, rehabilitation or installation of public facilities and improvements carried out by Seminole County or other public or private non-profit entities will be considered. Applications must address one (1) of three (3) priorities detailed the 2020-2024 Consolidated Plan. **Applications that do not address at least one (1) of the priorities will not be considered for funding.**

Submission Requirements

Each applicant must submit one (1) original application along with four (4) paper copies and one (1) electronic copy in PDF format on an USB flash drive.

Applications must be mailed or hand-delivered to the Community Services Department by Friday, April 2, 2021 at 4 PM. Applications must be date stamped by the official time clock located in our lobby.

**Seminole County Community Services Department
534 W. Lake Mary Boulevard
Sanford, Florida 32773
Attention: Bonnye Deese, HUD Administrator**

APPLICATIONS RECEIVED AFTER 4:00 PM WILL NOT BE CONSIDERED

There are two (2) virtual technical assistance workshops scheduled for Monday, March 8, 2021, at 10 a.m. and Monday, March 15, 2021 at 2 p.m. to provide interested applicants an opportunity to ask questions regarding this funding notice. Workshop login instructions are available at www.seminolcountyfl.gov/comsrvs.

Selection Process

Application packets submitted in response to this NOFA will be reviewed and evaluated by an Evaluation Committee assembled by the Community Services Department staff. The Applicant should understand a response to this NOFA does not constitute an agreement or contract with Seminole County. There will be no official and binding contract or agreement until all applications are reviewed, evaluated, and all parties to include, but not limited to Community Services Department and the Seminole County Board of County Commissioners have recommended funding and U.S. Department of Housing and Urban Development approved the Ann. All awards are subject to availability of funding. The Community Services Department reserves the right to reject all applications, waive any information, and to solicit and re-advertise for new applications.

Content of Applications

Applications must be submitted in a three ring binder with dividers to separate Sections “A through K”. Applicants should also include the required Attachments labeled “A through M” as listed below. Failure to follow these instructions could result in the application’s disqualification.

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B.	Organizational Chart
C.	Resumes
D.	Organizational Business Plan
E.	Letters of Support
F.	Florida Department of Corporations Current Filing (www.sunbiz.org)
G.	IRS 990 Forms and Schedules
H.	Positions, Salaries, Job Descriptions and Professional Development Opportunities
I.	Itemized Project Budget
J.	Itemized Activity Budget
K.	Matching Contributions
L.	Letter of Other Sources of Funding Sought
M.	Certified Independent Audit

APPLICATION REVIEW AND RANKING

All applications will be reviewed and ranked based upon the Priorities and Objectives in the County's draft 2020-2024 Consolidated Plan.

PROJECT SELECTION CRITERIA

The Application Review Committee will consider the following criteria as proper responses to the NOFA and the specific Objectives of the 2020-2024 Consolidated Plan, in the project recommendation process:

- Eligible Public Facilities and Improvement activities include, but not limited to, acquisition, storm water improvements, street paving or rehabilitation, and construction or rehabilitation of sidewalks and public facilities.
- Projects requiring funding for construction or rehabilitation will not be considered for a funding recommendation unless the Applicant has developed and documented realistic cost estimates and timetables and is financially stable.
- Projects requiring both engineering designs AND construction must either provide fully approved development plans (site plan and construction plans), or be willing to accept design funding separately from construction funding (i.e., Phased Projects).
- Program recipients (non-profit agencies, housing developers, Cities, etc.) are expected to provide matching or leveraged funds for the project's total development cost.
- Reasonableness of cost will be considered in evaluating all applications.
- The long-term viability of the project will be considered in evaluating applications; particularly housing projects.
- Awarded applicants will be reimbursed for services provided in their agreement. In some cases, the County can pay the awarded applicant's vendor directly for services provided in their agreement. However, funds will not be advanced to awarded applicants.
- Purchase of real property by the recipient, or other public or private non-profit entity, must be for a public purpose, and are subject to the limitations of regulations and laws such as 24 CFR part 570.207, etc.
- Program recipients must provide services for households or individuals at or below 80% of the area's median income.
 1. Awarded agencies will be required to complete one of the following to document that recipients are at or below 80% of area median income guidelines:
 - ♦ Provide a benefit to low and moderate income persons by area, by serving a Low Moderate Income Area (LMA). To qualify under this category, services must benefit all residents in a residential neighborhood area in which at least 51 percent of the residents are Low or Moderate Income persons (80% of area median income). This should be documented by census tract block group data or an approved survey can be completed by the agency if the application is approved.

- ♦ Provide a benefit to Low Moderate Limited Clientele (LMC) to a minimum of 51 percent of the beneficiaries of a service.
- 1. Document that the clientele is generally presumed to be principally Low Moderate Income (LMI). This covers abused children, battered spouses, elderly persons, severely disabled adults, homeless persons, illiterate adults, persons living with AIDS and migrant farm workers.
- ♦ Complete an income certification based on household size, assets, and income by using 24 CFR Section 5.609.

The Application Review Committee will score all applications based on how well the applicant responds to the following scoring criteria:

	Maximum Points
Organizational Capacity/Experience Applicant's skills, abilities to and track record to successfully deliver services to the community.	15
Activity/Project Description Applicant's ability to clearly describe the activity/project that is being proposed and the need for the service in Seminole County?	20
Approach Applicant provides a clear understanding on how it proposes to achieve the delivery of the activity/project?	10
Timeliness Applicant's project is ready to proceed and has the ability to begin within 6 months of award notice and completed within the 18 months.	20
Outcomes Applicant proposed project outcomes are attainable and meet County goals.	15
Budget/Reasonableness of Cost/Leverage Applicant provides a detailed Project and Activity budget, with reasonable costs, and has adequate leverage.	10
Financial Review (Community Services Staff) Agency submitted complete and acceptable audit and financials.	5
Responsiveness Does the agency provide a complete and clear package?	5
Total:	100

A. APPLICATION GENERAL INFORMATION:

1. Name and Address of Applicant:

2. Legal Status of Entity/Organization: ☐ Non-Profit ☐ Public Agency ☐ County Department
☐ Neighborhood Organization ☐ Other (specify) _____

3. Date designated as a 501 (c) (3): _____ 4. Federal Tax ID Number: _____

5. DUNS Number: _____

6. Contact Person (Agency Contact not Grant Writer)/ Bus. Ph. / Mobile Ph. / e-mail/ Name and e-mail of the organization's Registered Agent:

Agency Contact: _____

Business Phone: _____

Mobile Phone: _____

Email: _____

Agency's Registered Agent's Name and Email: _____

7. Name of Activity/Project: _____

8. Activity Type: Public Facilities and Improvements

9. Activity/Project Summary: Include program description, clientele to benefit from program, specific use of CDBG funds, etc. (must be 250 words or less):

10. Activity/Project Location (list location of activity to include U.S. Census Tract. If activity is held in multiple locations, list all locations and U.S. Census Tract Numbers

(<https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx>). If the activity is County-wide, indicate as such.): _____

11. Grant Funds Requested: \$ _____

12. Total number of individuals served at requested funding level: _____

13. Lowest funding level acceptable to operate activity: \$ _____

14. Total number of individuals served at lowest funding level: _____

15. HUD NATIONAL OBJECTIVES:

Each activity must meet one of the National Objectives of the CDBG Program. Check the correct objective.

☐ Low- and Moderate-Income Benefit (Check the appropriate benefit):

- ☐ Area Benefit: The activity provides a benefit to low/moderate income persons by documenting that 51% or more of the service area of the activity is occupied by low/moderate income households (as per the U.S. Census).
- ☐ Limited Clientele Activity: The activity benefits a limited clientele, at least 51% of whom are low/moderate income.

If Limited Clientele, The activity must meet one or more of the following criteria (Check the appropriate criteria(s)):

- ☐ It must benefit a clientele presumed to be low/moderate income e.g. abused children, elderly persons, homeless persons etc.;
- ☐ Data must be available to document that 51% of the clientele fall within the low/moderate income category;
- ☐ It must be limited exclusively to low/moderate income persons;
- ☐ The nature and location of the activity readily demonstrates that the clientele will primarily be low/moderate income persons.

☐ Slum & Blight (Check the appropriate benefit):

- ☐ Area Basis: The activity aids in the prevention or elimination of slums or blight in a designated area.
- ☐ Spot Basis: The activity aids in the elimination of specific conditions of blight or physical decay on a spot basis and are not located in a slum or blighted area.

B. ORGANIZATIONAL CAPACITY & ACTIVITY SCOPE (15 POINTS)

1. Briefly describe your track record and prior experience in the proposed activity and include the following information:
 - i. Unique qualifications or characteristics of staff, the facility or operations (*include specifics that separate your organization from others serving in the same capacity*).
 - ii. Number of years of related experience of the organization or key staff.
 - iii. Specify key staff skills, assignments, and/or tasks.
 - iv. Summary of past client outcomes (*for the past three (3) years*).
 - v. Perceived challenges in meeting the goals of this application.
 - vi. Illustrate how your agency has the capacity to overcome perceived challenges in meeting the goals of this application.
 - vii. Provide a Year-End Report of accomplishments from previous funding year.

ATTACHMENTS A-G (REQUIRED):

- viii. List of Board of Directors and offices held
- ix. Organizational Chart (*operation of organization*)
- x. Resumes of Chief Executive Officer, Chief Fiscal Officers, and key staff members assigned to the proposed activity
- xi. Organizational Business Plan (If activity is in operation for less than 3 years)
- xii. Letter of Support from other agencies demonstrating that the “activity” as conducted by the applicant has impacted the documented need
- xiii. Florida Department of Corporations Current Filing (*print from www.sunbiz.org*)
- xiv. IRS 990 Forms with Schedules

C. PROJECT & ACTIVITY DESCRIPTION (20 POINTS)

1. List the title of the activity: _____

2. Check the type of activity:

- | | |
|--|--|
| <input type="checkbox"/> Physical Renovations of a Publicly Owned Space | <input type="checkbox"/> Public Utilities/Infrastructure |
| <input type="checkbox"/> Physical Renovations of a Privately Owned Space | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> ADA Improvements | |

3. The word "activity" as used in this application denotes the action for which funds are being requested. The word "project" as used in this application denotes all of the activities that constitute the project. In some instances, the activity is the same as the project.

Is the activity for which funds are being requested part of a larger overall project?

(Check "Yes" or "No") ☐ Yes ☐ No

If "Yes", describe the project in detail and explain how the activity relates to the project. In addition, be very specific about how CDBG funds will be applied:

4. Describe the "activity", in detail, and be very specific about how the CDBG funds are proposed to be used. Be certain to include the following information:
- Identify and document the need or problem.
 - Document the severity of the problem, clearly describing the need, to include statistics and reliable sources that are quantifiable and supported by appropriate data.
 - Affected population and percentage of low- and moderate-income persons to be benefited (*Area of service*).
 - State whether organization participates directly or indirectly in the proposed activity and document the number of clients served directly and indirectly.
 - If requesting funds for more than one (1) activity, indicate numerically which is priority and if separate applications are being submitted for each activity, but the activities are interrelated, include your agency name, number of interrelated activities, the title and type of activity:
5. Are CDBG funds proposed to be used for the payment of salaries?

(Indicate "Yes" or "No") ☐ Yes ☐ No

If "Yes", use the table below to provide the following information;

- Title of position to be charged for this proposal
- Number of pay periods per year
- Gross pay per period
- Annual Gross
- Total of salary to be charged as administration cost (CDBG funds) as part of this proposal
- Percentage of the position annual gross (CDBG funds) to be charged as part of this proposal
- Total salary not charged to this proposal Percentage of position annual gross not charged to this proposal
- Percentage of the position annual gross not to be charged as part of this proposal
- Job description of each position for which CDBG funds are being requested (attach)
- Summary of professional development opportunities and job growth (attach).

1	2	3	4	5	6	7	8
Job Title	# of Pay periods	\$ Gross pay per pd.	Annual Gross	\$ CDBG	% CDBG	\$ Non-CDBG	% Non-CDBG
Totals							

D. APPROACH (10 POINTS)

The CDBG funding year is October 1, 2021 through September 30, 2022. Provide a narrative (250 words or less) that describes when CDBG funds will be drawn, the uses of CDBG funds and the anticipated completion date of the project.

E. TIMELINESS (20 POINTS)

1. Provide an implementation schedule sorted by tasks. Applicant must be able to begin the project within six (6) months of award and completed within 18 months.

Construction Schedule and Activity Timeline	
Task	Date to be Completed

2. Identify any strategies for collaborative approaches, such as volunteer recruitment and training, community building or strategic alliances. *(If none, indicate N/A):*
3. Identify any cooperative approaches and describe how they will improve the performance of the activity. *(If none, indicate N/A):*

F. OUTCOME MEASUREMENT GOALS: (15 POINTS)

Seminole County Community Development Division determines actual benefits of funded activities by using Outcome Measurement Goals. The Application Review Committee will review these goals closely when recommending applications for funding to the Board of County Commissioners.

The Outcomes Measurement section measures the actual benefits or changes for individuals as a result of participating in program activities. Outcomes may relate to behavior, skills, knowledge, attitudes, values, condition, or other attributes. The purpose of this section of the application is to identify these outcomes in measurable terms.

Table 1 of this section is designed to allow the applicant to briefly describe the proposed activities initial, intermediate, and long term outcomes.

Table 2 of this section is designed to allow the applicant to declare goals to be measured throughout the contract period.

A copy of this section will be given to the Review Committee and to the Seminole County Board of County Commissioners as back-up material.

Provide an outcome tracking table, using the attached tables as a model, being as brief as possible, using the guidelines below:

Resources – money, staff, staff time, volunteers, volunteer time, facilities, equipment, or supplies.

Inputs – resources dedicated to or used by the program.

Activities – what the program does with the inputs to fulfill its mission.

Outputs – direct products of program activities.

Benefits – new knowledge, increased skill, change in attitudes or values, modified behavior, improved condition, altered status.

Outcomes – benefits or changes for individuals of target populations during or after participating in program activities.

Initial Outcomes – first benefits or changes participants experience.

Longer-term Outcomes – ultimate benefits of the program.

Intermediate Outcomes – benefits that connect initial outcomes and Longer-term Outcomes.

Quantifiable Measurement Goals – a defined goal of measurement per quarter (i.e. proof of academic achievement, proof of new or increased skills- certifications, etc.)

SAMPLE:

OUTCOME MEASUREMENT TABLE 1 (Public Facilities)

Program: ABC Organization – Community and Service Center

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Longer-term
Staff: 1 Lead Administrator, 1 Construction Manager, 1 General Contractor, and 4 Social Service Case Managers	The activity will provide a Community Center able to provide a variety of Social Services to the surrounding LMI population.	1 Job Training Program. 1 referral location for a variety of social services.	The Construction of the Community Center	Access to job training and life skills training programs and services	Higher wages within the surrounding LMI community. Improved academic success within the surrounding LMI community.

OUTCOME MEASUREMENT TABLE 1

Program:

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Longer-term

Quantifiable Goals Table 2

First Quarter:

Second Quarter:

Third Quarter:

Fourth Quarter:

G. SECTION 3 COMPLIANCE PLAN. Congress established the Section 3 policy to guarantee that the employment and other economic opportunities created by Federal financial assistance for housing and community development programs should, if possible, be directed toward low- and very-low income persons, particularly those who are recipients of government assistance for housing. Activities funded under this category will be expected to reachout to LMI residents, businesses owned by LMI residents, and/or businesses that hire LMI residents to offer employment or other economic opportunities to the greatest extent feasible. In order to evaluate the applicant's ability to adhere to the Section 3 compliance requirements, each applicant under this category shall submit a Section 3 Compliance Plan that includes the following:

Marketing Plan:

- Explain in detail how the organization will inform Section 3 compliant residents of employment or training opportunities in conjunction with the funded activity;
- Explain what procurement methods the organization shall use to select contractors (general or subcontractors) that will participate in the activity;
- Explain in detail what efforts the organization will undertake to avail contract opportunities to Section 3 compliant businesses;
- Explain in detail what training opportunities, if any, the organization will avail to Section 3 compliant residents.

Section 3 Goals:

- State the estimated number of new hires that will be generated by the activity;
- State the numerical goal for Section 3 compliant new hires related to the activity;
- State the numerical goal to contract with Section 3 complaint businesses related to this activity.

H. BUDGET JUSTIFICATION AND LEVERAGE OF FUNDS (10 POINTS)

1. Is the activity for which CDBG funds are being requested part of an overall project?

(Check "Yes" or "No") ☐ Yes ☐ No

If "yes", **attach** an **itemized total project budget (Attachment I)**, and complete the following:

a. Total Project Cost: \$

b. Does the total project cost include funds from other federal, state or local programs?

(Check "Yes" or "No") ☐ Yes ☐ No

If "yes", provide the name of the agency or agencies, program(s), amount(s), and year(s) awarded:

	<u>Agency</u> <u>Amount</u>	<u>Program</u> <u>Year</u>
1.)	\$	
2.)	\$	
3.)	\$	

2. Davis-Bacon and Related Acts requires that all onsite employees (laborers and mechanics) be paid fair wages, benefits, and overtime (prevailing wage) weekly while working on government-funded construction projects at a minimum threshold of \$2,000.00. **Has the "Prevailing Wage Rate" been taken into account in the development of the budget?**

(Check "Yes" or "No") ☐ Yes ☐ No

3. Has this project received Seminole County funds in the past three (3) years?

(Check "Yes" or "No") ☐ Yes ☐ No

If "yes", provide the name of the program(s), amount(s), and year(s) funded:

<u>Program</u>	<u>Amount</u>	<u>Year</u>
1.)	\$	
2.)	\$	
3.)	\$	
4.)	\$	

Disclose any previous awarded, but unused CDBG funds and the reason.

FY _____ unused amount _____

Reason for unused funds: _____

4. Of the total project cost, what percentage has been, or will be financed with CDBG funds?

<u>CDBG Funding</u>	<u>Total Project Cost</u>	=	<u>Percentage</u>
\$ _____	\$ _____	=	_____ %

5. **Activity Budget**

- a. **Attach an itemized activity budget (Attachment J), including any necessary supplemental information.** The itemized activity budget must include a detailed, line-item budget, including a description of tasks and implementation costs. NOTE: Salary, fringes and related costs are allowed as long as the salaries are related to specific activity tasks. Narrative justification for each line item (including each salary item) must be provided. The narrative should justify each salary by describing the activity tasks associated with each salary.

b. Complete the following budget summary:

- i. Total Activity Cost \$ _____
- ii. Breakdown of Total Activity Cost:
- a) Activity Cost \$ _____
(Enter the total cost of the activity, excluding administrative expenses, for which funds are being requested)
- b) Activity Administration (if applicable)..... \$ _____
(Enter the amount of administrative expenses involved with the activity.)
- iii. Total Funding Sources: \$ _____
- iv. Breakdown of Total Funding Sources:
- a) Total CDBG Funds Requested \$ _____
(Enter the amount of CDBG funds requested for the activity.)
- b) Other Activity Funding..... \$ _____
(Enter the total amount of non-CDBG funds to be used for this activity.)
- c) Are CDBG funds being requested for travel?
- (Check "Yes" or "No") ☐ Yes ☐ No

If "yes", explain the purpose of the travel and estimated mileage:

6. Are CDBG funds being requested for attendance to conferences or training events?

(Check "Yes" or "No") ☐ Yes ☐ No

If "yes", explain the purpose:

7. From a financial perspective, explain and justify the reason why CDBG funds requested are needed (i.e. financing gap, location, etc.)
8. Determine the amount, per person, by dividing the total funds requested by the number of persons directly benefitting (i.e. Funding Amount \$15,000.00, 125 clients served per month at a rate of \$10.00 per client for the program year).
9. Justify and document the reasonableness of cost for the amount of CDBG funds requested per unit of measurement as included in the activity description (250 words or less).

10. Program Income/Revenue

- a. Will the activity and/or project seeking CDBG funds generate program income and/or revenue, either directly or indirectly?

(Check "Yes" or "No") ☐ Yes ☐ No

If "yes", list the source(s) of all anticipated program income from the project/activity:

<u>Program/Activity</u>	<u>Projected Annual Income/Revenue</u>
1.)	\$
2.)	\$
3.)	\$
4.)	\$
TOTAL	\$

11. Matching Contributions

Applicants are encouraged to provide matching funds. Matching contributions will positively impact the application. (County Departments are exempt; matching contributions are optional.) Applications that include matching contributions must attach evidence that the matching contribution is available, or will be available, at the beginning of the fiscal year for which CDBG funds are applied.

- a. Check the appropriate eligible form(s) of matching contribution for the activity:

- ☐ Cash contributions;
- ☐ Other federal, state, or local grants or programs;
- ☐ Fund-raising monies;

- b. Detail all matching contributions to the activity. Include the source, the type of contribution (i.e., grants, loans, own source of funds, real estate, etc.) and the value:

<u>Source of Contribution</u>	<u>Type of Contribution</u>	<u>Value of Contribution</u>
1.)		\$
2.)		\$
3.)		\$
4.)		\$
	TOTAL	\$

c. Explain the method utilized to establish the fair market value of land or real estate as a matching contribution:

d. Are the matching contributions selected above available now or to be made available at the beginning of the fiscal year for which funds are being applied?

(Check "Yes" or "No") ☐ Yes ☐ No

If "yes", evidence of availability must be attached. If "no", explain the availability of the matching contribution:

e. Non-municipal applicants must describe all steps taken to secure other funding for the activity.

Attach at least one (1) letter demonstrating that the activity or project has been submitted to other agencies for funding within the last twelve (12) months prior to submission to the Seminole County Community Development Division (Attachment L). The agencies determination on those submissions must be included. If no other sources of funding have been sought, provide an explanation:

f. Agency Accounting Information:

List the name, address, email address and phone number of the Agency's Chief Financial Officer, Accountant, Bookkeeper, and/or Certified Public Accountant that's responsible for the agency's financial records.

g. Attach a copy of your most recent Certified Independent Audit and management letter which expresses the opinion that the agency's or organizations internal controls are adequate to safeguard assets.

h. Will your agency receive and expend \$750,000.00 or more in Federal funds for the program year (FY 21-22)?

(Check "Yes" or "No") ☐ Yes ☐ No

I. AGENCY INSURANCE REQUIREMENTS

Seminole County requires awarded Agencies or organizations to provide a **Certificate of Insurance** which reflects current liability insurance, **naming Seminole County Board of County Commissioners as additional insured**; current workers' compensation insurance; automobile insurance etc. Can you provide such documentation, if funded?

(Check "Yes" or "No") ☐ Yes ☐ No

If "no", explain:

J. MAINTENANCE BUDGET

The maintenance and repair of public facilities and improvements is generally ineligible as a use of CDBG funds. The following table allows the applicant to describe the ongoing maintenance budget for the activity for five years following completion.

Year	Sources of Funds	Annual Budget	Uses of Funds
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	

K. CERTIFICATION OF ACCURACY AND COMPLIANCE

I hereby certify that all facts, figures, and representations made in the application(s) are true and correct. Furthermore, all applicable statutes, terms, conditions, regulations and procedures for program compliance and fiscal control, including but not limited to, those contained in the Bid Solicitation and Core Contract will be implemented to ensure proper accountability of contracts. I certify that the funds requested in this application(s) will not supplant funds that would otherwise be used for the purposes set forth in this project(s) and are a true estimate of the amount needed to operate the proposed project(s). The filing of this application(s) has been authorized by the contracting entity and I have been duly authorized to act as the representative of the agency in connection with this application(s). I also agree to follow all Terms, Conditions, and applicable federal and state statutes.

Authorized Official's Signature	Date
Print Authorized Official's Name	Title