APPLICANT PROFILE



GOVERNMENT OF THE DISTRICT OF COLUMBIA

APPLICANT PROFILE

PROJECT TITLE: EMERGENCY SUPPORT FUNCTION:		Areas Security Initiative 8-E (8-11) Benchmarks and Gap Analysis for Health and Medical Readiness ESF 8, Health, Mental Health and Medical Twelve months from award of grant					
					PROJECT PERIOD:		
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	Capacity Concept of Operation						
	team saw the need to identify						
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IMPLEMENTIN	G JURISDICTION:	Metropolitan Wa	shington Council	of Governments			
AGENCY:	777 North Capitol St., NE, s	uite 300					
ADDRESS:	Washington, DC 20002						
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AU' NAME:	THORIZATION OFFICIA David Roberts						
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NAME: TITLE: ADDRESS: TEL: FAX: EMAIL:	David Roberts Executive Direct 777 North Capitol ST., N 202-962-3200 202-962-3201 drobertson@mwcc PROJECT DIRECTOR	son ctor VE, Suite 300 og.org					
NAME: TITLE: ADDRESS: TEL: FAX: EMAIL: NAME: TITLE:	David Roberts Executive Direct 777 North Capitol ST., N 202-962-3200 202-962-3201 <u>drobertson@mwcc</u> PROJECT DIRECTOR Nancy Rea Manager, Health and Sub	son ctor VE, Suite 300 og.org	NAME: TITLE:	Sonny Amores			
NAME: TITLE: ADDRESS: TEL: FAX: EMAIL: NAME:	David Roberts Executive Direct 777 North Capitol ST., N 202-962-3200 202-962-3201 drobertson@mwcc PROJECT DIRECTOR Nancy Rea	son ctor VE, Suite 300 og.org	NAME:	Sonny Amores Chief Financial Officer			
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Signature of Authorized Official Date

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Proposal Summary

During the writing of the *Surge Capacity Concept of Operations*, the surge planning team saw the need to identify national standards that can be applied to the unique multi-jurisdictional NCR. While standards exist for states and localities, none have been specified for this type of region. The region needs to complete an analysis of benchmarks for states and localities, find the ones that apply in the regional situation, then check to see which of the appropriate benchmarks the Region meets.

This proposal is to allow the surge planning team to complete the next level of planning beyond the *Surge Capacity Concept of Operation*, by extending the contract of consultant staff. Because health has only recently been included in emergency preparedness and the EMAP process focuses on the public safety responders, a parallel process is needed for evaluation of regional health preparedness.

The National Preparedness Guide identifies eight Critical Capabilities that must be developed and maintained in the health arena.

We propose to begin an analysis of the region's status regarding those critical capabilities. The project will provide a health and medical analysis that complements the process being led by the Emergency Managers' Committee, which analyzes areas other than health and medical.

The Surge Planning Team will build on work done in preparing the *Surge Capacity Concept of Operations*, which describes the coordination structure for surge response. During the writing of that document, the team saw a need to identify appropriate standards that can be applied to the unique multi-jurisdictional NCR. The region needs to research standards and protocols, find the ones that apply in this regional situation, and then check to see where the region falls short in both planning and implementation capacity and capability.

Total project time 12 months.

Goal 1 -Develop standards and benchmarks suitable for this multi-jurisdictional region to measure homeland security preparedness in the health and medical arena.

Goal 2- Provide a health and medical gap analysis that complements the process being led by the Emergency Managers' Committee, which analyzes areas other than health and medical. This process will result in a report to be called "A Roadmap to Emergency Medical Readiness".

Project Goals, Objectives and Implementation Steps

The National Preparedness Guide identifies eight Critical Capabilities that must be developed and maintained in the health arena.

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The Surge Planning Team will build on work done in preparing the Surge Capacity Concept of Operations, which describes the coordination structure for surge response. During the writing of that document, the team saw a need to identify appropriate standards that can be applied to the unique multi-jurisdictional NCR. The region needs to research standards and protocols, find the ones that apply in this regional situation, and then check to see where the region falls short in both planning and implementation capacity and capability. Total project time 12 months.

1.0 Goal 1 – **Develop standards and benchmarks** suitable for this multi-jurisdictional region to measure homeland security preparedness in the health and medical arena in terms of:

- Planning requirements and
- Implementation requirements, i.e. capability and capacity (personnel, equipment, supplies, training, etc.)

This activity will result in a report on all the agreed-upon emergency medical standards and benchmarks for the region (i.e., where we want to be). This document will inform allocation and spending decisions for the NCR. Time span 6 months.

1.1 Objective 1: **Research and develop benchmarks** for both the planning process and implementation requirements in the homeland security health and medical arenas in the NCR. The Surge Planning Team will build on the Surge Capacity Concept of Operations document, which describes the coordination structure for surge response. During the writing of that document, the team saw the need to identify national standards that can be applied to the unique multi-jurisdictional NCR. While standards exist for states and localities, none have been specified for this type of region. The region needs to complete an analysis of benchmarks for states and localities, find the ones that apply in the regional situation, then check to see which of the appropriate benchmarks the Region meets.

1.1.1. Implementation Step 1 – The consultant will assist the team in finding national standards or benchmarks in the health and medical arena that are applicable to the unique NCR **planning process**. This step will take 2 months.

1.1.2. Implementation Step 2 – The consultant will assist the team in finding national standards or benchmarks in the health and medical arena that are applicable to the unique NCR **implementation**. This step will take 2 months.

1.1.3. Implementation Step 3 – The consultant will assist the team in producing a **report** to the region's health planners and others on benchmarks and standards for the homeland security **planning process** and **implementation** in the NCR. This step will take 2 months.

2. Goal 2 – Provide a health and medical **gap analysis** that complements the process being led by the Emergency Managers' Committee, which analyzes areas other than health and medical. This process will result in a report to be called "A Roadmap to Emergency Medical Readiness". This document will measure the region's readiness to respond to a surge in demand for health and medical service (i.e., what we have to do to meet the standards and benchmarks) and will inform allocation and spending decisions for the NCR. Time span 6 months.

2.1. Objective 2: Identify the region's gaps in readiness as measured against the standards and benchmarks developed in Goal 1 above.

2.1.1 Implementation Step 1 – The consultant will assist the surge team to measure the region's **planning process** against the identified standards and benchmarks. This step will take 2 months.

2.1.2. Implementation Step 2 - The consultant will assist the surge team to measure the region's readiness for **implementation** against the identified standards and benchmarks. This step will take 2 months.

2.1.3. Implementation Step 3 – The consultant will assist the surge team in producing a report to the region's health planners and others in the homeland security planning process. This step will take 2 months.

Project Description

The consultant will work with the Surge Planning Team to

- research the most up-to-date standards, benchmarks and indices for regional health and medical surge planning
- choose or adapt those most appropriate for this unique multi-jurisdictional region
- determine the region's status in relation to these benchmarks, measuring the gaps between the benchmarks and the region's current readiness

Two documents will result from this year-long collaborative project:

- A set of benchmarks for the region
- An analysis of the gaps between the benchmarks and the reality

Both of these documents will help to inform funding and allocation decisions throughout the region.

In the course of the project, the consultant will review all the relevant Federal documents from the medical surge viewpoint to find

- Requirements for medical surge at the regional level
- Standards, indices and benchmarks, noting especially those that are quantifiable
- Emerging concepts that may inform future planning

Federal documents will cover, at a minimum

- National Incident Management System
- HSPD-8 National Preparedness
- HSPD-8 Implementation/Preventing and Preparing for Terrorist Attacks involving Improvised Explosive Devices
- Achieving Tactical Interoperable Communications
- National Response Plan
- Institutionalizing Awareness Training
- Catastrophic Incident Planning
- Public Awareness and Citizen Participation

More specifically, the consultant will address the following issues:

- *Build/enhance a pharmaceutical stockpile and distribution network.* Planning for this is underway; a gap analysis of the planning process will be included in this project.
- *Establish/enhance a public health surveillance system.* The region has established a pilot syndromic surveillance system. The region has not done a gap analysis of other surveillance capability of the NCR. This project will identify the gaps in planning for coordinated use of surveillance in the region, including training and exercise needs.
- *Establish/enhance a terrorism/early warning system, center, or task force.* The Syndromic surveillance and bio watch exist, but have not integrated into broader planning efforts. This project will identify potential steps in that integration.
- *Establish/enhance Citizen Corps Councils*. There is a large, but unmeasured need for recruiting and training Medical Reserve Corps volunteers. This project will measure the need for and current availability of volunteers.
- *Establish/enhance public-private emergency preparedness programs*. The private medical care providers and public health have been working together for a year and a half and need to develop regional benchmarks and standards to inform resourcing decisions. This project will identify gaps in coordination and implementation.
- *Establish/enhance regional response teams*. The region has not looked at standards of licensure, protocols, mutual aid agreements specific to health, nor into standards for integration of personnel from multiple jurisdictions. This project will include identifying the need for and current status of mutual aid agreements; joint training and exercises; and protocols for working together.

- *Establish/enhance sustainable homeland security exercise programs.* The health arena has not analyzed the health exercise needs adequately. Identification of standards and gaps would be part of this project.
- *Establish/enhance sustainable homeland security planning programs*. The surge planning team knows that filling the gaps will take a long time and needs information on what those gaps are to guide that process. This project would support the surge planning team as it develops that information.

The consultant will meet periodically with the entire Surge Planning Team to outline the project, solicit ideas and expertise, report findings and achieve agreement. Between meetings, the consultant will talk individually with Committee members to solicit their input.

The consultant will research the Federal literature on medical surge planning and related issues and will also seek to attend training sessions to obtain the most current thinking on these issues.

The Surge Planning Concept of Operations document developed for the Surge Planning Team (to be completed by March 15) will serve as the foundation for this project. The consultant will use the categories outlined there (hospitals, hospice, community services, public health departments, emergency medical services, mental health, medical examiner, etc.) to guide research and analysis, and will build heavily on the concepts of surge capacity and capability outlined there.

Organization, Experience, and Qualifications

The Metropolitan Washington Council of Governments (COG) is a regional organization of Washington area local governments. COG is composed of 19 local governments surrounding our nation's capital. COG has a long history of bringing professionals together to address issues of regional significance in the metropolitan Washington area. COG provides a focus for action and develops sound regional responses to such issues as the environment, affordable housing, economic development, health and family concerns, human services, population growth, public safety, and transportation. COG has traditionally provided opportunities to coordinate those efforts where there is a need to cross jurisdictional lines. Individuals in the population often live, work and play in different jurisdictions, and may receive services from cities and counties outside of their residences. Knowing this, COG committees consider this factor in all regional planning efforts. Additionally, COG has been successful garnering participation from other disciplines.

Staffing Plan

The work will be done by a consultant as an extension of an existing contract which expires soon.

Budget Justification for Benchmarks and Gap Analysis

This will be a fixed price extension of the current contract, for development of the *Surge Concept of Operation* with Lynn Frank

Assumptions:

- Council of Government's (COG) staff will provide logistical support for all Surge Planning Team (SPT) scheduled meetings
- COG will provide minutes and other documents generated by the team; consultant will edit and refine presentations and produce interim specialized documents to enhance the SPT planning process
- Surge Planning Team members will be identified to advise team on specific components of the plan; consultant will aid them at their request
- The process will continue to refine the plan as the body of knowledge expands

Consultant Skills

- Knowledge of Health /Public Health Planning process
- Existing relationships and experience with the Health and Public Health Communities
- Subject matter expertise
- Process and consensus-building expertise
- Expertise in benchmarking, gap analysis, and milestone reporting

Deliverables

- Benchmark system for medical surge will be developed using Federal agencies (CDC HHS DHS,FEMA) and professional organizations (JCAHO, AHA, NACCHO, APHA, ACEP, etc) standards and state indicators for preparedness (Maryland, Virginia, District of Columbia)
- Identification of gaps, milestones and barriers
- Formulation of key decision points and process-resolution methods
- Reports and position papers framed for SPG members' review
- Reports completed within Team's timeframes

Budget Ca	ategory	Amount	
A. Personnel		\$	-
B. Fringe Benefits		\$	-
C. Travel		\$	-
D. Equipment		\$	-
E. Supplies		\$	-
		\$	
F. Consultants/Contracts		125,000.00	
G. Other		\$	-
		\$	
	Total Direct Costs	125,000.00	
H. Indirect Costs		\$	-
		\$	<u> </u>
	TOTAL PROJECT COSTS	125,000.00	

F. Consultants/Contracts - Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisition Regulations are followed.

Consultant Fees: For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant fees in excess of \$450 per day require additional justification and prior approval from ODP.

Name of Consultant	Service Provided	Computation	Cost
Lynn Frank	Deliverables	fixed price. Based on extension of existing contract	\$ 125,000.00
Benchmark system for r			
• Identification of gaps, n	nilestones and barriers		
• Formulation of key deciresolution methods	sion points and process-		
• Reports and position patimeframes	pers within Team's		
		subtotal	\$ 125,000.00

GOVERNMENT OF THE DISTRICT OF COLUMBIA Office of the Deputy Mayor for Public Safety and Justice

Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, The applicant certifies that:

- (a) 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 making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) 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 grant or cooperative agreement, the undersigned shall complete and submit Standard Form - Ill, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) 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 grants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510—

- A. The applicant certifies that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three-year period preceding this application 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 had one or more public transactions (Federal, State, or local) terminated for cause or default; and
- B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for grantees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620—

- A. The applicant 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 applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (b) Establishing an on-going drug-free awareness program to inform employees about-
 - (1) The dangers of drug abuse in the workplace;
 - (2) The applicant'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 10 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: Office of Grants Management and Development, 717 14th St., NW, Suite 1200, Washington, DC 20005. 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 incising 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;
 - (3) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (1), (c), (d), and (e). and (f)
- B. The applicant may insert in the space provided below the sites for the performance of work done in connection with the specific grant:

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

_777 North Capitol Street, NE, Suite 300, Washington, DC 20002___

As the duly authorized representative of the applications, I hereby certify that the applicant will comply with the above certifications.

1. Grantee Name and Address:

_	Metropolitan Washington Council of Governments	
_	777 North Capitol Street, Suite 300	
_	Washington, DC 20002	

- 2. Application Number and/or Project Name: <u>8-E (8-11)Benchmarking & Gap Analysis</u>
- 3. Grantee IRS/Vendor Number: <u>52-6060391</u>

<u>David J. Robertson, Executive Director</u>4. Typed Name and Title of Authorized Representative

5. Signature

6. Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA Office of the Deputy Mayor for Public Safety and Justice

STANDARD ASSURANCES

The applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A-87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements - 28 CFR, Part 66, Common Rule, that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Application assures and certifies that:

- 1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The applicant to act in connection with the application and to provide such additional information as may be required.
- 2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 P.L. 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
- 3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
- 4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act if applicable.
- 5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
- 6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
- 7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
- 8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection

Agency's (EPA), list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.

- 9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
- 10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
- 11. It will comply, and assure the compliance of all its sub grantees and contractors, with the applicable provisions of Title I of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, the Juvenile Justice and Delinquency Prevention Act, or the Victims of Crime Act, as appropriate; the provisions of the current edition of the Office of Justice Programs Financial and Administrative Guide for Grants; and all other applicable Federal laws, orders, circulars, or regulations.
- 12. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 20, Criminal Justice Information Systems; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 23, Criminal Intelligence Systems Operating Policies; Part 30, Intergovernmental Review of Department of Justice Programs and Activities; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Flood Plain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
- 13. It will comply, and all its contractors will comply, with the non-discrimination requirements of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, 42 USC 3789(d), or Victims of Crime Act (as appropriate); Title VI of the Civil Rights Act of 1964, as

amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title II of the Americans with Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; Department of Justice Non-Discrimination Regulations, 28 CFR Part 42, Subparts C, D, E and G; and Department of Justice regulations on disability discrimination, 28 CFR Part 35 and Part 39.

- 14. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, Office of Justice Programs.
- 15. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
- 16. It will comply with the provisions of the Coastal Barrier Resources Act (P.L 97-348), dated October 19, 1982, (16 USC 3501 et. seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.

D	avid Robertson	
Print	Name	

Executive Director
Print Title

Signature

Date