

Attachment 8: Resumes and Job Description

CLASS TITLE: DIRECTOR II

REPRESENTATIVE DUTIES:

- Plan, organize, coordinate and control two or more relatively small functional units involving clerical, support, and paraprofessional personnel with moderate direct or indirect financial impact.
- Coordinate activities with other District departments; participate in management meetings to discuss District-wide issues.
- Meet periodically with staff to resolve issues, communicate new developments, and to assure operating objectives are understood and accomplished.
- Determine and communicate departmental objectives, standards and policies; measure performance against objectives to update plans.
- Develop an organization and staffing plan to assure attainment of objectives; make or recommend changes as appropriate.
- Assure internal controls are established, maintained, and documented in compliance with organization directives.
- Support the organization's Affirmative Action Program by assuring equal employment opportunity in the hiring, placement, promotion or transfer of department personnel in all job categories.
- Administer all personnel policies and actions as appropriate.
- Coordinate the department's operations and activities; coordinate matters affecting other departments with those affected; cooperate with other departments on matters of organization-wide or mutual concern.
- Participate in internal and external organization, boards and committees as requested and authorized by appropriate management directives and specific authorities.
- Perform related duties as assigned.

ABILITY TO:

- Communicate effectively both orally and in writing.
- Prepare and deliver oral presentations.
- Work cooperatively with others.
- Establish and maintain cooperative and effective working relationships with others.
- Maintain records and prepare reports.
- Prioritize and schedule work.
- Train, supervise and evaluate personnel.
- Maintain current knowledge of technological advances in the field.
- Analyze situations accurately and adopt an effective course of action.
- Understand and work within scope of authority.
- Meet schedules and time lines.
- Plan and organize work.

EDUCATION AND EXPERIENCE: Any combination equivalent to: two years of college-level of training in a field related to assignment and five years related experience including at least one year in a supervisory capacity.

NANCY HOWE

3600 Knoxville Road, Dry Ridge, KY 41035

Nancy.howe@grant.kyschools.us | (859) 824-2859

OBJECTIVE | As a life-long resident of Grant County, Kentucky, it is my goal to utilize my position, skills, abilities, life experiences, and extensive network of personal and professional colleagues to foster the mental, physical, emotional, and spiritual well-being of my fellow citizens. This includes not only communicating good news, but also generating awareness and facilitating change, when necessary, to make and keep our community a healthy, vibrant place to live and raise a family.

SKILLS & ABILITIES | My strengths and abilities come from a lifetime in community and organizational settings. Growing up the daughter of a well-respected pastor, I learned early the role of service, ministry, compassion, and love. I understood the joys and sufferings of those around me. I learned to appreciate and respect the contributions, talents, gifts, and presence of others. I also learned the attention and discipline, management and leadership that is required to keep a body of unique individuals unified in spirit and purpose. The skills and mindset he demonstrated, together with learned technology and business skills, have served me well through the years in multiple personal and professional settings.

WORK EXPERIENCE | Administrative Assistant to Administrator, 1980-1985
Grant County Hospital, Williamstown, KY

Secretary / Bookkeeper, 1985-1989
R. H. Electric, Heating and Cooling, Dry Ridge, KY

Secretary / Bookkeeper, 1989-1993
T. Rose Trucking, Inc., Dry Ridge, KY

Secretary / Bookkeeper, 1993-2004
Grant County Schools (Mason-Corinth Elementary), Williamstown, KY

- Duties included: School communications and public relations; daily (in-house) bulletin; weekly newsletter; bookkeeping for school activity and SBDM funds; special events; record keeping for teacher and substitute attendance; service as school technology coordinator; management of front office.

Public Information Officer (PIO), 2004-2013
Grant County Schools, Williamstown, KY

- Duties include: Internal and external communications, including printed/electronic newsletters, calendar, website, 24/7 cable television presence, student one-call system, school/district report cards, and social media; photography; videography; special events;

student and staff recognitions; media liaison; district administrative team member; district crisis team member

Public Information Officer for Grant County Schools / Director of Community Education for Grant County, 2013-Present

- Duties include: Duties listed above for PIO, plus involvement with school and community initiatives including: Grant County Collaborative; Champions for a Drug-Free Grant County; Work-Ready Communities; Community Education offerings

EDUCATION | Grant County High School, 1978

- Concentration in Business Studies, Salutatorian

Northern Kentucky University, 2006

- Associate of Applied Science, Pre-Business Studies, with Distinction

LEADERSHIP | 50-YEAR CELEBRATION: Lead organizer of 50-year celebration event for Grant County High School, 2004

KENTUCKY CHANGERS: Local organizer for two Kentucky Changer week-long events hosted by our local association of churches involving 300+ volunteers at each event assisting with external home repairs for low income, elderly and disabled homeowners, 2009 and 2010. Week-long volunteer service as crew chief or assistant crew chief with this organization, 1997-2013, 2015.

KENTUCKY SCHOOL PUBLIC RELATIONS ASSOCIATION (KYSPRA) (state-wide professional organization): Board member, 2007-2013; Treasurer, 2009-10; Secretary, 2010-11; Vice-President, 2011-12; President, 2012-2013. During tenure as an executive officer, organized three state-wide professional-development conferences.

GRANT COUNTY SCHOOLS EDUCATION FOUNDATION: Secretary for newly established foundation supporting scholarships for deserving students, 2012-Present

WORK-READY COMMUNITIES: Lead facilitator for Grant County's application for Work Ready Community in Progress status, 2014-2015.

KNOXVILLE BAPTIST CHURCH: Multiple leadership roles including Sunday School teacher, Vacation Bible School Director, VBS teacher, Bible Drill Director, Youth leader, Worship leader, 1978-present.

REFERENCES | Ron Livingood, Superintendent, Grant County Schools
Don Martin, Former Superintendent, Grant County Schools
Carol Horn, Former Assistant Superintendent, Grant County Schools

Attachment 9 – General Applicant Information

Table 21: General Applicant Information

Information Required	Response
1. Legal Applicant/Grant Recipient Name (Item 8 on SF-424)	Grant County Schools
2. Applicant Coalition Name (Item 15 of SF-424; if same as Grant Applicant Name, skip to question 3)	Champions for a Drug-Free Grant County
3. Program Director Name, Phone Number, and Email Address (individual who provides daily oversight of the grant, including fiscal and personnel management, community relations, implementation, and evaluation)	Nancy Howe (859)824-2859 Nancy.howe@grant.kyschools.us
4. Project Coordinator Name, Phone Number and Email Address (individual who coordinates the work of the coalition and DFC activities, including training, coalition communication, data collection, and information dissemination)	TBD
5. Coalition Physical Mailing Address (No P.O. Boxes)	820 Arnie Risen Boulevard, Williamstown, KY 41097
6. Provide month, date, and year coalition was established (xx/xx/xxxx)	January 16, 2003
7. How long has the coalition been formally active? (i.e., 2 Years 1 month)	13 years, 2 months
8. Legal Applicant/Grant Recipient Name, Phone Number, and Email Address (the person legally charged with the programmatic and fiscal oversight grant) (e.g., Business Official or Authorized Representative)	Grant County Schools Matt Morgan (859)824-3323 Matt.morgan@grant.kyschools.us
9. Grant Award Recipient/Legal Applicant Physical Mailing Address (No P.O. Boxes)	820 Arnie Risen Boulevard Williamstown, KY 41097
10. List Federal Congressional Districts served by coalition. Go to http://www.house.gov for more information. (Item 16 on SF-424)	KY-004
11. Geographical boundaries served by the coalition (e.g., city, county, streets, township, pueblo, reservations, villages, etc.)	Grant County, KY
12. List all zip codes served by the coalition. Go to: https://tools.usps.com/go/ZipLookupAction!input.action	41010, 41030, 41035, 41052, 41054, 41097
13. Approximate total population served by the coalition	Grant County Population: 24,662

Information Required	Response
14. Total number of students in grades 6-12 in schools/districts served by coalition.	4,700
15. Coalition must identify service area as “rural”, “urban”, and “suburban” (see <u>Appendix Q</u>). Applicants must choose only one response.	Rural
16. Coalition must identify if the service area is “Economically Disadvantaged” (see <u>Appendix Q</u>). Indicate yes or no.	No
17. Does the coalition serve a Federally recognized tribal area? Indicate yes or no. If yes, applicant must provide the name of tribe.	No
18. Does the coalition have representation that includes at least one representative of the Bureau of Indian Affairs, the Indian Health Service, or a tribal government agency with expertise in the field of substance abuse? Indicate yes or no. If yes, applicant must identify the representative’s name and organizational entity.	No
19. Provide the contact information for the proposed evaluator, if applicable, for the DFC grant. Applicant must include name, phone number, and e-mail address.	Epiphany Community Services (419)402-4270 info@epiphanycommunityservices.com
20. Is the applicant a religious or faith-based organization? Indicate yes or no.	No
21. Has the applicant coalition been mentored through DFC’s Mentoring Grant Program? Indicate yes or no. If yes, provide Mentoring Grant’s Award Number (SPO-xxxxx).	No
22. Provide the date you registered the applicant in the SAM. Note: Failure to have an active registration will make your application ineligible.	Registration is verified as active – unsure of registration date.

Attachment 10

Kentucky does have a SPOC for the EO 12372 process and the appropriate application has been submitted to the state contact for review.



MATTHEW G. BEVIN
GOVERNOR

DEPARTMENT FOR LOCAL GOVERNMENT
OFFICE OF THE GOVERNOR
1024 CAPITAL CENTER DRIVE, SUITE 340
FRANKFORT, KENTUCKY 40601-8204
PHONE (502) 573-2382 FAX (502) 573-2939
TOLL FREE (800) 346-5606
WWW.DLG.KY.GOV

SANDRA K. DUNAHOO
COMMISSIONER

February 19, 2016

Mr. Ron Livingood
Grant County Schools
820 Arnie Risen Boulevard
Williamstown, KY 41095

RE: Drug Free Communities Grant - Grant County Schools
SAI# KY20160217-0138
CFDA# 93.276

Dear Mr. Livingood:

The Kentucky State Clearinghouse, which has been officially designated as the Commonwealth's Single Point of Contact (SPOC) pursuant to Presidential Executive Order 12372, has completed its evaluation of your proposal. The clearinghouse review of this proposal indicates there are no identifiable conflicts with any state or local plan, goal, or objective. Therefore, the State Clearinghouse recommends this project be approved for assistance by the cognizant federal agency.

Although the primary function of the State Single Point of Contact is to coordinate the state and local evaluation of your proposal, the Kentucky State Clearinghouse also utilizes this process to apprise the applicant of statutory and regulatory requirements or other types of information which could prove to be useful in the event the project is approved for assistance. Information of this nature, if any, concerning this particular proposal will be attached to this correspondence.

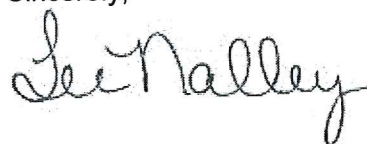
You should now continue with the application process prescribed by the appropriate funding agency. This process may include a detailed review by state agencies that have authority over specific types of projects.

This letter signifies only that the project has been processed through the State Single Point of Contact. It is neither a commitment of funds from this agency or any other state or federal agency.

The results of this review are valid for one year from the date of this letter.
Continuation or renewal applications must be submitted to the State Clearinghouse annually.
An application not submitted to the funding agency, or not approved within one year after completion of this review, must be re-submitted to receive a valid intergovernmental review.

If you have any questions regarding this letter, please feel free to contact my office at 502-573-2382.

Sincerely,

A handwritten signature in cursive script that reads "Lee Nalley". The signature is written in dark ink and is positioned above the printed name and title.

Lee Nalley
Kentucky State Clearinghouse

Attachment 11 – Disclosure of All Prior DFC Funding

As **Attachment 11**, indicate the status of the grant award recipient/legal applicant coalition or noncoalition entity by completing both the checklist and the table below. At the bottom sign and date the form. **Do not include information about STOP Act or DFC Mentoring grants on this form.** Indicate your status with respect to DFC funds by checking the appropriate box below.

Coalition:

- ☒ Coalition has had no prior DFC funding
☐ Coalition applicant formerly funded through DFC

Legal applicant/grant recipient:

- ☒ Legal applicant/grant recipient for a coalition that has had no prior DFC funding
☐ Legal applicant/grant recipient for a coalition(s) funded through DFC for _____ years

List in the table below all of the DFC funding ever received. Add as many rows as needed to include all required information.

Table 22: Disclosure of All Prior DFC Funding

Fiscal Year of Funding	DFC Award Number(s) (for current and all previous years)	Legal Applicant/ Grant Award Recipient	Coalition Name	Names of Key Personnel (Program Director and Project Coordinator)

By signing below, I attest that *Champions for a Drug-Free Grant County* is applying for Year *1* of DFC funding. I also attest that the information provided in the above table is true and correct.

NOTE: All forms cannot be more than 12 months old at the time of application and require handwritten signatures and dates or they will be screened out and not move forward to peer review. Providing false or misleading information is unlawful and subject to criminal penalties, 18 USC1001.

Ronald G. Livingood
 Authorized Official for
 Legal Applicant/Grant Recipient (Print)

Ronald G. Livingood
 Authorized Official Signature for
 Legal Applicant/Grant Recipient

Superintendent
 Title

Kelly West
 Official Coalition Representative (Print)

Kelly West
 Signature for Official Coalition Representative

Chairperson
 Title

Grant County Schools
Organization/Agency

3/16/16
Date

Champions for a Drug-Free
Organization/Agency Grant County

3/16/16
Date

Attachment 12 – DFC National Cross-Site Evaluation Requirements

As **Attachment 12**, the legal applicant/grant recipient and/or official coalition representative **must** indicate the coalition's ability to meet the DFC National Cross-Site Evaluation requirements by completing Table 23 below.

The DFC Support Program collects four core measures to determine the effectiveness of the DFC Support Program. The four core measures are:

1. Past 30-day use
2. Perception of risk or harm of use
3. Perception of parental disapproval of use
4. Perception of peer disapproval of use

Each of the above core measures **must** be collected and reported **every two years**, in at **least three grades** between grades 6th-12th and on **four substances** (alcohol, tobacco, marijuana, and prescription drugs). It is strongly recommended that data be collected in both middle school grade(s) and in high school grade(s). Grant recipients are allowed to collect additional data as they see fit to meet their local and coalition evaluation needs.

Table 23: DFC National Cross-Site Evaluation Requirements

Questions	Answer
Name of the primary survey instrument to be used to collect data required to obtain the four core measures: 1. Past 30-day use 2. Perception of risk or harm of use 3. Perception of parental disapproval of use 4. Perception of peer disapproval of use	Kentucky Incentives for Prevention Survey (KIP)
How often/when will the survey(s) be administered and collected?	Every two years
What, if any, supplemental survey(s) instrument and/or data will be used to meet the DFC National Cross-Site Evaluation requirements?	NA
On what date was the data collected to answer Question 2 of the Project Narrative?	Fall of 2014

Attachment 13 – Congressional Notification

Grant Award SPO# (if applicable)

Coalition Name: Champions for a Drug-Free Grant County

Grant Recipient Organization: Grant County Schools

Coalition Community: Grant County, KY

Grant Recipient Contact Name: Dr. Ron Livingood

Grant Recipient Contact Mailing Address: 820 Arnie Risen Boulevard, Williamstown, KY 41097

Grant Recipient Contact E-Mail Address: Ron.livingood@grant.kyschools.us

Grant Recipient Contact Phone: (859)824-3323

Coalition Contact Name: Kelly West

Coalition Contact Mailing Address: 820 Arnie Risen Boulevard, Williamstown, KY 41097

Coalition Contact E-Mail Address: Kelly.west@williamstown.kyschools.us

Coalition Contact Phone: (859)824-3323

Kentucky

Serving Federal Congressional District(s): 004

Coalition Located in Federal Congressional District: 004

Project Description

The *Champions for a Drug-Free Grant County* was awarded a FY 2016 Drug-Free Communities Support Program grant in the amount of \$125,000 by the White House Office of National Drug Control Policy, in cooperation with the Substance Abuse and Mental Health Services Administration. The Coalition serves *Grant County, KY*, a community of 24,753. The goals of the coalition are to establish and strengthen community collaboration in support of local efforts to prevent youth substance use. The coalition will achieve its goals by implementing these strategies:

- Increasing youth participation in coalition work and activities.
- Limiting youth access to alcohol.
- Increasing youth perception of risk of alcohol use.
- Limiting youth access to marijuana.
- Increasing youth perception of risk of marijuana use.

ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

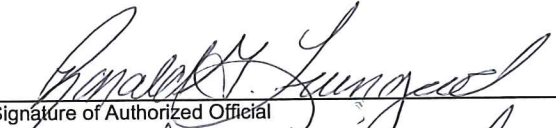
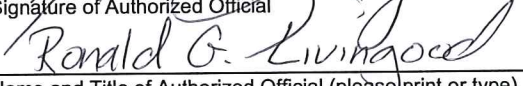
1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

3/16/16
Date

Please mail form to:
U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Ave., S.W.
Washington, DC 20201


Signature of Authorized Official

Name and Title of Authorized Official (please print or type)
Grant County Schools
Name of Healthcare Facility Receiving/Requesting Funding
School District
820 Arnie Risen Blvd.
Street Address
Williamstown, Ky 41097
City, State, Zip Code

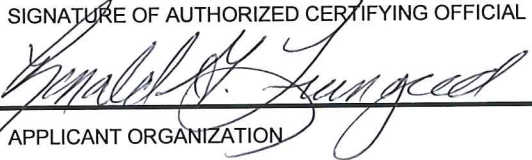
**ASSURANCE
of Compliance with SAMHSA Charitable Choice
Statutes and Regulations
SMA 170**

**REQUIRED ONLY FOR APPLICANTS APPLYING FOR GRANTS THAT FUND
SUBSTANCE ABUSE TREATMENT OR PREVENTION SERVICES**

SAMHSA's two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

As the duly authorized representative of the applicant, I certify that the applicant:

Will comply, as applicable, with the Substance Abuse and Mental Health Services Administration (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE <i>Superintendent</i>
APPLICANT ORGANIZATION <i>Grant County Schools</i>	DATE SUBMITTED <i>3/16/16</i>

Apr. 19. 2013 10:29AM

No. 1418 P. 1/2

COMMONWEALTH OF KENTUCKY
FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE
FRANKFORT
40601-2103

April 19, 2013

GRANT COUNTY SCHOOLS
ATTN: MATT MORGAN
820 ARNIE RISEN BLVD
WILLIAMSTOWN KY, 41097

LOCATION ADDRESS

820 ARNIE RISEN BLVD
WILLIAMSTOWN KY, 41097-

PURCHASE EXEMPTION NUMBER: C00186

EFFECTIVE DATE: 12/31/1960

Dear Sir or Madam:

Based on the information submitted in your Application for Purchase Exemption -- Sales and Use Tax, you are hereby authorized to purchase tangible personal property or services, including utilities, without paying or reimbursing the vendor for the sales or use tax with respect to such purchases.

Your vendor is hereby authorized to sell tangible personal property or services, including accommodations and utilities, to you without receipt of sales or use tax, provided the vendor receives a copy of your purchase exemption certificate, Revenue Form 51A126, in good faith and retains the copy in the business's records. Every invoice should show that delivery was made to you and should bear the exemption permit number shown above. The vendor may deduct receipts from these sales on Line 4 of his/her return.

If any of the property purchased is not used within the exempt function of your charitable, educational, or religious institution, you will immediately report and pay the required tax measured by the purchase price of the property (you must contact the Department of Revenue immediately if such a situation arises). Any official or employee of the institution who uses official position to make tax-free purchases for personal use, or that of any other person, will be subject to the penalties provided in KRS 139.990 and other applicable laws.

This exemption authorization applies only to PURCHASES made by your organization. If you are a nonprofit charitable, educational, or religious institution making retail sales of tangible personal property, a sales and use tax permit must be obtained for reporting and remitting the tax on such sales. For further information refer to the enclosed fact sheet. In addition, this authorization does not exempt your agency/organization from motor vehicle usage tax when purchasing a vehicle or u-drive-it tax when renting a motor vehicle.

In the event there is a change in your name, address, or operations from the information submitted in your application, you must notify the Department of Revenue in writing of the change immediately.

If you require additional information or assistance in this matter, please contact the undersigned at: Department of Revenue, Division of Sales and Use Tax, Station 67, PO Box 181, Frankfort, KY 40602-0181, or call 502-564-5170.

Connie Rodgers

Connie Rodgers, Supervisor
Certification Section
Division of Sales and Use Tax

Enclosure

CHECKLIST

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete each page of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last pages of the signed original of the application.

Type of Application: ☒ New ☐ Noncompeting Continuation ☐ Competing Continuation ☐ Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

- | | Included | NOT Applicable |
|--|-------------------------------------|-------------------------------------|
| 1. Proper Signature and Date on the SF 424 (FACE PAGE) | <input checked="" type="checkbox"/> | |
| 2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690) | | |
| <input checked="" type="checkbox"/> Civil Rights Assurance (45 CFR 80) | 03/16/2016 | |
| <input checked="" type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) | 03/16/2016 | |
| <input checked="" type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) | 03/16/2016 | |
| <input checked="" type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) | 03/16/2016 | |
| 3. Human Subjects Certification, when applicable (45 CFR 46) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

- | | YES | NOT Applicable |
|--|-------------------------------------|-------------------------------------|
| 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) | <input checked="" type="checkbox"/> | |
| 3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)? | <input checked="" type="checkbox"/> | |
| 4. Have biographical sketch(es) with job description(s) been provided, when required? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? | <input checked="" type="checkbox"/> | |
| 6. Has the 12 month narrative budget justification been provided? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the budget for the entire proposed project period with sufficient detail been provided? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. For a Supplemental application, does the narrative budget justification address only the additional funds requested? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. For Competing Continuation and Supplemental applications, has a progress report been included? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made

Prefix: Mr. First Name: Matthew Middle Name:
Last Name: Morgan Suffix:
Title: Assistant Superintendent of Finance & Personnn
Organization: Grant County Schools
Street1: 820 Arnie Risen Boulevard
Street2:
City: Williamstown
State: KY: Kentucky ZIP / Postal Code: 41097 ZIP / Postal Code4: 9459
E-mail Address: matt.morgan@grant.kyschools.us
Telephone Number: (859) 824-3323 Fax Number: (859) 824-3508

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Prefix: Dr. First Name: Ronald Middle Name:
Last Name: Livingood Suffix:
Title: Superintendent
Organization: Grant County Schools
Street1: 820 Arnie Risen Boulevard
Street2:
City: Williamstown
State: KY: Kentucky ZIP / Postal Code: 41097 ZIP / Postal Code4: 9459
E-mail Address: ron.livingood@grant.kyschools.us
Telephone Number: (859) 824-3323 Fax Number: (859) 824-3508

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

- ☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- ☒ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- ☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- ☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- ☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of HHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: (Agency)

on (Date)

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the Federal Register on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding HHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

BY SIGNING THE FACE PAGE OF THIS APPLICATION, THE APPLICANT ORGANIZATION CERTIFIES THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF THE SIGNER'S KNOWLEDGE, AND THE ORGANIZATION ACCEPTS THE OBLIGATION TO COMPLY WITH U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' TERMS AND CONDITIONS IF AN AWARD IS MADE AS A RESULT OF THE APPLICATION. THE SIGNER IS ALSO AWARE THAT ANY FALSE, FICTITIOUS, OR FRAUDULENT STATEMENTS OR CLAIMS MAY SUBJECT THE SIGNER TO CRIMINAL, CIVIL, OR ADMINISTRATIVE PENALTIES.

THE FOLLOWING ASSURANCES/CERTIFICATIONS ARE MADE AND VERIFIED BY THE SIGNATURE OF THE OFFICIAL SIGNING FOR THE APPLICANT ORGANIZATION ON THE FACE PAGE OF THE APPLICATION:

Civil Rights – Title VI of the Civil Rights Act of 1964 (P.L. 88-352), as amended, and all the requirements imposed by or pursuant to the HHS regulation (45 CFR part 80).

Handicapped Individuals – Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 84).

Sex Discrimination – Title IX of the Educational Amendments of 1972 (P.L. 92-318), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 86).

Age Discrimination – The Age Discrimination Act of 1975 (P.L. 94-135), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 91).

Debarment and Suspension – Title 2 CFR part 376.

Certification Regarding Drug-Free Workplace Requirements – Title 45 CFR part 82.

Certification Regarding Lobbying – Title 32, United States Code, Section 1352 and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 93).

Environmental Tobacco Smoke – Public Law 103-227.

Program Fraud Civil Remedies Act (PFCRA)

Pre-Submission Verification Checklist

Use the checklist below to ensure that the application meets all submission requirements. **Please place an “X” beside each item that has been completed. Include this completed verification as the last page of the application.** **NOTE:** This checklist is not the same as the required Checklist found in the Grant Application Package. You must include **both** checklists.

Table 24: Pre-Submission Verification

Items to Complete	“X” if Completed
Did you complete and sign the Application for Federal Assistance Form (SF-424)?	X
Did you complete Sections B, C, and E of the Non-Construction Budget Worksheet (SF-424A)?	X
Did you include a Table of Contents and number it page 1?	X
Did you include a Community Overview after the Table of Contents (page 2)?	X
Is your Project Narrative (scored section) no longer than 25 pages ?	X
Does your Project Narrative address all 5 FY 2016 FOA questions in Section 5.2?	X
Did you include the 12 Month Coalition Action Plan per Section 5.3.3)?	X
Is a one-year Budget Narrative and future years funding table included?	X
Did you include a lease agreement and floor plan for proposed cost for Rent, if applicable?	N/A
Did you include an Indirect Cost Rate Agreement for proposed indirect cost, if applicable?	N/A
Did you demonstrate that your coalition will meet the matching fund requirements (Budget Narrative, SF-424, and SF-424A)?	X
Did you meet all Statutory Eligibility Requirements (see Table 1 of this FOA)?	X
In Attachment 1, did you include one completed CIA for each of the 12 sector members (see <u>Appendix D</u> ; including Table 19 on each CIA)?	X
In Attachment 2, did you provide two sets of coalition meeting minutes that took place between January 1, 2015 and the deadline for this application (March 18, 2016)?	X
In Attachment 3, did you include the coalition’s Mission Statement?	X
In Attachment 4, did you include an Assurance of Legal Eligibility or a Memorandum of Understanding between Grant Award Recipients/Legal Applicant and Coalition (see <u>Appendix E</u> or <u>Appendix F</u>)?	X

Items to Complete	"X" if Completed
In Attachment 5, did you include Letter(s) of Mutual Cooperation, with other coalition(s) that are serving a same zip code or partial zip code area as the applicant coalition or a statement that there is no overlap?	X
In Attachment 6, did you include the Assurance of One DFC Grant at a Time (see <u>Appendix G</u>)?	X
In Attachment 7, did you include Assurance of DFC 10-Year Funding Limit (see <u>Appendix H</u>)?	X
In Attachment 8, did you include the required Program Director and Project Coordinator Resumes, CV's and Position Descriptions (see <u>Appendix I</u>)?	X
In Attachment 9, did you include the completed General Applicant Information Table 21 (see <u>Appendix J</u>)?	X
In Attachment 10, did you include a copy of the letter to the SSA (see <u>Appendix K</u>)?	X
In Attachment 11, did you include the Disclosure of All Prior DFC Funding (see <u>Appendix L</u>)?	X
In Attachment 12, did you include the DFC National Cross-Site Evaluation Requirements form (see <u>Appendix M</u>)?	X
In Attachment 13, did you include the Congressional Notification (see <u>Appendix N</u>)?	X
Did you include the Certifications and other forms, i.e., HHS690 & SMA170, etc.	X
Did you include the Checklist found in the Grant Application Package as the next-to-last page of the application?	X
Is this completed Pre-Submission Verification Checklist the last page of the application (see <u>Appendix O</u>)?	X