

**Application for Contract  
Crisis to Permanency  
Program (C2P)**

Entire packet must be submitted via email to  
[sdhr.procurement@dhr.alabama.gov](mailto:sdhr.procurement@dhr.alabama.gov)

Date of Submission:

Vendor Name:

Vendor Address (no P.O. Boxes):

Vendor Phone:

Vendor Federal I.D. Number:

Vendor E-mail Address:

Authorized Vendor Signatory:  
(Please print name and sign in ink)

**Resource Management use only:**

Application number:

Date and Time

Received:



## Alabama Department of Human Resources

### Application Instructions – Crisis to Permanency Program

Thank you for your interest in contractual services through the Alabama Department of Human Resources (ADHR). Please carefully review the Application Instructions, Vendor's Document Checklist, Evaluation Criteria, and Addendum A before completing and submitting your application. Incomplete or incorrectly submitted applications may delay the review process or result in denial of acceptance of application.

The entire application packet must be submitted via email to [sdhr.procurement@dhr.alabama.gov](mailto:sdhr.procurement@dhr.alabama.gov).

#### Services Overview:

The Alabama Department of Human Resources seeks qualified vendors to establish a crisis to permanency program for children in the custody of the state. The C2P is a specialized, continuum-based placement program designed to address critical placement gaps for adolescents who enter foster care, experiencing placement disruption during crisis events, in behavioral or emotional crisis, or no immediate placement availability. Vendors must be willing to accept children after-hours and in emergency situations. These services can be provided in either a congregate care setting, group home setting, or foster home setting. Services will be provided to youth ages 14-19, under the planning responsibility of Jefferson County Department of Human Resources and Mobile County Department of Human Resources. A more complete description of the services sought for this project is provided in the Addendum A section of this application.

#### Eligibility:

Eligible vendors may include governmental agencies, faith-based organizations, non-governmental public or private organizations and individuals who:

- 1) are legally authorized to conduct business within the State of Alabama
- 2) possess a high degree of professional skill in this area of services
- 3) possess the skills needed to perform the services
- 4) meet the terms and conditions of this service
- 5) must demonstrate the ability to manage Department funds in accordance with Federal and State regulations and guidelines.

#### Mandatory Requirements:

- Vendors must be licensed by the Department of Human Resources. Vendors must obtain a Child Placing Agency license to provide services in a foster home setting or a Residential Child Care Facility License to provide services in a congregate care setting and must include a copy of their license with their application. Unlicensed vendors must include a copy of their application for licensure with their application.
- Vendors must complete or provide the following forms (All required fields must be completed entirely and accurately.):
  - Disclosure Statement
  - Taxpayer Identification Number Form **OR** W-9 and Legal Status Letter
  - Certificate of Compliance



- E-Verify Memorandum of Understanding (MOU) (Issued by Department of Homeland Security)
  - Cost Proposal
  - Attestation and Declaration for Provision of Services
  - Provide all required documentation outlined in the Attestation and Declaration for Provision of Services
  - Vendor Certifications
- New vendors must provide a detailed Start-up Plan with a project schedule that comprise of the detailed work plan for the entire contract. Vendors must provide a detailed description of the work plan and the methods to be used that will convincingly demonstrate to the Department what the vendor intends to do, the timeframes necessary to accomplish the work, and how the work will be accomplished.
  - Vendor must attach all supporting documents as PDFs, including but not limited to licenses, certifications, audits or financial statements, and resumes/job descriptions for all employee levels assigned to the contract.

#### **Evaluation and Selection Process:**

DHR will review all applications for completeness, eligibility, and alignment with program requirements. Applicants may be contacted for clarification or additional documentation and will have 10 days to provide requested information.

During pre-screening, applications will be reviewed to ensure compliance with all general and mandatory requirements. Upon completion of this initial review, applications will be classified and “accepted” or “denied”.

All accepted applications will be evaluated against the stated criteria. In scoring against the stated criteria, the Department may consider such factors as accepted industry standards and a comparative evaluation of all other qualified application responses in terms of differing price, quality, and contractual factors to determine the most advantageous offering to the Department. Don’t assume the Department or evaluation committee will know what your companies’ capabilities are or what items/services you can provide, even if you have previously contracted with the Department. Vendors are evaluated solely on the information and materials provided in your application.

Vendors selected to engage in a contract will be notified in writing by Resource Management- Office of Procurement.

Selection of a vendor shall not be binding upon the Department and may or may not, at the Department’s discretion, result in the Department entering a contract with the vendor if it is in the best interest of the Department not to proceed with contract execution.



## VENDOR'S DOCUMENT CHECKLIST

1. \_\_\_\_\_ **CONTRACT APPLICATION with signature of person legally authorized to bind vendor to contract**
2. \_\_\_\_\_ **Licenses/Certificates/Credentials**
3. \_\_\_\_\_ **Disclosure Statement (Appendix A)**
4. \_\_\_\_\_ **Taxpayer ID # (Appendix B) or W-9 and Legal Status Letter**
5. \_\_\_\_\_ **Certificate of Compliance (Appendix D)**
6. \_\_\_\_\_ **E-Verify (MOU) (Issued by Department of Homeland Security)**
7. \_\_\_\_\_ **Start-up Plan must have a Detailed Schedule Submitted**
8. \_\_\_\_\_ **Appendix F (Cost Proposal)**
9. \_\_\_\_\_ **Completed Attestation and Declaration for Provision of Services**
10. \_\_\_\_\_ **Audits or New Vendors provide Financial Statements**
11. \_\_\_\_\_ **Resumes/Job Descriptions for All Employee Levels assigned to this contract**
12. \_\_\_\_\_ **Signed Vendor's Certifications**

**This checklist is provided for assistance only and should not be submitted with Vendor's response.**



## **ADDENDUM A**

### **1.0 CRISIS TO PERMANENCY PROGRAM**

Crisis to Permanency Program (C2P) is a specialized, continuum-based placement program designed to address critical placement gaps for adolescents who enter foster care or experience placement disruption during crisis events, including after-hours and emergency situations. C2P programs must meet either the Minimum Standards for Residential Child Care Facilities for congregate care setting or the Minimum Standards for Child Placing Agencies for foster home setting. The length of stay is phase-driven and not intended to extend crisis placement unnecessarily. The total length of participation in C2P may extend up to nine (9) months, subject to: youth needs, ISP team decisions, SDHR Resource Management approval, and Utilization review.

Vendors must be willing to provide emergency, after-hours, weekends, and holiday admissions.

The C2P is a multi-phase placement program that provides continuity of care across crisis stabilization, assessment, and transition phases while allowing youth to move between placement settings without changing providers.

The program is intentionally designed to bridge the gap between crisis response and planned permanency and shall not be operated as shelter care, a short-term crisis-only program, or a long-term residential placement.

#### **1.1 POPULATION TO BE SERVED**

Youth eligible for placement in C2P include:

- Adolescents aged 14 through 19 at the time of admission
- Youth in the care, custody, or control of ADHR
- Youth entering custody after-hours or during emergency situations
- Youth experiencing placement disruption due to behavioral, emotional, or situational crises
- Youth for whom no immediate appropriate placement is available

#### **1.2 REFERRAL AUTHORITY**

All referrals must be approved by:

- SDHR Division of Resource Management
- In coordination with the applicable County Department of Human Resources
- The provider shall not accept self-referrals or unauthorized placements.

#### **1.3 PHASE SERVICE REQUIREMENTS**

##### **1.3.1 Crisis Stabilization Phase Requirements**

The provider shall:

- Accept all referrals approved by SDHR Resource Management during the Crisis Stabilization Phase



- Accept referrals and complete physical admission of youth twenty-four (24) hours per day, seven (7) days per week, including after-hours, overnight, weekends, and holidays, upon approval by SDHR Resource Management
- Maintain a no-reject / no-eject policy during this phase
- Ensure continuous supervision with awake staff
- Implement trauma-informed crisis de-escalation practices
- Initiate or update the ISP immediately upon placement
- Coordinate with County DHR for medical, legal, and court-related needs

### **1.3.2 Assessment & Placement Matching Phase Requirements**

The provider shall:

- Coordinate and/or Facilitate completion of required assessments, including MAT and psychological evaluations
- Coordinate educational and functional assessments, provide copies of all completed assessments to County DHR staff within five (5) business days of receipt, and debrief assessment findings with County staff within ten (10) business days to inform case planning
- Participate in ISP meetings and planning
- Prepare the youth and receiving placement for transition
- Ensure placement matching decisions are informed by assessment outcomes

### **1.3.3 Transition & Permanency Support Phase Requirements**

The provider shall:

- Coordinate all planned discharges and transitions with County DHR and SDHR Resource Management and ensure discharge occurs only after an approved transition/permanency plan is in place.
- Support planned transitions to long-term placements, including foster family homes, relative placements, therapeutic placements, independent living arrangements, or other approved permanency options as determined by the ISP team.
- Provide stabilization supports during the initial post-move period to reduce the risk of placement disruption
- Coordinate with County DHR to address emerging concerns during the transition period
- Document transition activities, outcomes, and placement stability
- Participate in post-transition staffing meetings as requested by SDHR Resource Management or County DHR

## **1.4 PROVIDER QUALIFICATIONS AND REQUIREMENTS**

### **3.4.1 Provider Eligibility**

Proposers must demonstrate:



- Current licensure, certification, or authorization to operate the proposed placement and service components in Alabama
- Experience serving adolescents with behavioral and emotional needs in foster care or similar systems
- Capacity to operate a 24/7 crisis response program with no-reject/no-eject requirements during the Crisis Stabilization Phase
- Ability to provide or coordinate Medicaid-reimbursable behavioral health services

### **3.4.2 Staffing Requirements**

The provider shall:

- Employ sufficient staff to meet supervision and safety requirements across all program phases
- Ensure staff are trained in trauma-informed care, crisis de-escalation, and adolescent behavioral health
- Utilize appropriately licensed or credentialed clinicians to deliver Medicaid-reimbursable services
- Maintain clinical supervision consistent with licensing and Medicaid requirements

### **3.4.3 Training Requirements**

The provider shall ensure all staff receive training in:

- Trauma-informed care
- Crisis intervention and de-escalation
- Adolescent development and behavioral health
- Cultural humility and bias awareness
- DHR policies related to foster care and placement

## **1.5 RESPONSIBILITIES OF THE PROGRAM**

- Maintain licensed, safely staffed, secure settings which adhere to state minimum standards, policies, and procedures.
- Ensure that staff completes all required training as detailed in Minimum Standards for Residential Child Care Facilities or Minimum Standards for Child Placing Agency within the time frames indicated. Foster Home Programs must also comply with the Minimum Standards for Foster Homes.
- Vendor must include credentials and training of individuals providing service. Required training to include Trauma-Informed Care, Crisis Intervention and De-Escalation, Adolescent Development and Behavioral Health, Cultural Humility and Bias Awareness, and DHR policies related to foster care and placement.
- Vendor must have a detailed plan to be able to Accept, Review and give a Decision on both County and SDHR referrals for admissions 24/7 – 365 days a year.
- Admissions to C2P must be able to occur any time (ex: days, nights, weekends, or holidays)
- Provide rotating staff to be available for children 7 days a week, 24 hours a day.
- Provide the contact information for intake staff, Directors, and Chief Executive Officers to the County DHR Offices and SDHR – Resource Management Division for after hour emergencies.



- Participate and/or provide meaningful input in the ISP process which will include Coordinating, monitoring, and evaluating services required to meet youth's needs.
- Implement trauma-informed crisis de-escalation practices
- Coordinate with County DHR for medical, legal, and court-related needs
- Coordination of completion of required assessments (ex: psychological evaluations, MAT, EPSDT...)
- Coordinate Education and Functional assessments which should be provided to the County DHR within five (5) days of receipt and debriefed with County DHR Staff within ten (10) days to inform case planning.
- Initial treatment plan developed within ten (10) days from admission date; the comprehensive treatment plan developed within thirty (30) days from admission date and, a treatment plan review held every ninety (90) days thereafter. (Note: The discharge plan shall be developed at the time of placement.) The treatment plan should include goals that are measurable and address the reduction of duration, frequency, and intensity of symptoms, and what interventions will be used to meet each goal.
- When the treatment plan includes the use of psychotropic medication, informed consent is required. Informed consent requires that the prescribing physician inform the child and legal guardian (county DHR worker) of the risks and benefits of the proposed treatments and the risks and benefits of alternative treatments, including no treatment. This includes information about the potential benefits of the medication, the possible risks, and the range of doses. Information about serious adverse effects and how to contact the physician must be discussed. Staff and DHR workers should be given ample time for questions and discussion before consent is requested.
- Follow the policy set forth by Alabama Department of Human Resources to follow the federal drug protocol mandate. The policy will provide guidelines for informed consent, minimum and maximum dosage guidelines, prior approval protocols, use of PRN medications, notification regarding medication dosage changes, and required medication testing and monitoring.
- Provide medication monitoring and administering.
- Develop and administer an individualized behavioral management plan for the child or youth with input and collaboration with the family's ISP team. The behavioral management plan should be positive and focus on the strengths of the child. Implement and monitor the behavioral management plan. Ensure the County DHR is provided a copy of the current Behavioral Management Plan.
- Provide Basic Needs- provide food, shelter, clothing, hygiene items, etc. as outlined in Principles of Care section in Minimum Standards.
- Provide structured and planned extracurricular activities individualized to the youth's interests consistent with the ISP, ensure the child's involvement in at least one extra-curricular activity of the child's or youth's own choosing, e.g. band, karate, various sports, Boy or Girl Scouts, etc. **DHR will be responsible for payment of the activity, while the contracting agency will provide the transportation and support for the child's participation.**
- Provide local transportation at no additional costs for medical appointments, court, school, therapy appointments, child/family team meetings, recreational activities, home visits and family visits. Provider and any personnel providing transportation are prohibited from text messaging while driving a government-owned vehicle or while driving their own privately-owned vehicle during official business or from using government-supplied electronic equipment to text message or email while driving.
- Utilize the Independent Living Skills Assessment for youth 14 and older. Providers shall incorporate the assessment outcomes into service planning and curriculum and provide opportunity for youth to develop independent skills including but not limited to:
  - ✓ Personal Care- health/medical, food/nutrition, clothing care, household chores, money management, leisure time, safety, community resources, housing, transportation, and legal issues
  - ✓ Psychosocial- decision making, relationship building, parenting, sexuality, self-image, communication, and response to authority.
  - ✓ Education- basic education, high school graduation, vocational training, preparation for higher education
  - ✓ Employment and Money Management- job, career, work habits, basic money management.





- Ensure that children are receiving needed educational services, including homework assistance (not tutoring), transportation to school, and access to alternative educational settings as identified in the family's ISP. On site or community accredited educational services, GED services, or vocational services. Ensure that the County DHR receives information on any educational meeting on the child so that the County DHR can attend. Ensure that the County DHR has copies of all educational assessments, IEPs, discipline notices, etc. pertaining to the child and education.
- Consistent with the ISP, provide two (2) hours per week of tutoring by a person qualified to offer specialized assistance in a certain subject; monitor the tutoring for the achievement of outcomes in the child's educational setting.
- Ensure children receive routine and emergency eye care, dental care, psychiatric care, and medical care. Work with the County DHR Office to ensure that the EPSDT screening is completed according to schedule; update EDS software with the provider number and screening dates, as appropriate; provide copy of screening to county DHR.
- In conjunction with the ISP team, the vendor must develop a discharge plan to include a recommendation for aftercare. The discharge plan must be developed at the time of placement.
- Support flexible visitation
- Age-Appropriate Independent Living Skills in Accordance with Outcomes identified in the ISP at minimum of 1 hour per day. These Independent Living Skills will include development, improvement, or reinforcement of age appropriate social, personal hygiene, money management, communication, and behavioral skills.
- Provide supportive services to the family as agreed in the ISP. This may include but is not limited to supervision of family visitation, providing space where the family can visit comfortably, and flexibility of program structure that allows family contact at times that work for them.

## 1.6 PLANNING RESPONSIBILITY

The County Department of Human Resources that has planning responsibility for a child has the responsibility to provide appropriate documentation including services relating to the Individual Service Plan (ISP). **All services provided must be authorized on an ISP.** If such documentation is not provided within ten (10) days from placement date, the contract provider should notify the County Department of Human Resources and the State Department of Human Resources-Resource Management Division-about such deficiencies.

### Oversight

- SDHR Resource Management retains:
  - Referral approval
  - Phase transition approval
  - Discharge approval
- Utilization review conducted regularly
- County DHR maintains planning responsibility per ISP policy

## 1.7 RESPONSIBILITIES OF THE DEPARTMENT OF HUMAN RESOURCES

- A. DHR is responsible for visiting each child at least once a month. Additional visits could be warranted if directed in the ISP or if a child's status changes.
- B. DHR is responsible for conducting ISPs per policy and distributing a copy of the plan within the required ten (10) days.



- C. DHR is responsible for participating in the treatment plan and reviewing the child's treatment plan and incorporating into the ISP.
- D. DHR is responsible for all aspects of a child's medical care. This includes the following:
- Prescription medications – the county is responsible for ensuring that each child receives prescribed medication through Medicaid, payment through child's earmarked funds, payment through flex funds, etc. If a child is prescribed psychotropic medications the county department is responsible for monitoring these medications and following the Oversight of Psychotropic Medication for Children in Foster Care; Title IV-B Health Care Oversight & Coordination Plan that is mandated by the Federal government. The county is responsible for ensuring that at time of placement, the child has at least a 30-day supply of all currently prescribed medications.
  - Doctor's appointments – the county is responsible for ensuring that each child receives the required medical treatment needed.
  - The county is responsible for being in person when a child is having planned surgery. The county is responsible for all decisions, follow up, and discharge planning.
  - Providers will initiate emergency treatment for a child requiring immediate medical attention and the county shall respond in person immediately to determine the child is receiving the appropriate care. The county is responsible for follow up and discharge planning.
  - The county department is responsible for ensuring the child's eligibility for Medicaid and or private insurance coverage if not eligible for Medicaid.
  - The county department is responsible for the EPSDT periodic screening and inter-periodic screenings for children in custody. The county department is responsible for the initial medical exam which can be obtained through the periodic screening.
- E. VISITATION/TRANSPORTATION – Vendor services requires that the vendor assist with local transportation. The county is responsible for transportation that is not local. The county is responsible for assessing the progress or lack of progress of family visits. If, a vendor is supervising visits the worker should be reviewing the reports of the visits and periodically observe the interactions themselves due to required court testimony to support any recommendation made by the county.
- F. CLOTHING – The county department is responsible for ensuring that the child has the required initial clothing and works with the provider to address any specific clothing needs over the time of the placement, such as for extracurricular activities, school requirements, and etc. Community resources should be accessed if there are no private earmarked funds or other funding sources to cover the expenditures needed for the child.
- G. EXTRA CURRICULAR ACTIVITIES - Consistent with the ISP, ensure the child's involvement in at least one extra-curricular activity of the child's or youth's own choosing, e.g. band, karate, various sports, Boy or Girl Scouts, etc. DHR will be responsible for payment of the activity, while the contracting agency will provide the transportation and support for the child's participation. The Department can use a child's private earmarked funds, the foster care trust fund, ILP funds, or flex funds to pay for items such as musical instruments, lessons, sports equipment, etc. The ISP should address the activity for the child.

## **1.8 ADDITIONAL SERVICES FOR YOUTH FROM 14 TO 21 YEARS OLD**

**This section addresses specific services for youth who are considered Independent Living age which is 14 through 21 years old. These services are designed to prepare youth for successful transition from foster care toward Independent Living.**



- A. Vendors must begin referencing the ILP Framework, Youth Assessment Summary and Alabama Transition Plan when establishing ILP's and treatment plans.
1. If a youth is already in placement upon reaching the age of 14 years vendors should be provided with a copy of Youth Assessment Summary. IL funds cannot be used on said youth until this assessment is completed.
  2. Youth 17 years of age or older should have an Alabama Transition Plan connected to their case plan. This Transition Plan can begin earlier than age 17 if recommended by the ISP team.
- B. An emphasis should be placed on training youth toward increasing responsibility of managing their own needs (medical, educational, mental health, etc.) with appropriate supports. The youth's progress toward achieving goals should be listed in terms of development of skills listed from the ILP framework and should relate to services provided during the month.
- C. Youth should be granted increasing responsibility to manage their medical and mental health needs. Demonstration related to medication competency should be assessed with a focus on building capacity to afford youth the ability to administer their own medication, when deemed appropriate by the ISP Team.
- D. Skill building connected to the ISP and Alabama Transition Plan must be tailored to a youth's current level of functioning moving them from an awareness of skill to learning and doing the skills. Skill areas include personal growth/social development; family supports/healthy relationships; health education/risk prevention; education, employment, and career preparation; money management; housing and home management; and transportation.
- E. When youth do not have an established or healthy relationship with their family, vendor will work to establish at least one adult or mentor that has the potential to remain active in the youth's life once they have left foster care; vendors should help promote permanent connections for youth.
- F. When youth reach 19 years of age, there should be a stronger emphasis on placements where the youth can seamlessly age out of care, with little housing disruption, like supervised ILP, long-term foster care or adoptive home. Throughout their placement there should be a focus on building support systems that will endure after the youth leaves foster care.
- G. Older youth (starting no later than age 16) should be given the opportunity to obtain and maintain employment so they can begin to assume financial responsibilities before they leave care. For youth who are experiencing delays or gaps with employment, vendors can arrange up to 20 hours per week of volunteer hours while youth seek employment with agreement with the ISP team.
- H. Youth should be encouraged and assisted in participating in activities that provide focus on building IL skills related to healthy relationships, vocation education, financial responsibility and serving their community. These youth should also be provided the opportunity to participate in their local and State IL meetings, camps, and other IL sponsored/supported events.

## **1.9 NO-REJECT/NO-EJECT REQUIREMENT**

- Acceptance of all referrals approved by SDHR Resource Management
- Prohibition on discharge or ejection due to behavioral issues

## **1.10 UTILIZATION REVIEW AND PROGRAM OVERSIGHT**

The provider shall participate in utilization review processes established by SDHR Resource Management. Utilization review shall focus on ensuring that each youth's continued participation in the C2P is appropriate, time-limited, and aligned with program goals and performance expectations.



At a minimum, utilization review shall include:

- **Regular review of length of stay by phase, with attention to timely progression through program phases**
- **Approval and documentation of all phase transitions**
- **Justification for continued program participation based on individual youth needs and progress toward permanency**
- **Review of performance indicators identified in Section 8.1, including admission timing, placement stability, re-entry into crisis placement, and successful transition to planned placements**
- **Identification of barriers to permanency or placement stability and required corrective actions when performance indicators are not being met**

Failure to demonstrate progress toward permanency or improvement in performance measures may result in corrective action requirements, limitations on referrals, or other actions as determined by the Department.

### **Program Monitoring**

The Department reserves the right to:

- Conduct on-site or virtual monitoring
- Review documentation and service delivery
- Require corrective action plans when deficiencies are identified

## **1.11 QUALITY ASSURANCE AND REPORTING**

### **Performance Measures**

The provider shall collect and report data related to:

- Number of youth served
- Admission timing (including after-hours admissions)
- Length of stay by phase
- Placement stability post-transition
- Re-entry into crisis placement
- Percentage of youth transitioned to planned placements
- Placement stability at 30/60/90 days post-transition
- Reduction in repeat crisis placements for enrolled youth

### **Reporting Requirements**

The provider shall submit:

- Monthly service and utilization reports
- Quarterly performance reports



- Ad hoc reports as requested by the Department
- Invoices must be submitted to SDHR-Division of Resource Management by the 5<sup>th</sup> calendar day of each month for children served during the prior month. All billing including Non-Medicaid or Revisions to invoices already processed are to be submitted no later than 60 days from month of service, unless otherwise specified. Failure to submit request for payment within appropriate time frames may result in payment not being made.



## ATTESTATIONS AND DECLARATIONS FOR PROVISION OF SERVICES

### VENDOR PROFILE AND EXPERIENCE

☐ I (Vendor) attest that I have \_\_\_\_\_ months/years of experience providing Basic Residential Services and/or services similar to those requested in the Addendum A for this procurement.

### PAST AND PRESENT CONTRACTUAL RELATIONSHIPS WITH THE DEPARTMENT

☐ I (Vendor) attest that I have listed below all current and past contracts with the Department and other state agencies including colleges/universities within the last three (3) years. If no such contracts exist, so declare.

I currently have the following contracts with the state agencies listed below:


**OR**

☐ I (Vendor) declare that I have had no contracts with the Department or any other state agency including colleges/universities within the last three (3) years.

**AND;**

☐ I (Vendor) declare that none of our employees have been an employee of the State of Alabama within the past two (2) years.

**OR**



☐ I (Vendor) declare that the following employees have been an employee of the State of Alabama within the past two (2) years. \_\_\_\_\_

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## **CONTRACT PERFORMANCE**

☒ I (Vendor) declare that neither I nor any proposed subcontractor has had a contract terminated for default during the past five years. We did not receive notice to stop performance delivery due to non-performance or poor performance and no issues were (a) not litigated due to inaction on the part of the Vendor; nor (b) litigated where litigation determined the vendor to be at default.

### **OR**

☐ I (Vendor) declare that I and/or a proposed subcontractor have had a contract terminated for default during the past five years and we received a notice to stop performance delivery due to nonperformance or poor performance. The issue was (a) not litigated due to inaction on the part of the vendor; and/or (b) litigated and such litigation determined the vendor to be in default.

☐ I (Vendor) declare that I and/or a proposed subcontractor have had a contract terminated for default during the past five years and we received a notice to stop performance delivery due to nonperformance or poor performance. The issue was (a) not litigated due to inaction on the part of the vendor; and/or (b) litigated and such litigation determined the vendor to be in default.

### **AND**

☐ I (Vendor) declare that at no time during the past five years, have we had a contract terminated for convenience, non-allocation of funds, or any other reason, where termination occurred before completion of all obligations under the initial contract provisions.

### **OR**

☐ I (Vendor) declare that during the past five years, we have had a contract terminated for convenience, non-allocation of funds, or any other reason, where termination occurred before completion of all obligations under the initial contract provisions.

☐ I (Vendor) declare that I and/or a proposed subcontractor have had a contract terminated for default during the past five years and we received a notice to stop performance delivery due to nonperformance or poor performance. The issue was (a) not litigated due to inaction on the part of the vendor; and/or (b) litigated and such litigation determined the vendor to be in default.

### **AND**

☐ I (Vendor) declare that at no time during the past five years, have we had a contract terminated for



convenience, non-allocation of funds, or any other reason, where termination occurred before completion of all obligations under the initial contract provisions.

**OR**

☐ I (Vendor) declare that during the past five years, we have had a contract terminated for convenience, non-allocation of funds, or any other reason, where termination occurred before completion of all obligations under the initial contract provisions.

## **PROJECT STAFF/ JOB DESCRIPTIONS**

☐ I (Vendor) attest that I have attached to this application, job descriptions for all staff involved in this project. Each position has been described in a separate document, and the description includes the following: (1) title of the position; (2) the process or procedure for supervision; (3) minimum education, training and experience required; (4) working hours; (5) salary range; (6) narrative job summaries; and, (7) specific duties and responsibilities.

☐ I (Vendor) attest that I have sufficient staff to perform the services required in the Addendum A for this procurement. I further attest that if sufficient staff is not currently available, staff will be obtained to provide the services by the start of the contract.

## **BACKGROUND CHECKS**

☐ I (Vendor) attest that I will adhere to the Department's background policy. I will ensure that no staff, regardless of level, has not been the subject of any incident or investigation which would call into question the propriety of that employee's working with this population of vulnerable adults.

☐ I (Vendor) have attached to this application, documentation that each employee has a criminal background check, which includes ABI, FBI, and the CAN registry. I attest that I will adhere to the Department of Human Resources' policies and procedures for reporting allegations of abuse, neglect, and exploitation. I attest that I will adhere to the Department of Human Resources' policies and procedures for addressing occurrences when an incident allegation is indicated or non-indicated.

## **VENDOR FINANCIAL STABILITY**

☐ I (Vendor) have attached to this application, the audited financial statement for the past year and letters from the auditor(s) who performed the previous two (2) financial audits immediately preceding the date of this application.

**OR**

☐ I (Vendor) attest that I am a newly formed organization, who has been in business less than one year. I have attached to this application, copies of quarterly financial statements that have been prepared since the end of the period reported by our most recent annual report.

## **METHOD OF PROVIDING SERVICES**

## **SERVICE DELIVERY APPROACH**





☒ I (Vendor) \_\_\_\_\_ agree to provide C2P services as described in the Addendum A for this procurement and to provide services at rates not to exceed those specified in the contract. By submitting an application for a contract for C2P Services, if awarded, I agree to acceptance of the Standard Terms and Conditions and any other provisions that are specific to this contract.

**START-UP PLAN**

☐ I (Vendor) attest that I will be fully operational by the date indicated on the application.

**ASSESSMENT OF BENEFITS AND IMPACT**

☐ I (Vendor) attest that I will assess the services provided to determine their effectiveness. I attest that I will implement a process approved by the Family Services Division to determine if expected benefits have occurred and their impact to program participants.

**OFFICE LOCATION**

☐ I (Vendor) attest that the physical address where services will be performed under a contract with the Department in the event the Vendor becomes the Contractor will :

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## VENDOR CERTIFICATIONS

### VENDOR CERTIFICATIONS

Vendors must sign each statement below attesting that they warrant and represent to the Department that the vendor accepts and agrees with all certifications and terms and conditions of this Application. Further, by submitting this Application, the vendor certifies to the Department that they are legally authorized to conduct business within the State of Alabama and to carry out the services described in this document.

### DEBARMENT

I (Vendor) attest that neither the vendor nor any of the vendor's trustees, officers, directors, agents, servants or employees (whether paid or voluntary) is debarred or suspended or otherwise excluded from or ineligible for participation in federal assistance programs under Executive Order 12549, "Debarment and Suspension."

\_\_\_\_\_  
Authorized Vendor Signatory

\_\_\_\_\_  
Date

### STANDARD CONTRACT

I (Vendor) agree to the use of the Department's standard contract document. The vendor will further comply with all the terms and conditions of that document, including, but not limited to, compliance with the Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act, Alabama Act No. 2000-775 (governing individuals in direct service positions who have unsupervised access to children), the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as applicable, and all other federal and state laws, rules and regulations applicable to receiving funds from the Department to carry out the services described in this Application. Further, any contract executed pursuant to the Application must be subject to review by the Department's legal counsel as to its legality of form and compliance with State contract laws, terms and conditions, and may further be subject to review by the Alabama Legislative Contract Review Committee, Examiners of Public Accounts, the State Finance Director and the Office of the Governor.

\_\_\_\_\_  
Authorized Vendor Signatory

\_\_\_\_\_  
Date

**FINANCIAL ACCOUNTING**

I (Vendor) agree that the vendor's accounting system will be consistent with General Accepted Governmental Accounting Principles (GAAP). The vendor must maintain sufficient financial accounting records documenting all funding sources and applicable expenditure of all funds from all sources.

---

Authorized Vendor Signatory

---

Date

**VENDOR WORK PRODUCT**

I (Vendor) attest that the application submitted is the work product of said vendor. If the application is determined not to be the work product of the vendor, the application may, at the Department's sole discretion, be rejected.

---

Authorized Vendor Signatory

---

Date

## APPENDIX F: COST PROPOSAL

<b>Contract Number:</b>		<b>DHR USE ONLY</b>	<b>Taxpayer ID#:</b>
<b>Agency:</b>			
<b>Address:</b>			
<b>Project Title:</b>			
<b>Budget Period:</b>	<b>March 01, 2026</b>	<b>to</b>	<b>February 29, 2028</b>

### **Rate Information:**

#### **YEAR 1: (MARH 01, 2026 – FEBRUARY 28, 2027)**

Proposed Cost for Year 1: Number of Male Slots \_\_\_\_\_ x \$ \_\_\_\_\_ Fixed Daily Rate X 365 Days =\$ \_\_\_\_\_  
Total Annual Cost

Proposed Cost for Year 1: Number of Female Slots \_\_\_\_\_ x \$ \_\_\_\_\_ Fixed Daily Rate X 365 Days  
= \$ \_\_\_\_\_ Total Annual Cost

#### **YEAR 2: (MARCH 01, 2027 – FEBRUARY 29, 2028)**

Proposed Cost for Year 2: Number of Male Slots \_\_\_\_\_ x \$ \_\_\_\_\_ Fixed Daily Rate X 365 Days =\$ \_\_\_\_\_  
Total Annual Cost

Proposed Cost for Year 2: Number of Female Slots \_\_\_\_\_ x \$ \_\_\_\_\_ Fixed Daily Rate X 365 Days  
= \$ \_\_\_\_\_ Total Annual Cost

## APPENDIX G: BUDGET FORM

<b>Contract Number:</b>		<b>DHR USE ONLY</b>	<b>Taxpayer ID#:</b>		
<b>Agency:</b>					
<b>Address:</b>					
<b>Project Title:</b>					
<b>Budget Period:</b>	<b>March 1, 2026</b>	<b>to</b>	<b>February 28, 2027</b>		
<b>BUDGET ITEMS</b>					<b>TOTAL DHR SHARE</b>
1. PERSONNEL					\$
2. SUBCONTRACTS					\$
3. TRAVEL					\$
4. SPACE					\$
5. SUPPLIES					\$
6. EQUIPMENT					\$
7. OTHER					\$
8. BUDGET TOTAL					\$
<b>Itemize the sources of ALL non-departmental funds:</b>					
<b>Total Non-DHR Funding:</b>					<b>\$</b>
<b>DHR USE ONLY</b>					
<b>Approved for Mathematical Accuracy:</b>					
<b>Assistance Payments, Finance Division</b>				<b>Date</b>	

1. PERSONNEL					
A. Number of Persons	B. Position Description	C. Gross Salary Per Pay Period	D. % Time on Project	E. Pay Periods to be Employed	F. Total Project Cost (AxCxDxE)
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
Subtotal Salaries:					\$
FRINGE BENEFITS (Project Share Only)					
FICA			.....	.....	\$
Workman's Compensation			.....	.....	\$
Health Insurance			.....	.....	\$
Other (specify)			.....	.....	\$
					\$
					\$
Subtotal Fringe Benefits:					\$
TOTAL PERSONNEL:					\$
2. SUBCONTRACTS	All subcontracts require the Department's prior written approval.				TOTAL DHR SHARE
					\$
					\$
					\$
					\$
					\$
					\$
					\$
TOTAL SUBCONTRACTS:					\$

<b>3. TRAVEL</b>	All out-of-state travel requires the Department's prior written approval.				
	Within project coverage area				\$
	In-state (out-of-coverage area)				\$
					\$
	Board Members - Within project coverage area				\$
	Board Members - In-state (out-of-coverage area)				\$
	TOTAL TRAVEL:				\$
<b>4. SPACE</b>	All repairs to facilities, regardless of the cost, require the Department's prior written approval.				
	Basic Local Phone Service				\$
	Long Distance				\$
	Rent/Lease				\$
	Use Allowance (Requires an FM-05 "USE ALLOWANCE – SPACE Form)				\$
	Utilities				\$
	Upkeep (buildings/grounds)				\$
	Minor Repairs				\$
	Other (specify)				\$
	TOTAL SPACE:				\$
<b>5. SUPPLIES</b>	Competitive bids may apply				
	Office Supplies				\$
	Computer-related Supplies				\$
	Custodial Supplies				\$
	Other (specify)				\$
	TOTAL SUPPLIES:				\$
<b>6. EQUIPMENT</b>	Itemize (attach a separate listing if needed.)				
	Purchase				\$
	Rental/Lease				\$
	Rental/Lease				\$

	<b>Repairs</b>	\$
	<b>Maintenance Agreements</b>	\$
	<b>Use Allowance</b>	\$
	<b>Office Furniture</b>	\$
	<b>Office Furnishings</b>	\$
	<b>Other (specify)</b>	\$
	<b>TOTAL EQUIPMENT:</b>	\$
<b>7. OTHER</b>		
	<b>Membership Dues (itemize and attach a separate listing)</b>	\$
	<b>Subscriptions (itemize and attach a separate listing)</b>	\$
	<b>A-133 Audit</b>	\$
	<b>Liability Insurance</b>	\$
	<b>Attorney (Legal) Fees</b>	\$
	<b>Other (specify)</b>	\$
	<b>TOTAL OTHER:</b>	\$



<b>Contract Number:</b>		<b>DHR USE ONLY</b>	<b>Taxpayer ID#:</b>		
<b>Agency:</b>					
<b>Address:</b>					
<b>Project Title:</b>					
<b>Budget Period:</b>	<b>March 1, 2027</b>		<b>to</b>	<b>February 29, 2028</b>	
<b>BUDGET ITEMS</b>					<b>TOTAL DHR SHARE</b>
<b>1. PERSONNEL</b>					\$
<b>2. SUBCONTRACTS</b>					\$
<b>3. TRAVEL</b>					\$
<b>4. SPACE</b>					\$
<b>5. SUPPLIES</b>					\$
<b>6. EQUIPMENT</b>					\$
<b>7. OTHER</b>					\$
<b>8. BUDGET TOTAL</b>					\$
<b>Itemize the sources of ALL non-departmental funds:</b>					
<b>Total Non-DHR Funding:</b>					<b>\$</b>
<b>DHR USE ONLY</b>					
<b>Approved for Mathematical Accuracy:</b>					
<b>Assistance Payments, Finance Division</b>				<b>Date</b>	

1. PERSONNEL

A. Number of Persons	B. Position Description	C. Gross Salary Per Pay Period	D. % Time on Project	E. Pay Periods to be Employed	F. Total Project Cost (AxCxDxE)
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
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		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
<b>Subtotal Salaries:</b>					\$
<b>FRINGE BENEFITS (Project Share Only)</b>					
			<b>FICA.....</b>	.....	\$
			<b>Workman's Compensation .....</b>	.....	\$
			<b>Health Insurance.....</b>	.....	\$
			<b>Other (specify).....</b>	.....	\$
					\$
					\$
<b>Subtotal Fringe Benefits:</b>					\$
<b>TOTAL PERSONNEL:</b>					\$
<b>2. SUBCONTRACTS</b>	<b>All subcontractors require the Department's prior written approval.</b>				<b>TOTAL DHR SHARE</b>
					\$
					\$
					\$
					\$
					\$
					\$
					\$
<b>TOTAL SUBCONTRACTS:</b>					\$

	Within project coverage area	\$
	In-state (out-of-coverage area)	\$
		\$
	Board Members - Within project coverage area	\$
	Board Members - In-state (out-of-coverage area)	\$
	<b>TOTAL TRAVEL:</b>	\$
<b>4. SPACE</b>	All repairs to facilities, regardless of the cost, require the Department's prior written approval.	
	Basic Local Phone Service	\$
	Long Distance	\$
	Rent/Lease	\$
	Use Allowance (Requires an FM-05 "USE ALLOWANCE – SPACE Form)	\$
	Utilities	\$
	Upkeep (buildings/grounds)	\$
	Minor Repairs	\$
	Other (specify)	\$
	<b>TOTAL SPACE:</b>	\$
<b>5. SUPPLIES</b>	Competitive bids may apply	
	Office Supplies	\$
	Computer-related Supplies	\$
	Custodial Supplies	\$
	Other (specify)	\$
	<b>TOTAL SUPPLIES:</b>	\$
<b>6. EQUIPMENT</b>	Itemize (attach a separate listing if needed.)	
	Purchase	\$
	Rental/Lease	\$
	Rental/Lease	\$
	Repairs	\$

	<b>Maintenance Agreements</b>	\$
	<b>Use Allowance</b>	\$
	<b>Office Furniture</b>	\$
	<b>Office Furnishings</b>	\$
	<b>Other (specify)</b>	\$
	<b>TOTAL EQUIPMENT:</b>	\$
<b>7. OTHER</b>		
	<b>Membership Dues (itemize and attach a separate listing)</b>	\$
	<b>Subscriptions (itemize and attach a separate listing)</b>	\$
	<b>A-133 Audit</b>	\$
	<b>Liability Insurance</b>	\$
	<b>Attorney (Legal) Fees</b>	\$
	<b>Other (specify)</b>	\$
	<b>TOTAL OTHER:</b>	\$



# State of Alabama

## Disclosure Statement

Required by Article 3B of Chapter 16 of Title 41, Code of Alabama 1975

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

This form is provided with:

☐ Contract ☐ Proposal ☐ Request for Proposal ☐ Invitation to Bid ☐ Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

☐ Yes ☐ No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

☐ Yes ☐ No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
-----------------------	---------	---	--

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS
----------------------------------	---------

***By signing below, I certify under penalty of perjury (in the jurisdiction in which it is executed) that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a person who knowingly violates this article shall be subject to civil penalty in an amount of ten thousand dollars (\$10,000), or 10 percent of the amount of the contract, whichever is less, to be deposited in the State General Fund. Also, the contract or grant shall be voidable by the awarding agency.***

Authorized Signatory	Date	Jurisdiction in which this Disclosure Statement is executed
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*The disclosure statement is required to be completed and filed with grant proposals in excess of \$25,000 and contracts that meet or exceed the threshold for bid or other formal solicitations under Article 5 of Chapter 4 of Title 41 or any other law that requires formal solicitation procedures for awarding public contracts.*

**STATE OF ALABAMA**  
**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER**  
**STATE COMPTROLLER'S OFFICE**

1. In PART 1 below provide your Tax Identification Number and check FEIN or SSN. Also provide the name and address to which payments should be sent. In addition, provide the name of the legal signatory authority for your organization (the individual authorized in your Constitution and/or By-laws to legally obligate the organization, for example, sign a contract on behalf of the organization).
2. Circle the business designation that identifies your type of trade or business in PART 2.
3. Sign and return this form as part of the response to the RFP:

IDENTIFICATION NUMBER \_\_\_\_\_  
 Check one \_\_\_\_\_ Federal Employer Identification Number (FEIN)  
 \_\_\_\_\_ Social Security Number (SSN)

LEGAL BUSINESS ADDRESS: \_\_\_\_\_

NAME & TITLE OF LEGAL SIGNATORY AUTHORITY: \_\_\_\_\_

1 - CORPORATION, PROFESSIONAL ASSOCIATION OR PROFESSIONAL CORPORATION (A corporation formed under the laws of  
any state within the United States)

2 - NOT FOR PROFIT CORPORATION (Section 501 (c) (3))

3 - PARTNERSHIP, JOINT VENTURE, ESTATE OR TRUST

4 - SOLE PROPRIETORSHIP OR SELF-EMPLOYED (Identification number must be Social Security Number)

5 - NONCORPORATE RENTAL AGENT

6 - GOVERNMENTAL ENTITY (City, County, State or U.S. Government)

7 - FOREIGN CORPORATION OR FOREIGN NATIONAL OR OTHER FOREIGN ENTITY  
(A corporation or other foreign entity formed under the laws of a country other than the United States or an individual temporarily in the  
United States who pays taxes as a citizen of a country other than the United States.)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REQUEST AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

\_\_\_\_\_  
SIGNATURE                      \_\_\_\_\_ DATE                      ( )  
\_\_\_\_\_  
TITLE    TELEPHONE NUMBER  
(If different from above)

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## APPENDIX D: CERTIFICATE OF COMPLIANCE

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

### **CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)**

**DATE:** \_\_\_\_\_

**RE Contract/Grant/Incentive (describe by number or subject):**

\_\_\_\_\_ by and between  
\_\_\_\_\_ (Contractor/Grantee) and  
\_\_\_\_\_ (State Agency, Department or  
Public Entity)

The undersigned hereby certifies to the State of Alabama as follows:

1. The undersigned holds the position of \_\_\_\_\_ with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".
2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.

**BUSINESS ENTITY.** Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business entity" shall include, but not be limited to the following:

- a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.
- b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license, and any business entity that is operating unlawfully without a business license.

**EMPLOYER.** Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.

\_\_\_\_\_(a)The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.

\_\_\_\_\_(b)The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.

3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;



Department of Human Resources

**APPENDIX D: CERTIFICATE OF COMPLIANCE**

4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Name of Contractor/Grantee/Recipient

By: \_\_\_\_\_

Its \_\_\_\_\_

The above Certification was signed in my presence by the person whose name appears above, on  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

WITNESS: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Witness