

Responder Information/Declarations Form – Grant RFP

The undersigned certifies, to the best of the undersigned's knowledge and belief, that:

- A. **Response Contents.** The information provided is true, correct, and reliable for purposes of evaluation for potential contract award, and the Responder is competent to provide all the services set forth in its proposal. The submission of inaccurate or misleading information may be grounds for disqualification from the award as well as subject the Responder to suspension or debarment proceedings as well as other remedies available by law.
- B. **Authorized Signature.** This Declaration is signed by the appropriate person(s), with the authority to contractually bind the Responder, as required by applicable articles, bylaws, resolutions, minutes, and ordinances.
- C. **Non-Collusion Certification.**
1. The Proposal has been arrived at by the Responder independently and has been submitted without collusion and without any agreement, understanding or planned common course of action with any other vendor designed to limit fair or open competition; and
 2. The contents of the Proposal have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any other individual prior to the due date and time of this Solicitation. Any evidence of collusion among Responders in any form designed to defeat competitive responses will be reported to the Minnesota Attorney General for investigation and appropriate action.
- D. **Organizational Conflicts of Interest.** State grant policy requires that steps and procedures are in place to prevent organizational conflicts of interest per 08-01 Conflict of Interest in State Grant-Making Policy. To the best of Responder's knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances which could give rise to an organizational conflict of interest. An organizational conflict of interest exists when, because of existing or planned activities or because of relationships with other persons:
1. A Responder is unable or potentially unable to render impartial assistance or advice to the State due to competing duties or loyalties; or
 2. The Responder's objectivity in performing the grant contract work is or might be otherwise impaired due to competing duties or loyalties.

If it has relationships that create, or appear to create, a conflict of interest with the work that is contemplated in this request for proposals, responder will provide, along with this form, a list containing the names of the entities, the relationship, and a discussion of the conflict.

In cases where a conflict of interest is in question, discovered, or disclosed, the Responders or grantees will be notified and given an opportunity to respond. Based on a review of the response and relevant facts, one or more of the following actions may be pursued:

- revising the grant work plan or grantee duties to mitigate the risk,
- requesting the grant applicant to submit an organizational conflict of interest mitigation plan,
- disqualification from eligibility for the grant award, amending the grant, or termination of the grant contract agreement.

E. **Certification Regarding Lobbying.** For State of Minnesota contracts and grants over \$100,000 that will use (or may potentially use) any amount of federal funds to pay for all or part of the work under the contract, the undersigned certifies, to the best of the undersigned's knowledge and belief that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

F. **Subcontractors.** Any proposed subcontractors will be identified in the RFP and the percentage of work under the contract to be performed by the prime contractor and each subcontractor will be indicated.

G. **Parent companies or affiliates.** If there is a reasonable expectation that the responder is or would be associated with any parent, affiliate, or subsidiary organization in order to supply any service, supplies or equipment to comply with the performance requirements under the resulting contract of the RFP, responder must include with this form written authorization from the parent, affiliate, or subsidiary organization granting the right to examine directly, pertinent books, documents, papers, and records involving such transactions that are related to the resulting contract. This right will be given to the Minnesota Department of Human Services, U.S. Department of Health and Human Services, and comptroller general of the United States. If, at any time after a proposal is submitted and a contract has been awarded, such an association arises as described in the paragraph above, responder will obtain a similar certification and authorization from the parent, affiliate, or subsidiary organization within 10 working days after forming the relationship.

H. **Performance Capacity:** Please respond to these questions as required by Minn. Stat. § 16B.981, subd. 2(1):

- a) Describe Responder's history of performing the work that will be funded by the grant:
 - This includes describing the organization's current staffing, current budget and grant capacity requirements related to the deliverables as set forth in the RFP.

DESCRIBE

- b) Has Responder been awarded or have an active grant from the Minnesota Board on Aging in the past 5 years?

☐ Yes ☐ No

I. **No Felony Financial Crime:** Minn. Stat. § 16B.981, subd. 2(6) requires that no current principals of a grantee have been convicted of a felony financial crime in the last 10 years. A principal is defined as a public official, a board member, or staff (paid or volunteer) with the authority to access funds provided by this grant opportunity or to determine how those funds are used.

By signing this form, Responder warrants that no current principal of Responder's organization has been convicted of a felony financial crime in the last 10 years. **Upload or attach an organizational chart or list of principals to Responder's Proposal for whom Responder is certifying.**

J. **Evidence of Good Standing:** Potential grantees must certify that the organization has a status of "In Good Standing" with the Secretary of State as required by Minn. Stat. § 16B.981, subd. 2(3) and as part of the response to this RFP.

Is your organization (for-profit or nonprofit) registered with the Secretary of State and have a status of "In Good Standing"?

☐ Yes ☐ No

By signing this form, Responder acknowledges and certifies compliance with all applicable requirements indicated above and that all information is true and correct.

COMPANY NAME		TITLE OF RFP	
SIGNATURE			DATE
PRINTED NAME		TITLE	
PHONE NUMBER	EMAIL ADDRESS		



For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 651-431-3612, or use your preferred relay service. ADA1 (2-18)