

# LITIGATION AND CONTRACT COMPLIANCE FORM



Agency Name:		Agreement Number:	
Agreement Period:			

Check YES, NO or Not Applicable (N/A) in response to the following questions. If a YES answer is checked, please fully explain the circumstances and include whether it will have a potential impact on each project. Return via U.S. or electronic mail or personal delivery.	Yes	No	N/A
1. Is the organization currently, or within the past three (3) years, involved in litigation?			
2. Is the Executive Director or Board of Directors currently, or within the past three (3) years, involved in litigation related to the administration and operation of a program or organization?			
3. Are any key staff members unable to be bonded?			
4. Has your agency been placed on, maintained on or removed from probation, suspension, debarment, or another status of non-compliance by a contracting entity in the past three (3) years?			
5. Has there been any negative finding or determination by an auditor or contracting party regarding fiscal management or controls or contract compliance?			
6. Has the agency or agency director ever had public or foundation funds withheld?			
7. Has the agency ever had its non-profit status suspended, revoked or withheld?			
8. Has the agency or Executive Director or Board of Directors refused to participate in any fiscal audit requested by a government agency or funding source?			
9. Has the agency been the target or subject of any Federal, State or local law enforcement or administrative investigation in the past three (3) years?			
10. Are there any issues surrounding the agency's license, certification or accreditation?			
<b>Explanation</b> (use additional pages if necessary):			

As part of the contract process the Commission, at its own discretion, may implement additional procedures to validate or further investigate any of the proposed Contractor/Grantee's responses. The Commission reserves the right to terminate the contracting process without entering into an agreement if the proposed Contractor/Grantee submits false or incorrect information.

By signing this form, I certify, on behalf of agency named above that the responses contained herein are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Must be signed by an Authorized Signatory)*

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

For First 5 LA Internal Use Only:
Staff: _____
CCD: _____