APPENDIX L LITIGATION AND CONTRACT COMPLIANCE FORM



Agency Name:		Agreement Number:	
Agreement Period:			

Agr	eement Period:		Number.					
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.			ner it	Yes	No	N/A		
1.		zation currently, or within the past three (3) yea itration, or mediation?	ars, involved in					
2.		tive Director or Board of Directors currently, or volved in litigation related to the administration organization?						
3.	Are any key	staff members unable to be bonded?						
4.	suspension,	ency been placed on, maintained on or remove debarment, or another status of non-complian past three (3) years?						
5.		en any negative finding or determination by ar earty regarding fiscal management or controls						
6.	Has the ager withheld?	ncy or agency director ever had public or found	dation funds					
7.	Has the ager	ncy ever had its non-profit status suspended o	r revoked?					
8.		ncy or Executive Director or Board of Directors any fiscal audit requested by a government a						
9.		ncy been the target or subject of any Federal, soon administrative investigation in the past thre						
10.	Are there any accreditation	y issues surrounding the agency's license, cer?	tification or					
Explanation : For any questions marked YES, please fully explain the circumstances and include whether it will have a potential impact on the project. 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.								
Signa (Must	ature: be signed by a	an Authorized Signatory)	Date:					
Printed Name: Title:								