Appendix G LITIGATION AND CONTRACT COMPLIANCE FORM



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	Agency Name:			Agreement				
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 wit itration , or mediation	thin the past three (3) ye ?	ears, involved in				
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 ager	ncy ever had its non-p	orofit status suspended o	or revoked?				
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.			subject of any Federal, estigation in the past thre					
10.	Are there any accreditation		the agency's license, cer	rtification or				
			d YES, please fully expla ject. Use additional page		ces an	d inclu	de wh	ether
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: t be signed by a	an Authorized Signatory)	Date:				

Printed Name: ______ Title: _____