ATTACHMENT B
SAMPLE APPLICANT INFORMATION AND CERTIFICATION SHEET

Applicant Information:

Below you will be asked to provide information on the organization applying for this Grant.

Legal Name of Applying Organization:

Alternate Business Name/DBA of Applying Organization (if applicable)

Unique Entity Identification Number ("UEID Number"):

Oregon Secretary of State Business Registry Number (or write an explanation if not applicable: (See Section 5.3.1 Business Registry):

Applicant Organization Business Address
Mailing Address:
City:
State:
Zip Code:
County:

Applicant Organization Service Address
Physical Address:
City:
State:
Zip Code:
County:

Executive Director Contact Information
Name:
Title:
Ph. Number:
Email:

Primary Contact for the Application
Name:
Title:
Ph. Number:
Email:

Additional Contact for the Application
If Executive Director and Primary Contact are the same, an additional contact must be listed.
Name:
Title:
Ph. Number:
Email:

If awarded, Name of the Authorized Signatory
Name:
Title:
Email:

Eligibility and Requirements:

Below you will be asked to attest that your organization meets the eligibility requirements, and your proposed Project meets the minimum requirements for a Grant as outlined in the RFA under Section 1.3 Eligibility and 2.4 Scope of Activities. Before completing this Application Certification portion of this RFA, refer to the Safe Communities for Youth Grant RFA, Section 2.4 Scope of Activities, to familiarize yourself with Grant activity requirements.

Eligibility:

Eligibility Entity Requirements
Select 1:

- One of the nine federally recognized tribes in Oregon
- A nonprofit organization
- A faith-based organization
- A public benefit company
- A mutual benefit corporation
- An Oregon community college, education service district, public school district, or public school
- A county or city, or a county or city governmental entity in Oregon
- None of the above *(By selecting this option, your organization is not eligible to apply for this Grant. Please refer to the RFA for guidelines for Eligible Entities.)

A Currently Operational Project means a Project that is actively operating and serving Youth in the current Service Area at time of Application submission.

- "Yes" indicates Applicant's Grant proposal is for a Currently Operational Project.
- "No" indicates that Applicant's Grant proposal is not for a Currently Operational Project, or Project is under development.

Applicants receiving East Metro Outreach Prevention Intervention ("EMOPI") Grant funds from the City of Gresham must identify that they are EMOPI grantees and will not be eligible to be awarded funds from this grant unless they are offering demonstrably different services and/or serving different youth or youth populations.

- Is Applicant receiving funds from East Metro Outreach Prevention ("EMOPI") grant from the City of Gresham?

Youth Verification Requirements:

Applicants that receive a Safe Communities for Youth award will be required to monitor, track, and verify Participant Data including, but not limited to: demographic data (DOB, Gender, Race/Ethnicity, etc.); tracking of participant progress; a Participant Data report, using reporting methodology prescribed by Agency

Yes, I understand above

- ☐ No, I cannot monitor, track, and verify Participant Data and I am not applying for a Safe Communities for Youth award

Eligible Youth Requirements:

Check box below to attest that the proposal serves youth meeting the eligibility requirements. (Note: By selecting a choice, the entire age range does not have to be served, rather the majority of youth served are in the age range).

Youth verification requirements

- ☐ Primarily serves youth ages 16-24 who are at high risk of committing or being victims of a violent crime such as a shooting, stabbing, physical assault or other crime causing serious physical and psychological harm.

**Grantees may request Agency approval to serve youth under age 16*

Grant Agreement:

Select from the choices below to confirm review of the sample Grant Agreement.

- ☐ I have reviewed the sample Grant Agreement and the Applicant will be able to abide by all of the terms and conditions if awarded a Grant.
- ☐ I have reviewed the sample Grant Agreement and plan to request changes or exceptions to the standard provisions of the Grant Agreement. (Note the changes in the text field provided below)

If applicable, note changes to Grant Agreement Here.

***NOTE: Any changes will require review and approval prior to acceptance, and applicants should note that requested changes may not be permitted.**

Certifications:

Please review and confirm all of the certifications below. All are required in order for your Application to be submitted.

- ☐ Applicant agrees to perform the work and meet the performance standards set forth in the final negotiated Grant Agreement and Project Plan of the Grant.
- ☐ If awarded a Grant, the Applicant agrees to deliver all Grant-funded services to the age range

allowed by Agency, exclusively to youth living in Oregon.

- ☐ If awarded a Grant, the Applicant agrees to advance Youth Development Division's vision that ALL of Oregon's youth have the opportunity to thrive and achieve their full potential.
- ☐ The Applicant affirms that it will NOT deny services to youth on the basis of race, ethnicity, religion, age, gender identity, disability, sexual orientation, national origin, military status or citizenship status, unless a particular practice is expressly permitted by federal and/or state law.
- ☐ Applicant certifies that, to the best of its knowledge, this Application does not generate an actual or potential conflict of interest under ORS 244.040, wherein an elected or appointed official, employee or volunteer at all levels of state and local government (or a relative or member of their household) would benefit financially from decisions pertaining to the use of these Grant funds. If any actual or potential conflict of interest were to arise, the Applicant will promptly notify the State in writing.
- ☐ Applicant certifies it will comply with the Pay Equity law, ORS 652.220, if applicable.
- ☐ Applicant certifies that, to the best of its knowledge, all contents of the Application (including any submitted documentation) and these certifications are truthful and accurate.

By completing the information below, I certify that the applying organization leadership, board, and or governing body has authorized me to submit this Grant Application.

Print Name (First, Last):
Signature:
Date: