**Attachment D: Criteria for Non-Governmental Organizations Receiving Subawards**

**Required Attachment: Applicants will be prompted to upload this document from the Byrne SCIP website to the BSCC Submittable portal.**

**Instructions:** The form on the following page must be submitted with the proposal even if there are no plans to subaward at the time of submission, or if the name of the subaward party is unknown. In either of these cases, the applicant should write “N/A” in the Name of Subgrantee Party column and complete the signature box. A signature on this form provides an assurance to BSCC that the signing authority has read and acknowledged these terms.

The Byrne State Crisis Intervention Program (Byrne SCIP) Grant Request for Proposals (RFP) includes requirements that apply to non-governmental organizations (NGOs)1 providing services with grant funds. Grantees are responsible for ensuring that all subgrantee third parties continually meet these requirements as a condition of receiving funds. The RFP describes these requirements as follows:

Any non-governmental organization that receives Byrne SCIP funding as a subgrantee must:

Have been duly organized, in existence, and in good standing for at least six (6) months prior to the effective date of the Byrne State Crisis Intervention Program grantee grant agreement with the BSCC;

* Non-governmental entities that have recently reorganized or have merged with other qualified non-governmental entities that were in existence prior to the six (6) month date are also eligible, provided all necessary agreements have been executed and filed with the California Secretary of State prior to the start date of the grant agreement with the BSCC;

 Be registered with the California Secretary of State’s Office, if applicable;

 Be registered with the California Office of the Attorney General, Registry of Charitable Trusts, if applicable;

 Have a valid Employer Identification Number (EIN) or Taxpayer ID (if sole proprietorship);  Have a valid business license, if applicable;

 Have no outstanding civil judgments or liens; and

 Have any other state or local licenses or certifications necessary to provide the services requested (e.g., facility licensing by the Department of Health Care Services), if applicable.

**Completing the NGO Assurance Form**

1. Provide the name of the Applicant Agency (the Grantee),
2. List all contracted parties (if known\*),
3. Check Yes or No to indicate if each contracted part meets the requirements,
4. Sign and upload to the BSCC Submittable portal when prompted.

**\*NOTE:** If the name of the contracted party is unknown or if there will be no contracted parties. Write N/A in the “Name of Subgrantee Party” field and sign the document.

1 For the purposes of this RFP, NGOs include nonprofit and for-profit community-based organizations, faith- based organizations, evaluators (except government institutions such as universities), grant management companies, and any other non-governmental agency or individual.

|  |  |  |  |
| --- | --- | --- | --- |
| **Byrne State Crisis Intervention Program Non-Governmental Organization Assurances** | | | |
| **Name of Applicant:** | | | |
| **Name of Subgrantee Party** | **Address** | **Email / Phone** | **Meets All Requirements** |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |

Grantees are required to update this list and submit it to BSCC any time a new third-party subaward is executed after the initial assurance date. Grantees shall retain (on-site) applicable source documentation for each contracted party that verifies compliance with the requirements listed in the Byrne SCIP RFP. These records will be subject to all records and retention language in the Standard Agreement. The BSCC will not disburse or reimburse for costs incurred by any third party that does not meet the requirements listed above and for which the BSCC does not have a signed grantee assurance on file.

**A signature below is an assurance that all requirements listed above have been met.**

|  |  |  |  |
| --- | --- | --- | --- |
| **AUTHORIZED SIGNATURE**  **This document must be signed by the person who is authorized to sign the Grant Agreement.** | | | |
| **NAME OF AUTHORIZED OFFICER** | **TITLE** | **TELEPHONE NUMBER** | **EMAIL ADDRESS** |
| **STREET ADDRESS** | **CITY** | **STATE** | **ZIP CODE** |
| **APPLICANT’S SIGNATURE (e-signature acceptable)** | | | **DATE** |