

Grant Recipient Agreement – Exhibit 4 CIVIL RIGHTS CERTIFICATION FORM

The funds provided to the grantee named below (hereinafter referred to as the "Grantee") are available under section 603 of the Social Security Act, as added by section 9901 of the American Rescue Plan Act.

Grantee understands and acknowledges that:

As a condition of receipt of federal financial assistance from the Department of the Treasury, with monies distributed through King County, Grantee provides the assurances stated herein. The federal financial assistance may include federal grants, loans and contracts to provide assistance to Grantee, the use or rent of Federal land or property at below market value, Federal training, a loan of Federal personnel, subsidies, and other arrangements with the intention of providing assistance. Federal financial assistance does not encompass contracts of guarantee or insurance, regulated programs, licenses, procurement contracts by the Federal government at market value, or programs that provide direct benefits.

The Civil Rights Restoration Act of 1987 provides that the provisions of the assurances apply to all of the operations of Grantee's program(s) and activity(ies), so long as any portion of Grantee's program(s) or activity(ies) is federally assisted in the manner prescribed above

Grantee certifies the following:

- 1. Grantee ensures its current and future compliance with Title VI of the Civil Rights Act of 1964, as amended, which prohibits exclusion from participation, denial of the benefits of, or subjection to discrimination under programs and activities receiving federal financial assistance, of any person in the United States on the ground of race, color, or national origin (42 U.S.C. § 2000d et seq.), as implemented by the Department of the Treasury Title VI regulations at 31 CFR Part 22 and other pertinent executive orders such as Executive Order 13166, directives, circulars, policies, memoranda, and/or guidance documents.
- 2. Grantee acknowledges that Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency," seeks to improve access to federally assisted programs and activities for individuals who, because of national origin, have Limited English proficiency (LEP). Grantee understands that denying a person access to its programs, services, and activities because of LEP is a form of national origin discrimination prohibited under Title VI of the Civil Rights Act of 1964 and the Department of the Treasury's implementing regulations. Accordingly, Grantee shall initiate reasonable steps, or comply with the Department of the Treasury's directives, to ensure that LEP persons have meaningful access to its programs, services, and activities. Grantee understands and agrees that meaningful access may entail providing language assistance services, including oral interpretation and written translation where necessary, to ensure effective communication in Grantee's programs, services, and activities.
- 3. Grantee agrees to consider the need for language services for LEP persons when Grantee develops applicable budgets and conducts programs, services, and activities. As a resource, the Department of the Treasury has published its LEP guidance at 70 FR 6067. For more information on taking reasonable steps to provide meaningful access for LEP persons, please visit http://www.lep.gov.
- 4. Grantee acknowledges and agrees that compliance with the assurances constitutes a condition of continued receipt of federal financial assistance and is binding upon Grantee and its successors, transferees, and assignees for the period in which such assistance is provided.
- 5. Grantee shall comply with Title VI of the Civil Rights Act of 1964, which prohibits Grantees of federal financial assistance from excluding from a program or activity, denying benefits of, or otherwise discriminating against a person on the basis of race, color, or national origin (42 U.S.C. § 2000d et seq.), as



implemented by the Department of the Treasury's Title VI regulations, 31 CFR Part 22, which are herein incorporated by reference and made a part of this contract (or agreement). Title VI also includes protection to persons with "Limited English Proficiency" in any program or activity receiving federal financial assistance, 42 U.S.C. § 2000d et seq., as implemented by the Department of the Treasury's Title VI regulations, 31 CFR Part 22, and herein incorporated by reference and made a part of this contract or agreement.

- 6. Grantee understands and agrees that if any real property or structure is provided or improved with the aid of federal financial assistance by the Department of the Treasury, this assurance obligates Grantee, or in the case of a subsequent transfer, the transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is provided, this assurance obligates the Contractor for the period during which it retains ownership or possession of the property.
- 7. Grantee shall cooperate in any enforcement or compliance review activities by the Department of the Treasury of the aforementioned obligations. Enforcement may include investigation, arbitration, mediation, litigation, and monitoring of any settlement agreements that may result from these actions. Grantee shall comply with information requests, on-site compliance reviews and reporting requirements.
- 8. Grantee shall maintain a complaint log and inform the Department of the Treasury of any complaints of discrimination on the grounds of race, color, or national origin, and limited English proficiency covered by Title VI of the Civil Rights Act of 1964 and implementing regulations and provide, upon request, a list of all such reviews or proceedings based on the complaint, pending or completed, including outcome. Grantee also must inform the Department of the Treasury if Contractor has received no complaints under Title VI.
- 9. Grantee must provide documentation of an administrative agency's or court's findings of non-compliance of Title VI and efforts to address the non-compliance, including any voluntary compliance or other agreements between the Contractor and the administrative agency that made the finding. If Grantee settles a case or matter alleging such discrimination, Grantee must provide documentation of the settlement. If Grantee has not been the subject of any court or administrative agency finding of discrimination, please so state.
- 10. The United States of America has the right to seek judicial enforcement of the terms of this assurances document and nothing in this document alters or limits the federal enforcement measures that the United States may take in order to address violations of this document or applicable federal law.

I hereby certify that I have read and understood the obligations described above, that Grantee is in compliance with the above-described nondiscrimination requirements, and by my signature on this document, acknowledge my understanding that any intentional or negligent misrepresentation or falsification of any information submitted in conjunction with this document could subject me to punishment under federal, civil liability and/or in criminal penalties, including but not limited to fine or imprisonment or both under Title 18, United States Code, Sec. 1001, et seq. and punishment under federal law.

Printed Name	Signature
 Title	Date

Grant Recipient Agreement – Exhibit 3 COST CERTIFICATION

l ce	ertify that:		
1.	I have authority and approval from the governing accept proceeds from King County (the "County's from the County's allocation of the Coronavirus Rescue Plan Act of 2021, Section 9901 ("ARPA") voucher for report period March 3, 2021 through	") per the Agreement by and between Local Fiscal Recovery Fund ("CLFR") as for eligible expenditures included on the	the County and Grantee created by the American
2.	I understand that as additional federal guidance the County and Grantee may become necessary		
3.	I understand the County will rely on this certificat or payment requests.	tion as a material representation in pro	ocessing reimbursements
4.	I understand the Grantee receiving funds pursual the funds, including but not limited to invoices Retention requirements for records of 2 CFR 20 Audit Requirements for Federal Awards (Unifor County upon request and may be subject to aud	s and/or sales receipts in a manner c 00 Uniform Administrative Requireme rm Guidance). Such documentation s	onsistent with §200.333 ents, Cost Principles, and
5.	I understand any funds provided pursuant to Grantee has received any other funding whether	7	
by und doo but	ereby certify that I have read the above certification me are true and correct to the best of my knowled derstanding that any intentional or negligent mistument could subject me to punishment under feat not limited to fine or imprisonment or both under federal law.	on, and that the information and my st ledge, and by my signature on this do srepresentation or falsification of any ederal and/or civil liability and/or in cr	tatements provided herein ocument, acknowledge m of the information in thi riminal penalties, includin
	Printed Name	Signature	
	Title	Date	

Grant Recipient Agreement – Exhibit 5 LOBBYING CERTIFICATION FORM

The undersigned certifies, to the best of the undersigned's knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions, as attached.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that I have read the above certification, and that the information and my statements provided herein by me are true and correct to the best of my knowledge, and by my signature on this document, acknowledge my understanding that any intentional or negligent misrepresentation or falsification of any of the information in this document could subject me to punishment under federal and/or civil liability and/or in criminal penalties, including but not limited to fine or imprisonment or both under Title 18, United States Code, Sec. 1001, et seq. and punishment under federal law.

Printed Name	Signature
Title	Date

31 CFR Subtitle A (7-1-06 Edition)

APPENDIX B TO PART 21—DISCLOSURE FORM TO REPORT LOBBYING

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.) Type of Federal Action: Status of Federal Action: Report Type: a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance a. bid/offer/application a. initial filing b. material change b. initial award For Material Change Only: c. post-award quarter date of last report Name and Address of Reporting Entity: If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: □ Prime ☐ Subawardee Tier _____, if known: Congressional District, if known: Congressional District, if known: Federal Program Name/Description: 6. Federal Department/Agency: CFDA Number, if applicable: Award Amount, if known: 8. Federal Action Number, if known: 10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI): Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): eet(s) SF-LLL-A, if necessary) 11. Amount of Payment (check all that apply): 13. Type of Payment (check all that apply): □ actual □ planned □ a. retainer a. retainer b. one-time fee c. commission d. contingent fee e. deferred f. other; specify: 12. Form of Payment (check all that apply): □ a. cash □ b. in-kind; specify: nature 14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11: (attach Continuation Sheet(s) SF-LLL-A, if necessary) 15. Continuation Sheet(s) SF-LLL-A attached: ☐ Yes □ No Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. Print Name: Title: Telephone No.: Date: Federal Use Only:

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filling, pursuant to title 31 U.S.C. section 1352. The filling of a form is required for each payment or agreement to make payment to any lobbying entity for enfluencing or attempting to influence an officer or employee of any agency. A member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filling and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

- Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
- 2. Identify the status of the covered Federal action.
- 3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
- 4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
- 5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
- 6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
- 7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
- 8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
- For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
- (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
 - (b)Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
- 11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
- 12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
- 13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
- 14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
- 15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
- 16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 mintues per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection or information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

DISCLOSURE OF LOBBYING ACTIVITIES CONTINUATION SHEET

Approved by OMB 0348-0046



Authorized for Local Reproduction Standard Form - LLL-A

Coronavirus Local Fiscal Recovery (CLFR) Data Collection Form

King County, as a recipient of federal funding, is required to collect and report on each any first tier subawards equal to or greater than \$50,000.00. King County is required to input this information to US Treasury Portal. The sub-award information report to Treasury will then be displayed on www.USASpending.gov associated with the prime award furthering federal spending transparency.

Please submit the completed form to [EMAIL].

Name of entity:	Click or tap here to enter text.
Location of entity:	Click or tap here to enter text.
Congressional District of entity location:	Click or tap here to enter text.
Unique identifier (DUNS #):	Click or tap here to enter text.
CCR/Cage Code #:	Click or tap here to enter text.
Award title describing the purpose:	Click or tap here to enter text.
Amount of award:	Click or tap here to enter text.
Funding Agency:	Click or tap here to enter text.
CFDA #:	Click or tap here to enter text.

King County must report executive compensation for the five highest compensated officers of the grant subrecipient if:

- the subrecipient entity in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards <u>and</u> \$25,000,000 or more in annual gross revenues from Federal awards, and
- the public does not already have access to data on executive compensation through reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934, or section 6104 of the Internal Revenue Code of 1986.

Entities with the gross income from all sources reported in the last tax return under \$300,000 are not subject to this reporting requirement.

Check the box if the organization is exempt from reporting executive compensation based upon the criteria listed above:

☐ The organization is exempt from reporting executive compensation

If the box is left unchecked, provide the names and total compensation of the five highest compensated officers of the entity:

Coronavirus Local Fiscal Recovery (CLFR) Data Collection Form

	NAME	COMPENSATION
1		
2		
3		
4.		
5.		
mpleted by:		

Con

Signature:

Printed Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap here to enter text

Es.	
Cing County	

KING COUNTY SUBSTITUTE W-9	Requestion	Certification	i ilulibei allu	Do not send to IRS.
Name (as shown or	n Invoice)			
Business Type				
Association	☐ C-Corporation	☐ S-Corporation	☐ Disregarded	Entity
	' ☐ Government	' □ Individual	_ 0	,
☐ Limited Liability Cor		x classification (C=C-Corpor	ation, S=S-Corporatio	n, P=Partnership
□ Non Profit □	☐ Partnership	☐ Sole Proprietor	☐ Trust/Estate	
Business Registrat		<u>'</u>		
Enter where you are re			onding State Regi	istration Number
State:		Registration N	lumber:	
Purchasing Location	on Information			
Physical Address				
City , State, and Zip				
Remittance Informa	ation			
Remit Address (if diffe	rent than above)			
City, State, and Zip				
Tax Reporting Nam	e and Tax Iden	tification Number o	r Social Securi	ty Number
				ided must match the name
given on the "Tax Rep	orting Name" line.	For individuals, this is	your social securi	ty number (SSN).
Tax Reporting Name				
Tax Reporting Address				
Tax Reporting City, State, and Zip				
2 1 2 3 2 3				
Tax Identification Num	phor Employer Ide	ntification Number or 9	Pocial Socurity Nu	mber (enter numbers only):
Tax identification Num	ber, Employer ide	minication Number of S	ocial Security Nu	mber (enter numbers only).
Under penalties of per	jury, I certify that:			
1. The number shown	on this form is my		ame and identifica	ation number.
2. I am a U.S. citizen,			t interest and dist	dand income
 I am not subject to b I am exempt from F 		g due to railure to repor	i interest and divi	uena income.
· ·				
Certification instructions. If you are not a U.S. citizen, U.S. person or U.S. Business Entity, you must cross out item 2 above. You will need to provide a completed King County W9 form as well as a copy of your W-8.				
Sign Here ▶				
Print Name of Signer	,		Da	te Signed

Instructions for Suppliers

Submitting this form authorizes King County to deposit electronic payments directly into your bank account.

Suppliers must sign and complete sections 1-3.

Forms are typically processed in 10 business days after receipt by King County FBOD.

Incorrect / incomplete forms will be destroyed, unprocessed, in a secure manner. The submitting King County agency will be notified.

PLEASE PRINT CLEARLY.

Return this form to your designated King County agency contact.



Where are my routing and account numbers?

Instructions for King County Agencies

King County agencies must sign and complete section 4 after verifying supplier information (including all new and updated ACH sites).

Incomplete forms will not be processed, and will be destroyed in a secure manner.

* For suppliers with multiple ACH sites or bank accounts associated with their record, the supplier site is used to differentiate which site will be added or updated. Only sites based on the standard naming convention will be set up.

Submit this form to:

procurement.web@kingcounty.gov

CNK-ES-0340 (206) 296-7676 - fax



Department of Executive Services Finance & Business Operations Division (206) 263-9400

Automated Clearing House (ACH)

Authorization Agreement

Addition 2 addit Agreement	
1 Supplier's Remit To Information	
Is this a new ACH authorization, or are you updating your current bank in	nformation?
☐ NEW - I've never been paid via ACH by King County	
☐ UPDATE - I'm updating my existing ACH banking information	
payee name (must match King County Substitute W9)	federal tax ID number (or SSN)
chain organization or DBA (if applicable)	
,	
street address / PO	suite / apartment
oity	700
city state	ZIP
email (remittance advice / notifications))
2 Depository Institution Information	
name on bank account (if different than above)	
depository institution	
	checking
bank routing number bank account no	☐ savings umber account type
	doodant typo
3 Supplier Authorization Acknowledgment	
I, the undersigned Supplier, hereby authorize King County (hereinafter referred for goods and services covered by an agreement by using, at the County's optic	on, Automated Clearing House (ACH).
I agree to provide the County with written notification of any change in my depos remittance data instructions by submitting this form with revisions at least ten (10	0) business days (2 calendar weeks) in
advance of changes. In the event of duplicate or fraudulent payment, overpaymereturn payment to the County upon discovery or after the County provides suffice	
that payment made to an incorrect account as listed above are timely and comp	lete for any invoiced goods and services.
name and title	
xupplier signature	date
4 FOR KING COUNTY USE ONLY I, the undersigned King County employee, do attest that I have completed A	ACH verification training and personally
called the supplier to verify the supplier's banking information and tax ID.	g and polocium,
X	date verified
signature of king county employee	date verilled
king county employee (print name)	agency
	•
yes ono I attest, I personally called to verify the supplier's	banking info and tax
representative's name I spoke with	phone number I dialed

site*

Mar 2021

supplier number