Instructions for Completing the Certification Forms

* Read the Certifications thoroughly prior to completing the certification documents.
* Identify who will complete the certification documents, the Authorized Official or their Designee
	+ **NOTE: Before a designee can remit any signed documents, a completed Signature Authorization Packet must be received and accepted by OCJP. This packet must include a completed** [**Signature Authorization Form**](https://tn.gov/content/dam/tn/finance/ocjp/Appendix%20W%20Signature%20Authorization%20Form.docx)**, board minutes that clearly define that the Board has selected the proposed designee and a copy of the policies and procedures that pertain to delegating signatory authority. The Signature Authorization Form is only valid for the current official or Board Chair. A new form and packet must be completed once a new Authorized Official takes office.**
	+ When the Designee is completing the Certifications, the sections of the Certifications collecting the Designee’s personal information must be completed in full for the Designee.
* The Certifications have check boxes to indicate whether the Agency certifies to the statement or whether it is not applicable. Make sure all appropriate check boxes are marked.
* At times, the Certification requires and explanation of why a Certification is not applicable for an agency. Agencies must then add this information to the Certification form.
* Agencies should review the Certifications to ensure they are completed in full, all appropriate check boxes marked, signatures and dates are present and designee information completed if necessary.
* Agencies should make a copy of the completed Certifications and keep them in their Agency Grant file.
* Completed Certification forms should be returned to OCJP along with the Grant Application.

**CERTIFICATION REGARDING DEBARMENT, ET AL**

 **(PAGE 1 of 2)**

**Instructions for Certification Regarding Debarment, Suspension,**

**Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Sub-recipients)**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certificate, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.

5. The prospective lower tier participation agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause title "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Non-procurement List.

1. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
2. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**CERTIFICATION REGARDING DEBARMENT, ET AL (Continued)**

**(PAGE 2 of 2)**

|  |
| --- |
| US DEPARTMENT OF JUSTICEOFFICE OF JUSTICE PROGRAMSOFFICE OF THE COMPTROLLER**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS****(SUB-RECIPIENTS)** |
| This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR part 67, section 67.510, and Participants’ responsibilities. The regulations were published as part vii of the May 26, 1988 Federal Register (pages 19160-19211)**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON PREVIOUS PAGE)**1. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and1. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

**Name and Title of Authorized Official:**      **Name and Address of Authorizing Agency:**                "The Authorized Official certifies that to the best of his or her knowledge and belief that the information contained in this certification is correct and in accordance with the requirements of the application guidelines. The Authorized Official also certifies that the person named below is considered to be certifying this application, and is either the person legally responsible for committing the applying agency to this certification, or is executing this certification with the informed consent of the authorizing person (named and described in attachment A)."[ ]  **Certification:** I certify, by my signature at the end of this form, that I have read and am fully cognizant of our duties and responsibilities under this Certification. ***(Please check the box to the left)*****Name, Title, and Address of Certifying Designee *(IF DIFFERENT FROM AUTHORIZED OFFICIAL):*** *(Please click & complete the name, title, & address form field text boxes below, if applicable)***Certifying Designee’s Name:**      **Certifying Designee’s Title:**      **Certifying Designee’s Address:**      ***Please complete all certifications, print them, and then sign & date each certification***

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Authorized Signature of the Applicant Agency: |  | Date: |

 |

**CERTIFICATION REGARDING LOBBYING**

**(PAGE 1 of 2)**

**CERTIFICATION REGARDING LOBBYING**

In general, as a matter of federal law, federal funds awarded by OJP may not be used by the recipient, or any subrecipient ("subgrantee") at any tier, either directly or indirectly, to support or oppose the enactment, repeal, modification, or adoption of any law, regulation, or policy, at any level of government. See 18 U.S.C. 1913. (There may be exceptions if an applicable federal statute specifically authorizes certain activities that otherwise would be barred by law.)

Another federal law generally prohibits federal funds awarded by OJP from being used by the recipient, or any

subrecipient at any tier, to pay any person to influence (or attempt to influence) a federal agency, a Member of

Congress, or Congress (or an official or employee of any of them) with respect to the awarding of a federal grant or cooperative agreement, subgrant, contract, subcontract, or loan, or with respect to actions such as renewing, extending, or modifying any such award. See 31 U.S.C. 1352. Certain exceptions to this law apply, including an exception that applies to Indian tribes and tribal organizations.

Should any question arise as to whether a particular use of federal funds by a recipient (or subrecipient) would or might fall within the scope of these prohibitions, the recipient is to contact OCJP for guidance, and may not proceed without the express prior written approval of OCJP.

Each person shall file the most current edition of this certification and disclosure form, if applicable, with each submission that initiates agency consideration of such person for an award of a Federal grant, or cooperative agreement over $100,000 as defined at CFR Part 69.

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 that $100,000 for each such failure.

The undersigned certifies, to the best of his or her 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 any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant 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 grant or cooperative agreement, the undersigned shall initial here  **(Type N/A if not applicable)** complete and submit Standard Form - LLL, " Disclosure Form to Report Lobbying," in accordance with its instructions;

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

**Name and Title of Authorized Official:**

**Name and Address of Authorizing Agency:**

"The Authorized Official certifies that to the best of his or her knowledge and belief that the information contained in this certification is correct and in accordance with the requirements of the application guidelines. The Authorized Official also certifies that the person named below is either the person legally responsible for committing the applying agency to this certification, or is executing this certification with the informed consent of the authorizing person (named and described in Attachment A)."

**CERTIFICATION REGARDING LOBBYING**

**(PAGE 2 of 2)**

[ ]  **Certification:** I certify, by my signature at the end of this form, that I have read and am fully cognizant of our duties and responsibilities under this Certification. ***(Please check the box to the left)***

**Name, Title, and Address of Certifying Designee *(IF DIFFERENT FROM AUTHORIZED OFFICIAL):***

*(Please click & complete the name, title, & address form field text boxes below, if applicable)*

**Certifying Designee’s Name:**

**Certifying Designee’s Title:**

**Certifying Designee’s Address:**

**Certifying Designee’s Address:**

***Please complete all certifications, print them, and then sign & date each certification***

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Authorized Signature of the Applicant Agency: |  | Date: |

**CERTIFICATION OF CIVIL RIGHTS COMPLIANCE**

**(PAGE 1 of 2)**

**TENNESSEE CERTIFICATION OF COMPLIANCE**

**WITH REGULATIONS FROM U. S. DEPARTMENT OF JUSTICE,**

**OFFICE OF JUSTICE PROGRAMS, OFFICE FOR CIVIL RIGHTS**

 **FOR SUBGRANTS ISSUED BY**

**THE TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION,**

**OFFICE OF CRIMINAL JUSTICE PROGRAMS**

***INSTRUCTIONS****: Complete the identifying information below. Read this form completely, identifying the person responsible for reporting civil rights findings in certification #3. Please obtain the signature of the Authorized Official on page 2, forward a copy of this form to the person identified in #3 and return the original copy of the form to the Office of Criminal Justice Programs, William R. Snodgrass Tennessee Tower, 312 Rosa L Parks Avenue, Suite 1800, Nashville, Tennessee 37243-1102 with your signed contracts.*

|  |  |
| --- | --- |
| **Agency Name:**      **Agency Address:**            | **Project Director’s Name:**        **Project Director’s Phone:**       |
| **Grant Project Title:**       |
| **Grant Start Date:**       | **Grant End Date:**       |
| **Grant Duration:**       | **Grant Amount:**       |

**I. REQUIREMENTS OF SUBGRANTEE RECIPIENTS:**

All subgrantee recipients (regardless of type of entity or amount awarded) are subject to prohibitions against discrimination in any program or activity, and must take reasonable steps to provide meaningful access for persons with limited English proficiency.

1. I certify that this agency will maintain data (and submit when required) to ensure that:
	1. all services provided by our agency are delivered in an equitable manner without discrimination on the basis of race, color, religion, national origin, age, sex or disability, or, if this agency receives funds under the Violence Against Women Act of 1994, as amended, sexual orientation or gender identity to all segments of the service population;
	2. our employment practices comply with Equal Opportunity Requirements, 28 CFR 42.207 and 42.301 *et. Seq.;*
	3. all projects and activities of our agency will take reasonable steps to provide meaningful access for people with limited English proficiency as required by Title VI of the Civil Rights Act, (*See also* 2000 Executive Order #13166).
	4. I certify that this agency will register within 60 days of award start date with the [Office of Justice Programs, Office for Civil Rights online Equal Employment Opportunity (EEO) Program Reporting Tool](https://ojp.gov/about/ocr/eeop.htm) to submit the information requested and, if required, create and submit an EEO Utilization Report. The agency can access the tool at: <https://ocr-eeop.ncjrs.gov>.
2. I certify that this agency will comply (and will require any subgrantees or contractors to comply) with any applicable statutorily-imposed nondiscrimination requirements which may include:
3. Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. § 3789d);
4. Victims of Crime Act (42 U.S.C. § 10604(e));
5. Juvenile Justice and Delinquency Prevention Act of 2002 (42 U.S.C. § 5672(b));
6. Civil Rights Act of 1964 (42 U.S.C. § 2000d);
7. Rehabilitation Act of 1973 (29 U.S.C. § 7 94);
8. Americans with Disabilities Act of 1990 (42 U.S.C. § 12131-34);
9. Education Amendments of 1972 (20 U.S.C. §§1681, 1683, 1685-86); and the
10. Age Discrimination Act of 1975 (42 U.S.C. §§ 6101-07); and
11. Ex. Order 13,559 (Partnerships with Faith-Based and Other Neighborhood Organizations)
12. Violence Against Women Act (VAWA) of 1994, as amended, 42 U.S.C. § 13925(b)(13)

**CERTIFICATION OF CIVIL RIGHTS COMPLIANCE**

**(PAGE 2 of 2)**

1. I also certify that this agency will report all civil rights complaints and findings of discrimination, if any, to the Tennessee Office of Criminal Justice Programs, within the Department of Finance and Administration, in compliance with Chapter XXII of the Grant’s manual, and with 28 CFR 42.202(c). Any such findings will be provided within 45 days of the complaint or finding and/or if the finding occurred **within 3 years prior to** the grant award beginning date, within 45 days of the grant award beginning date. A copy of this Certification will be provided to the person responsible for reporting civil rights complaints and findings of discrimination, as identified below:

|  |  |  |
| --- | --- | --- |
| **Name:**       | **Title:**        | **Phone:**       |
| **Address:**       | **City & State:**        | **Zip Code:**       |

"The Authorized Official certifies that to the best of his or her knowledge and belief that the information contained in this certification is correct and in accordance with the requirements of the application guidelines. The Authorized Official also certifies that the person named below is either the person legally responsible for committing the applying agency to this certification, or is executing this certification with the informed consent of the authorizing person (named and described in attachment A)."

[ ]  **Certification:** I certify, by my signature at the end of this form, that I have read and am fully cognizant of our duties and responsibilities under this Certification. ***(Please click the box to the left)***

**Name, Title, and Address of Certifying Designee *(IF DIFFERENT FROM AUTHORIZED OFFICIAL):***

*(Please click & complete the name, title, & address form field text boxes below, if applicable)*

**Certifying Designee’s Name:**

**Certifying Designee’s Title:**

***Please complete all certifications, print them, and then sign & date each certification***

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|  |  |  |
| Authorized Signature of the Applicant Agency: |  | Date: |

**CERTIFICATION REGARDING BUSINESS DIVERSITY**

**(PAGE 1 of 2)**

State of Tennessee

Department of Finance and Administration

Office of Criminal Justice Programs

**Subgrantee Diversity Survey Self - Declaration Form**

**NON-PROFIT AGENCIES ONLY**

**NON-PROFIT AGENCY DATA**

Non-Profit Agency Name:

(Print)

**COMPANY DIVERSITY DATA**

**Ownership/Control:**

In regard to the question relative to the term "Control" and its definition**[[1]](#footnote-1)**, the Governor's Office of Diversity Business defines Control as: "An owner…must demonstrate "real and substantial" control of the daily operation of the business as well as an overall understanding of managerial and technical competence and experience directly related to the type of business in which the firm is engaged.”.

Relative to a non-profit entity, a governing body appoints or elects an individual that has ultimate responsibility that can make legally binding decisions on behalf of the agency. OCJP recognizes that person as the Authorizing Official. In that regard, that person has control of the agency.

**Please select one** (See next page for definitions of terms):

[ ]  Minority Business Enterprise (MBE):

[ ]  African American [ ]  Asian American [ ]  Hispanic American [ ]  Native American

[ ]  Woman Business Enterprise (WBE)

[ ]  Service-Disabled Veteran Enterprise (SDVBE)

[ ]  Disabled Owned Businesses (DSBE)

[ ]  Small Business Enterprise (SBE): $10,000,000.00 averaged over a three (3) year period or employs no more than ninety-nine (99) employees.

[ ]  Government **[ ]** Non-Minority/Disadvantaged **[ ]** Other:

**SELF-DECLARATION**

**Name of Non-Profit Authorized Official:**

(Print)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature of the Authorized Official or Person Making Declaration: |  | Title: |  | Date: |

**Other State of Tennessee and Federal Resources for Small Business Enterprises (SBE)**

Governor's Office of Diversity Business Enterprise

<http://www.tn.gov/businessopp/>

Tennessee Human Rights Commission

<http://www.tn.gov/humanrights/>

U.S. Small Business Administration

<http://www.sba.gov/>

Tennessee District Office, Main Location: 50 Vantage Way Suite 201, Nashville, TN 37228, Phone: 615-736-5881

**CERTIFICATION REGARDING BUSINESS DIVERSITY**

**(PAGE 2 of 2)**

**Definition of Terms**

**Small Business Enterprise / Concern (SBE)**

SBEs are businesses that do not exceed the size standard for the product or service it is providing as measured by its employment and/or business receipts in accordance with the U.S. SBA numerical size standards. These standards are defined as FAR 52.219-8, 13 CFR Part 121 and 13 CFR 121.410.

**Disadvantaged Business Enterprise (DBE)**

DBEs are defined as a business which are (a) owned by socially disadvantaged individuals who have been subjected to racial or ethnic prejudice or cultural bias because of their identity as a member of a group without regard to their individual qualities; or (b) owned by economically disadvantaged individuals whose ability to compete in the free enterprise system has been impaired due to diminished opportunities to obtain capital and credit as compared to others in the same line of business who are not socially disadvantaged.

**Disabled Business Enterprise (DIS)**

DIS businesses are owned and controlled by one or more U.S. citizens who has a physical or mental impairment which substantially limits one or more of such person’s major life activities.

**Small Disadvantage Business Concern (SDB)**

SDB businesses are certified by the SBA as meeting the following criteria: (1) they are small business concern and (2) must be at least owned and controlled by one or more U.S. citizens who are socially and economically disadvantaged. African Americans, Asian Pacific Americans, Asian Subcontinent Americans, Hispanic Americans and Native Americans are presumed to qualify as being socially disadvantaged. Other individuals can qualify if they show by a preponderance of the evidence that they are socially disadvantaged. In addition, the personal net worth of each eligible owner applicant must be less than $750,000, excluding the values of the applicant’s ownership interest in the business seeking certification and the owner’s primary residence. Successful applicants must also meet applicable size standards for small businesses in their industry. SDB regulations can be found in FAR 52.219-8 and 13 CFR parts 121 & 124.

**Veterans-Owned Business Concern (VBE)**

VBE businesses are owned and controlled by one or more U.S. citizens who are Veterans of the U.S. Armed Forces. In the case of any publicly owned business, at least 51% of the stock is owned by one or more veterans and one or more veterans must control the management and daily business operation. The term “Veteran” means a person who served in the active military, naval or air service and who was discharged or released there from under conditions other than dishonorable. VBE regulations can be found in FAR 52.219-9 & 38 USC 101 (2).

**Service-Disabled Veterans-Owned Business Concern (DVBE)**

DVBE businesses are owned and controlled by one or more U.S. citizens who are service-disabled Veterans of the U.S. Armed Forces. In the case of any publicly owned business, at least 51% of the stock is owned by one or more service-disabled veterans and one or more veterans must control the management and daily business operation. The term “Veteran” means a person who served in the active military, naval or air service and who was discharged or released there from under conditions other than dishonorable. The term “Service-Disabled” means a veteran of the U.S. Military Service has a service-connected disability with a disability rating of 0%-100%. In the case of permanent or severe disability, the spouse of caregiver of such a service-disabled veteran may control the management and daily operations. DVBE regulations can be found in FAR 52.219-9 & 38 USC 101 (2) & USC 101 (16).

**Women-Controlled Business Concern (WBE)**

WBE businesses are owned and controlled by one or more U.S. citizens who are female gender. In the case of any publicly owned business, at least 51% of the stock is owned by one or more women and one or more women must control the management and daily business operations. For Federal contracting regulations see FAR 52-219-8.

**Minority-Owned Business Enterprise (MBE)**

MBE businesses are owned and controlled by one or more U.S. citizens belonging to certain ethnic minority groups. “Ethnic Minority Groups” are people of Asian Pacific American, Asian Subcontinent American, African American, Hispanic American and Native American descent.

* **African Americans:** People whose origins lay in any of the Black racial groups of Africa.
* **Asian Pacific Americans:** People whose origins lay in Brunei, Burma, China, Guam, Indonesia, Japan, Kampuchea (Cambodia), Korea, Laos, Malaysia, Northern Mariana Islands, Republic of the Marshall Islands, Federated States of Micronesia, Republic of Palau (U.S. Trust Territory of the Pacific Islands), the Philippines, Samoa, Singapore, Taiwan, Thailand and Vietnam.
* **Asian Subcontinent Americans:** People whose origins lay in Bangladesh, Bhutan, India, Pakistan, Sri Lanka or Nepal.
* **Hispanic Americans:** People whose origins are in the South and Central America, Mexico, Puerto Rico, Cuba or the Iberian Peninsula (including Portugal).
* **Native Americans:** American Indians, Inuit (Eskimos), Aleuts, and native Hawaiians of Polynesian ancestry.
* **Native Hawaiian Organization:** means any community service organization serving Native Hawaiians in, and chartered as a

 not-for-profit organization by, the State of Hawaii, which is controlled by Native Hawaiians, and whose business activities will

 principally benefit such Native Hawaiians.

* **Indian tribe:** means any Indian tribe, band, nation, or other organized group or community of Indians, including any Alaska Native Corporation as defined in 13 CFR 124.100 which is recognized as eligible for the special programs and services provided by the U.S. to Indians because of their status as Indians, or which is recognized as such by the State in which such tribe, band, nation,group, or community resides.

**CERTIFICATION REGARDING FFATA**

**(PAGE 1 of 2)**

**TRANSPARENCY ACT (FFATA) EXECUTIVE COMPENSATION REPORTING**

The Federal Funding Accountability and Transparency Act (FFATA or Transparency Act - P.L.109-282, as amended by section 6202(a) of P.L. 110-252) requires the Office of Management and Budget (OMB) to maintain a single, searchable database, accessible by the public at no cost, that includes information about where and how federal funds are spent. This includes information on grants, subgrants, loans, awards, cooperative agreements and other forms of financial assistance funded with federal funds. That searchable database can be found through the internet. For more information about where and how federal funds are spent, please visit [www.USASpending.gov](http://www.USASpending.gov).

**Executive Compensation Reporting:** FFATA requires you to provide the names and total compensation of your agency’s five (5) most highly compensated executives (i.e., Officers, Managing Partners, Executive Directors, or any other highly compensated employee in a management position) if you meet the following criteria:

* 80 percent or more of the Authorizing Agency’s annual gross revenues are from Federal procurement contracts and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320; **and**
* $25,000,000 or more in annual gross revenues are from Federal procurement contracts, and Federal financial assistance subject to the Transparency Act; **and**
* The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>).

If Executive Compensation Reporting does **not** apply to your Grant Project, then please ***skip*** the Executive Compensation Reporting table below and proceed to page 2 to *complete the remainder of the Certification*.

If Executive Compensation Reporting **applies** to your Grant Project, then please report the name, title, and compensation of the top five executives of your organization in the table below and then proceed to page 2 to complete the remainder of the Certification.

**Executive Compensation Reporting for Top Five (5) Executives of the Authorizing, Applicant Agency**

|  |  |  |
| --- | --- | --- |
| **Name of** **Authorizing Agency’s** **Top Five Executives:** | **Title of** **Authorizing Agency’s** **Top Five Executives:** | **Total Annual Salary of****Authorizing Agency’s****Top Five Executives:** |
|       |       |       |
|       |       |       |
|       |       |       |
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**CERTIFICATION REGARDING FFATA**

**(PAGE 2 of 2)**

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.

**Name and Title of Authorized Official:**

**Name and Address of Authorizing Agency:**

"The Authorized Official certifies that, to the best of his or her knowledge and belief, the information contained in this certification is correct and in accordance with the requirements of the application guidelines. The Authorized Official also certifies that the person named below is either the person legally responsible for committing the applying agency to this certification, or is executing this certification with the informed consent of the authorizing person (named and described in Attachment A)."

[ ]  **Certification:** I certify, by my signature at the end of this form, that I have read this and the Executive Compensation Reporting requirement does apply to this Agency and I am fully cognizant of our duties and responsibilities under this Certification. ***(Please click the box to the left)***

[ ]  **Not Applicable:** I certify, by my signature at the end of this form, that I have read this and the Executive Compensation Reporting requirement does not apply to this Agency as a result of the explanation below: ***(Please check the box to the left & provide an explanation below)***

***Explanation:***

**Name, Title, and Address of Certifying Designee *(IF DIFFERENT FROM AUTHORIZED OFFICIAL):***

*(Please click & complete the name, title, & address form field text boxes below, if applicable)*

**Certifying Designee’s Name:**

**Certifying Designee’s Title:**

**Certifying Designee’s Address:**

**Certifying Designee’s Address:**

***Please complete all certifications, print them and then sign & date each certification.***

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Authorized Signature of the Applicant Agency: |  | Date: |

**CERTIFICATION REGARDING Personally Identifiable Information (PII)**

**(PAGE 1 of 1)**

**Requirement to report actual or imminent breach of**

**Personally Identifiable Information (PII)**

The grantee agrees to assist Office of Criminal Justice Programs in complying with OMB Circular A-130.

The recipient (and any "subrecipient" at any tier) must have written procedures in place to respond in the event of an actual or imminent "breach" (OMB M-17-12) if it (or a subrecipient)-- 1) creates, collects, uses, processes, stores, maintains, disseminates, discloses, or disposes of "personally identifiable information (PII)" (2 CFR 200.79) within the scope of an OJP grant-funded program or activity, or 2) uses or operates a "Federal information system" (OMB Circular A-130). The recipient's breach procedures must include a requirement to report actual or imminent breach of PII to an OCJP Program Manager no later than 24 hours after an occurrence of an actual breach, or the detection of an imminent breach.

**Name and Title of Authorized Official:**

**Name and Address of Authorizing Agency:**

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Authorized Signature of the Applicant Agency Date

1. While 15 U.S.C. and CFR Title 13, and the Small Business Act Public Law 85.536 (PL 110-28) 110-246, approved 6/18/08 are the sources from which Federal Acquisition Regulation (FAR) Part 19 was developed, none of these specifically define the term “Control”. In that regard, use of the definition as published by the Governor’s Office of Diversity Business is the state of Tennessee standard and should be considered the same for OCJP.  [↑](#footnote-ref-1)