

SECTION III

APPLICANT AGENCY PREQUALIFICATION REQUIREMENTS

INSURANCE REQUIREMENTS

APPLICANT AGENCY PREQUALIFICATION REQUIREMENTS

Each applicant agency must submit one complete copy of each item outlined below that applies to the applicant agency. Should the applicant be a joint venture or consortium, each party to such joint venture or consortium shall comply with the appropriate section in addition to submitting a copy of the "Declaration of Partnership or Joint Venture", Attachment #9. SETA contracts staff will assist applicant agencies in meeting the prequalification requirements, but it is the applicant's ultimate responsibility to verify with SETA that current documents are on file. Verification can be obtained by contacting the SETA Contracts Unit at 263-3838.

FAILURE TO SUBMIT AND/OR RESPOND TO THESE PREQUALIFICATION REQUIREMENTS NO LATER THAN THE DEADLINE NOTED IN SECTION I OF THE RFP WILL DISQUALIFY APPLICANT AGENCY FROM ANY FURTHER FUNDING CONSIDERATION.

A. DISCLOSURE/CERTIFICATION FORMS PREQUALIFICATION REQUIREMENTS (Applicable to all Applicants)

All applicant agencies must submit the following four (4) attachments (Attachments #1 through #4). Each attachment must be signed (**original signature**) by an authorized representative(s) of the respondent agency.

1. **Attachment #1 - Fair Political Practices Commission Disclosure Forms**
2. **Attachment #2 - Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion**
3. **Attachment #3 - Certification Regarding Lobbying**
4. **Attachment #4 - Certification Regarding Drug-free Workplace Requirements**

B. INSURANCE PREQUALIFICATION REQUIREMENTS (Applicable to all new Applicants)

Applicant agencies that are not currently funded must submit Insurance Prequalification Attachments #5 and #6.

1. **Attachment #5 - Insurance Prequalification.** All new applicant agencies must submit an Insurance Prequalification form (Attachment #5). The attachment must be signed by an authorized representative(s) of the respondent agency.
2. **Attachment #6 - New Applicant Insurance Questionnaire.** Applicant agencies that are not currently funded by SETA must complete and submit the New Applicant Insurance Questionnaire (Attachment #6) stating the type of insurance and name of company they will use if funded.

C. ADMINISTRATIVE PREQUALIFICATION REQUIREMENTS

1. **FOR PUBLIC AGENCIES**

- (a) I.R.S. Employer Identification Number
Note: This is a nine-digit number beginning with 94 for most agencies.
- (b) Names and mailing addresses of current Governing Body
- (c) Certification of Accounting System (Attachment #7). To be completed and signed by applicant agency's chief financial officer. **MUST HAVE ORIGINAL SIGNATURE.**

2. **FOR NON-PROFIT CORPORATIONS**

- (a) Articles of Incorporation (include all amendments)
Note: Secretary of State registration stamp must be shown on original articles as filed and any amendments.

(I) If incorporated in a state other than California, include State of California Certificate of Qualification allowing you to operate here or a current Certificate of Status.
- (b) Federal Tax Exempt Status Verification (to include final determination letter, if applicable)
Note: This is a letter granting tax exemption from the Internal Revenue Service. This exemption is separate from the State exemption and requires a separate filing with I.R.S. If newly incorporated, provide copy of application to include notice of I.R.S. receipt.
- (c) I.R.S. Employer Identification Number
Note: This is a nine-digit number beginning with 94 for most corporations.
- (d) State Tax Exempt Status Verification
Note: This is a letter granting tax exemption from the State of California Franchise Tax Board. This exemption requires a separate filing from the Federal since the state does not automatically recognize the Federal Determination.
- (e) Names and mailing addresses of current local Board of Directors.

- (f) Certification of Accounting System (Attachment #8). To be completed and signed by public accountant or certified public accountant. **MUST HAVE ORIGINAL SIGNATURE.**

3. **FOR PRIVATE FOR-PROFIT CORPORATIONS**

- (a) Articles of Incorporation (include all amendments)

Note: Secretary of State registration stamp must be shown on original articles as filed and any amendments.

(I) If incorporated in a state other than California, include State of California Certificate of Qualification allowing you to operate here or a current Certificate of Status.

- (b) I.R.S. Employer Identification Number

Note: This is a nine-digit number beginning with 94 for most corporations.

- (c) Names and mailing addresses of current Board of Directors.

- (d) Certification of Accounting System (Attachment #8). To be completed and signed by public accountant or certified public accountant. **MUST HAVE ORIGINAL SIGNATURE.**

- (e) If doing business in other than corporate name, provide a copy of current fictitious business name statement.

4. **FOR PRIVATE FOR-PROFIT PARTNERSHIP**

- (a) Declaration of Partnership or Joint Venture (Attachment #9).

- (b) If operating under a "doing business as" entity, provide a copy of current fictitious business name statement.

- (c) I.R.S. Employer Identification Number

Note: This is a nine-digit number beginning with 94 for most organizations.

- (d) Certification of Accounting System (Attachment #8). To be completed and signed by public accountant or certified public accountant. **MUST HAVE ORIGINAL SIGNATURE.**

5. **FOR PRIVATE FOR-PROFIT SOLE-PROPRIETORSHIP**

- (a) If doing business in other than sole-proprietorship name, provide a copy of current fictitious business name statement.

- (b) I.R.S. Employer Identification Number

Note: This a nine-digit number beginning with 94 for most entities.

- (c) Certification of Accounting System (Attachment #8). To be completed and signed by public accountant or certified public accountant. **MUST HAVE ORIGINAL SIGNATURE.**

D. FOR ALL PRIVATE APPLICANTS PROPOSING POSTSECONDARY AND/OR VOCATIONAL EDUCATION CLASSROOM TRAINING (OCCUPATIONAL SKILLS)

1. An Institutional Approval Document issued by the State of California, Department of Consumer Affairs, Bureau for Private Postsecondary Education.

-OR-

2. Proof of accreditation issued by the Western Association of Schools and Colleges or other proof of accreditation deemed acceptable by SETA, such as accreditation by one of the following:
 - (a) A degree-granting institution accredited by a national or regional accreditation agency recognized by the U.S. Department of Education or by the Committee of Bar Examiners for the State of California;
 - (b) A degree-granting institution, unaccredited and unapproved, authorized by filing of public disclosure information (May not issue diplomas under this authority);
 - (c) A licensed hospital, issuing diplomas in connection with the operation of the hospital;
 - (d) An institution accredited, approved, or licensed as a school by a state board, department or agency; or
 - (e) An institution or program (non-degree) accredited by a national or regional accreditation agency recognized by the U.S. Department of Education.

-AND-

3. School Catalog approved by the appropriate certifying or accrediting agency or proof that such approval is not granted by such agency.

E. FOR ALL APPLICANTS PROPOSING GED

1. Documentation of Authority to grant GED in California.

CONTRACT POLICY

Should applicant's proposal be selected for funding, applicant agency must be able to comply with the following requirements:

A. Audit

Before any funds are issued under any subgrant/agreement, funded agency shall submit to SETA a copy of the reports generated in connection with the most recent audit of its financial systems. These reports shall be in a form which complies with requirements of Office of Management and Budget (OMB) Circular A-133.

B. Insurance

Prior to contract execution and commencement of program performance, SETA shall receive from each funded agency's insurer a certificate of insurance, and applicable endorsements issued by the funded agency's insurance carrier, indicating all of the coverage outlined in Attachment #10 consisting of 6 pages.

SETA is very exacting with regard to the insurance requirements. If an agency's insurance is not in place prior to the start of the program, the agency will not be allowed to start. If an agency's insurance expires during the course of the program and new certificates/endorsements are not received prior to the expiration date, payment will be suspended immediately. Performance will be suspended shortly thereafter if the agency's new insurance certificate(s) is/are not filed with the SETA Contracts Unit.

Note: Insurance endorsements must be requested from the insurance underwriter by your insurance agent/broker. This process may take up to two months, so proposers should plan accordingly.

C. Resolution

SETA has a standardized resolution which will be required of all public agencies and incorporated entities. The applicant agency's Governing Body or Board of Directors will be required to adopt the appropriate resolution for the purpose of appointing specific individuals authorized to both sign and negotiate the contract. The resolution requires the original signature of the Governing Body's or Board of Director's secretary and the affixation of the corporate seal. Should incorporated entities not have a seal, it will be necessary to obtain one prior to contract execution.

D. Prohibitions

No member of the immediate family of any officer, director, executive or employee of funded agency or SETA shall receive favorable treatment for enrollment in services provided by, or employment with, funded agency, nor shall any individual be placed in a funded employment activity if a member of that individual's immediate family is directly supervised by or directly supervises that individual. In addition, neither funded agency nor any of funded agency's subcontractors shall hire, or cause or allow to be hired, a person into an administrative capacity, staff position or on-the-job training position funded through the award of any grant, if a member of that person's immediate family is employed in an administrative capacity for SETA, funded agency, or any employment contractor of funded agency. However, where an applicable federal, state or local statute regarding nepotism exists which is more restrictive than this provision, funded agency and funded agency's subcontractors shall follow the federal, state or local statute in lieu of this provision.

- (a) The term "member of the immediate family" includes: wife, husband, son, daughter, mother, father, brother, brother-in-law, sister, sister-in-law, son-in-law, daughter-in-law, father-in-law, mother-in-law, grandfather, grandmother, aunt, uncle, niece, nephew, step-parent, and step-child.
- (b) The term "administrative capacity" refers to positions involving overall administrative responsibility for a program, including members of SETA's Governing Board and any of its affiliated Boards or Councils and members of the governing body or board of directors of funded agency, or where that individual would be the supervisor of an individual paid with funds provided through the award of any grant or performing duties under the grant award.
- (c) The term "staff position" refers to all staff positions providing services through the award of any grant.

COMPLIANCE WITH CALIFORNIA GOVERNMENT CODE SECTION 84308

In order to comply with the provisions of California Government Code Section 84308 and the Regulations of the California Fair Political Practices Commission, each respondent must fully complete the "Party Disclosure Form". Additionally, all participants (as defined in the attached "Participant Disclosure Form") identified by the respondent in the proposal must file the "Participant Disclosure Form". If other individuals or entities become or are identified as parties or agents during the time the Workforce Investment Board or Sacramento Employment and Training Agency is considering a respondent's proposal, additional Party Disclosure Forms must be filed with the Sacramento Employment and Training Agency. Participants who are later identified will be requested to file a "Participant Disclosure Form".

Government Code Section 84308

PARTICIPANT DISCLOSURE FORM

Information Sheet

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY

This form must be completed by participants in a proceeding involving a license, permit, or other entitlement for use, including a subgrant or contract, pending before the Sacramento Employment and Training Agency.

Important Notice

Basic Provisions of Section 84308

- I. You are prohibited from making a campaign contribution of \$250 or more to any Workforce Investment Board or Sacramento Employment and Training Agency board member or any candidate for such a position. This prohibition starts on the date you begin to actively support or oppose an application of a license, permit, or other entitlement for use pending before the Workforce Investment Board or Sacramento Employment and Training Agency, and continuing until three months after a final decision is rendered on the application or proceeding by the Workforce Investment Board or Sacramento Employment and Training Agency.

No Workforce Investment Board or Sacramento Employment and Training Agency board member or candidate may solicit or receive a campaign contribution of \$250 or more from you and/or your agent during this period if the board member or candidate knows or has reason to know that you are a participant.

- II. The attached disclosure form must be filed if you or your agent have contributed \$250 or more to any Workforce Investment Board or Sacramento Employment and Training Agency board member or candidate for the Workforce Investment Board or Sacramento Employment and Training Agency during the 12 month period preceding the beginning of your active support or opposition. It will assist the board members in complying with the law.
- III. If you or your agent have made a contribution of \$250 or more to any Workforce Investment Board or Sacramento Employment and Training Agency board member or candidate during the 12 months preceding the decision in the proceeding, that board member must disqualify himself or herself from the decision. However, disqualification is not required if the board member or candidate returns the campaign contribution within 30 days of learning about both the contribution and the fact that you are a participant to the proceeding.

This form should be completed and filed the first time that you lobby in person, testify in person before, or otherwise directly act to influence the vote of the members of the Workforce Investment Board or Sacramento Employment and Training Agency.

1. An individual or entity is a "participant" in a proceeding involving an application for a license, permit or other entitlement for use, including a subgrant or contract, if:
 - A. The individual or entity is not an actual party to the proceeding, but does have a significant financial interest in the decision of the proceeding before the Workforce Investment Board or Sacramento Employment and Training Agency.

AND

- B. The individual or entity, directly or through an agent, does any of the following:
 - (1) Communicates directly, either in person or in writing, with a member of the Workforce Investment Board or Sacramento Employment and Training Agency for the purpose of influencing the member's vote on the application or proposal;
 - (2) Communicates with an employee of the Workforce Investment Board or Sacramento Employment and Training Agency for the purpose of influencing a member's vote on the application or proposal; or
 - (3) Testifies or makes an oral statement before the Workforce Investment Board or Sacramento Employment and Training Agency during a proceeding on a license, permit or other entitlement for use for the purpose of influencing the decision of the Workforce Investment Board or Sacramento Employment and Training Agency.
2. A proceeding involving "a license, permit or other entitlement for use" includes all business, professional, trade and land use licenses and permits and all other entitlements for use, including all entitlements for land use, all contracts (other than competitively bid, labor or personal employment) and all franchises.
3. Your "agent" is someone who represents you in connection with a proceeding involving a license, permit or other entitlement for use. If an agent is acting in his or her capacity as an employee or member of a law, architectural, engineering, consulting firm, or similar business entity or corporation, both the business entity or corporation and the individual are agents.

4. To determine whether a campaign contribution of \$250 or more has been made by a participant or his or her agent, campaign contributions made by the participant within the preceding 12 months must be aggregated with those made by the agent within the preceding 12 months or the period of the agency, whichever is shorter. Campaign contributions made to different Workforce Investment Board or Sacramento Employment and Training Agency board members or candidates are not aggregated.

This notice summarizes the major requirements of Government Code Section 84308 of the Political Reform Act and 2 Cal. Adm. Code Sections 18438.1 - 18438.8. For more information, contact PATTYE DOWNING, Employment and Training Analyst III, Sacramento Employment and Training Agency, 925 Del Paso Blvd., Sacramento, California, 95815-3608, (916) 263-3838, or the Fair Political Practices Commission, 428 J Street, Suite 620, Sacramento, California, 95814, (916) 322-5660.

Participant Disclosure Form SACRAMENTO EMPLOYMENT AND TRAINING AGENCY

Participant's Name: _____

Participant's Address: _____

(Street)

(City)

(State)

(Zip)

(Phone)

Title of Request for Proposals for which proposal is hereby submitted:

Workforce Investment Board or Sacramento Employment and Training Agency board member to whom you and/or your agent made campaign contributions in aggregation of \$250 or more and dates of contributions:

Name of Board Member: _____

Name of Contributor (if other than Participant): _____

Date(s): _____

Amount: _____

Name of Board Member: _____

Name of Contributor (if other than Participant): _____

Date(s): _____

Amount: _____

Name of Board Member: _____

Name of Contributor (if other than Participant): _____

Date(s): _____

Amount: _____

(Use additional sheet, if necessary)

No contributions made.

DATE: _____

(Signature of Participant and/or Agent)

Government Code Section 84308

PARTY DISCLOSURE FORM

Information Sheet

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY

This form must be completed by applicants for, or persons who are the subject of, any proceeding involving a license, permit, or other entitlement of use, including a subgrant or contract, pending before the Sacramento Employment and Training Agency.

Important Notice

Basic Provisions of Section 84308

- I. You are prohibited from making a campaign contribution of \$250 or more to any Workforce Investment Board or Sacramento Employment and Training Agency board member or any candidate for such position. This prohibition begins on the date your proposal is filed or the proceeding is initiated, and the prohibition ends three months after a final decision is rendered by the Workforce Investment Board or Sacramento Employment and Training Agency. In addition, no Workforce Investment Board or Sacramento Employment and Training Agency board member or candidate may solicit or accept a campaign contribution of \$250 or more from you during this period.

These prohibitions also apply to your agents, and, if you are a closely held corporation, to your majority shareholders as well.

- II. You must file the attached disclosure form and disclose whether you or your agent(s) have in the aggregate contributed \$250 or more to any Workforce Investment Board or Sacramento Employment and Training Agency board member, or any candidate for the position during the 12 month period preceding the filing of the application or the initiation of the proceeding.
- III. If you or your agent have made a contribution of \$250 or more to any Workforce Investment Board or Sacramento Employment and Training Agency board member or candidate during the 12 months preceding the decision on the application or proceeding, that board member must disqualify himself or herself from the decision. However, disqualification is not required if the board member or candidate returns the campaign contribution within 30 days of learning about both the contribution and the proceedings.

ATTACHMENT #1

1. A proceeding involving "a license, permit, or other entitlement for use" includes all business, professional, trade and land use licenses and permits, and all other entitlements for use, including all entitlements for land use, all contracts (other than competitively bid, labor or personal employment) and all franchises.
2. Your "agent" is someone who represents you in connection with a proceeding involving a license, permit or other entitlement for use. If an agent is acting in his or her capacity as an employee or member of a law, architectural, engineering, consulting firm, or similar business entity or corporation, both the business entity or corporation and the individual are agents.
3. To determine whether a campaign contribution of \$250 or more has been made by you, campaign contributions made by you within the preceding 12 months must be aggregated with those made by your agent within the preceding 12 months or the period of the agency, whichever is shorter. Campaign contributions made to different Workforce Investment Board or Sacramento Employment and Training Agency board members or candidates are not aggregated.

This notice summarizes the major requirements of Government Code Section 84308 of the Political Reform Act and 2 Cal. Adm. Code Sections 18438.1 - 18438.8. For more information, contact PATTY DOWNING, Employment and Training Analyst III, Sacramento Employment and Training Agency, 925 Del Paso Blvd., Sacramento, California, 95815-3608, (916) 263-3838, or the Fair Political Practices Commission, 428 J Street, Suite 620, Sacramento, California, 95814, (916) 322-5660.

Prepared based upon the forms recommended by the Legal Division of the Fair Political Practices Commission 8/85.

Party Disclosure Form

SACRAMENTO EMPLOYMENT AND TRAINING
AGENCY

Party's Name: _____

Party's Address: _____

(Street)

(City)

(State)

(Zip)(Phone)

Title of Request for Proposals for which proposal is hereby submitted:

Workforce Investment Board or Sacramento Employment and Training Agency board member to whom you and/or your agent made campaign contributions in aggregation of \$250 or more and dates of contributions:

Name of Board Member: _____

Name of Contributor (if other than Party): _____

Date(s): _____

Amount: _____

Name of Board Member: _____

Name of Contributor (if other than Party): _____

Date(s): _____

Amount: _____

Name of Board Member: _____

Name of Contributor (if other than Party): _____

Date(s): _____

Amount: _____

(Use additional sheet, if necessary)

No contributions made.

DATE: _____

(Signature of Party and/or Agent)

SACRAMENTO EMPLOYMENT & TRAINING AGENCY
Governing Board

Chair

Supervisor Don Nottoli

County of Sacramento
700 "H" Street
Sacramento, CA 95814
Phone: 874-5465
Fax: 874-7593
e-mail: nottolid@saccounty.net

Vice Chair

Sophia Scherman

Public Representative
Elk Grove City Hall
8400 Laguna Palms Way
Elk Grove, CA 95758
e-mail: scherman@sophia-elkgrove.com

Supervisor Jimmie Yee

County of Sacramento
700 "H" Street
Sacramento, CA 95814
Phone: 874-5481
Fax: 874-7593
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Council Member Bonnie Pannell

City of Sacramento
915 "I" Street, 5th Floor
Sacramento, CA 95814
Phone: 808-7008
Fax: 808-7680
e-mail: bpannell@cityofsacramento.org

Council Member Jay Schenirer

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Current as of February 3, 2011

**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (2) Where the prospective recipient of federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

Instructions for Certification

1. By signing and submitting this proposal, the prospective recipient of federal assistance funds is providing the certification as 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 recipient of federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of federal assistance funds 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. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of federal assistance funds 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 DOL.
6. The prospective recipient of federal assistance funds further agrees by submitting this proposal that it will include the clause titled "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, but is not required to, check the List of Parties Excluded from Procurement or Non-procurement Programs.
8. 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.
9. 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 voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the DOL may pursue available remedies, including suspension and/or debarment.

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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 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.
- (3) The undersigned shall require that the language of this certification be included in the award documents for 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.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any 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 commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

Signature

Typed Name and Title of Authorized Signatory

Organization

Date

DISCLOSURE OF LOBBYING ACTIVITIES

ATTACHMENT 2

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

<p>1. Type of Federal Action:</p> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<p>2. Status of Federal Action:</p> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<p>3. Report Type:</p> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
<p>4. Name and Address of Reporting Entity:</p> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: _____		<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> Congressional District, if known: _____
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> CFDA Number, if applicable: _____	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known:</p> \$ _____	
<p>10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI):</p> <p>b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):</p> <p style="text-align: center;">(attach Continuation Sheet(s) SF-LLL-A, if necessary)</p>		
<p>11. Amount of Payment (check all that apply):</p> \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	<p>13. Type of Payment (check all that apply):</p> <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____	
<p>12. Form of Payment (check all that apply):</p> <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____	<p>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:</p> (attach Continuation Sheet(s) SF-LLL-A, if necessary)	
<p>15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>16. 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.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No. _____ Date _____</p>	
<p>Federal Use Only:</p>		<p>Authorized for Local Reproduction Standard Form - LLL</p>

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 filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity 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 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 filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. 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 a covered federal action.
3. Identify the appropriate classification of this report. If this is a follow-up 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 Proposals (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."
9. 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.
10. (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 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of 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

Reporting Entity: _____ Page ____ of

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTSCertification Regarding Drug-Free Workplace

The undersigned certifies that it will or will continue to provide a drug-free workplace by:

- (A) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the subrecipient's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (B) Establishing an ongoing drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The subrecipient's policy of maintaining a drug-free workplace;
 - (3) Any available counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (C) Making it a requirement that each employee to be engaged in the performance of any subgrant be given a copy of the statement required by paragraph (A);
- (D) Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the subgrant, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer, in writing, of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five (5) calendar days after such conviction;
- (E) Notifying the Sacramento Employment and Training Agency (hereinafter referred to as the SETA), in writing, within ten (10) calendar days after receiving notice under paragraph (D)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every subgrant officer or other designee on whose subgrant activity the convicted employee was working, unless the SETA has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected subgrant;
- (F) Taking one of the following actions, within thirty (30) calendar days of receiving notice under paragraph (D)(2), with respect to any employee who is so convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.
- (G) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A), (B), (C), (D), (E) and (F).

The subrecipient may insert in the space provided below the site(s) for the performance of work done in connection with the specific subgrant:

Place of Performance (Street address, city, county, state, zip code)

Check if there are workplaces on file that are not identified here.

(Name of Organization)

BY: _____
(Signature of Authorized Representative)

(Typed Name and Title)

(Date)

**INSTRUCTIONS FOR CERTIFICATION REGARDING
DRUG-FREE WORKPLACE REQUIREMENTS**

1. By signing and/or submitting this application or subgrant agreement, the subrecipient is providing the certification required by 20 CFR §667.200(d) and 29 CFR Part 98.
2. The certification is a material representation of fact upon which reliance is placed when the Sacramento Employment and Training Agency (hereinafter referred to as the SETA) awards the subgrant. If it is later determined that the subrecipient knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the SETA, in addition to any other remedies available, may take action authorized under the Drug-Free Workplace Act.
3. Workplaces under subgrants, for subrecipients other than individuals, need not be identified on the certification. If known, they may be identified in the subgrant application. If the subrecipient does not identify the workplaces at the time of application, or upon award, if there is no application, the subrecipient must keep the identity of the workplace(s) on file in its office and make the information available for inspection. Failure to identify all known workplaces constitutes a violation of the subrecipient's drug-free workplace requirements.
4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the subgrant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority while in operation, employees in each local office, etc.).
5. If the workplace identified to the agency changes during the performance of the subgrant, the subrecipient shall inform the SETA of the change(s), if it previously identified the workplaces in question (see paragraph 3).
6. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Subrecipient's attention is called, in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes;

Criminal drug statute means a federal or non-federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

Employee means the employee of a subrecipient directly engaged in the performance of work under a subgrant, including:

- (i) All *direct charge* employees;
- (ii) All *indirect charge* employees unless their impact or involvement is insignificant to the performance of the subgrant; and,
- (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the subgrant and who are on the subrecipient's payroll. This definition does not include workers not on the payroll of the subrecipient (e.g., volunteers, consultants or independent contractors not on the subrecipient's payroll).

INSURANCE PREQUALIFICATION

We do not presently have a contract with SETA.
Our completed NEW APPLICANT INSURANCE QUESTIONNAIRE is attached.

IT IS ACKNOWLEDGED THAT IT IS OUR ORGANIZATION'S SOLE OBLIGATION TO PROCURE INSURANCE COVERAGE IN CONFORMANCE WITH SETA'S REQUIREMENTS.

AUTHORIZATION IS HEREBY GIVEN TO SETA TO CONTACT OUR ORGANIZATION'S INSURANCE AGENT(S) OR BROKER(S) AND/OR INSURANCE COMPANIES IN ORDER TO CONFIRM THAT OUR ORGANIZATION'S INSURANCE COVERAGE MEETS SETA'S REQUIREMENTS.

(Name of Corporation/Entity)

(Signature of Authorized Representative)

(Typed Name and Title)

(Date)

ALL NEW AGENCIES APPLYING FOR FUNDING MUST SUBMIT THIS DOCUMENT. IF THIS DOCUMENT IS NOT SUBMITTED, THE AGENCY WILL NOT BE CONSIDERED FOR FUNDING.

NEW APPLICANT INSURANCE QUESTIONNAIRE

Name of Corporation/Entity: _____
Address: _____
Phone Number: _____
Contact Person: _____

1. FIDELITY AND DEPOSITORS' FORGERY COVERAGES

- A. Insurance Company: _____
- B. Policy Number: _____
- C. Bond Limit: _____
- D. Deductible: _____
- E. Expiration Date: _____

2. PROPERTY COVERAGE

- A. Insurance Company: _____
- B. Policy Number: _____
- C. Property Limit: _____
- D. Deductible: _____
- E. Valuation: Replacement Cost Actual Cash Value
- F. Expiration Date: _____

3. GENERAL LIABILITY COVERAGE

- A. Insurance Company: _____
- B. Policy Number: _____
- C. Limit: _____
- D. Deductible: _____
- E. Coverage Form: Occurrence Type Claims Made Type
- F. Expiration Date: _____

4. VEHICLE LIABILITY COVERAGE

- A. Insurance Company: _____
- B. Policy Number: _____
- C. Limit: _____
- D. Deductible: _____
- E. Expiration Date: _____

5. PROFESSIONAL LIABILITY (IF ANY)

- A. Insurance Company: _____
- B. Policy Number: _____
- C. Limit: _____
- D. Expiration Date: _____

6. WORKERS' COMPENSATION

- A. Insurance Company: _____
- B. Policy Number: _____
- C. Expiration Date: _____

7. INSURANCE BROKER OR AGENT

- A. Name of Agency: _____
- B. Address: _____
- C. Phone Number: _____

Date: _____

Ms. Kathy Kossick
Executive Director
Sacramento Employment and Training Agency
925 Del Paso Blvd.
Sacramento, CA 95815-3608

Dear Ms. Kossick:

I am the Chief Financial Officer of _____
(name of applicant agency)
_____ and, in this capacity, I will be responsible for providing financial services adequate to
ensure the establishment and maintenance of an accounting system for _____
(name of applicant agency)
_____.

The accounting system and internal control procedures will be adequate to safeguard the assets of such
agency, check the accuracy and reliability of accounting data, promote operating efficiency, and provide
compliance with prescribed management policies of the agency.

(Signature of Financial Officer)

(Typed Name of Financial Officer)

(Title)

PRIVATE FOR-PROFIT CORPORATIONS
PRIVATE FOR-PROFIT PARTNERSHIP
PRIVATE FOR-PROFIT SOLE-PROPRIETORSHIP

Date: _____

Ms. Kathy Kossick
Executive Director
Sacramento Employment and Training Agency
925 Del Paso Blvd.
Sacramento, CA 95815-3608

Dear Ms. Kossick:

I am a duly licensed or Certified Public Accountant and have been engaged to examine and report on the adequacy of the financial accounting system of _____
(name of applicant agency)
_____ which is a private _____ organization located in
(non-profit/for-profit)

(name of city)

I have reviewed the accounting system that this organization has established and, in my opinion, it includes internal controls adequate to safeguard the assets of the organization, check the accuracy and reliability of accounting data, promote operating efficiency, and provide compliance with prescribed management policies of the agency.

(Signature of Accountant)

(Typed Name of Accountant)

(License Number and Expiration Date)

(Name of Firm)

(Typed Name)

DECLARATION OF PARTNERSHIP OR JOINT VENTURE

The undersigned do hereby declare as follows:

1. The business organization known as _____

is a _____.
(General partnership or joint venture)

2. The following represents a complete list and disclosure of all the individual _____

(General partners or joint ventures)

<u>Name</u>	<u>Mailing Address</u> (City, State, Zip)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Each of the undersigned does hereby declare under the penalty of perjury that the foregoing is true and correct.

Executed this _____ day of _____, 20____ at _____, _____
(City) (State)

(Signature)

(Typed Name)

ATTACHMENT #9 (cont.)

Executed this _____ day of _____, 20____ at _____, _____
(City) (State)

(Signature)

(Typed Name)

Executed this _____ day of _____, 20____ at _____, _____
(City) (State)

(Signature)

(Typed Name)

Executed this _____ day of _____, 20____ at _____, _____
(City) (State)

(Signature)

(Typed Name)

Executed this _____ day of _____, 20____ at _____, _____
(City) (State)

(Signature)

(Typed Name)

Executed this _____ day of _____, 20____ at _____, _____
(City) (State)

(Signature)

(Typed Name)

INSURANCE REQUIREMENTS

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY

INSURANCE REQUIREMENTS

(Applicable to all SETA-funded programs)

(Pursuant to SETA Governing Board Action on 4/21/88)

(Revised 5/3/2007)

Prior to contract execution, commencement of program performance and disbursement of any funds, SETA shall receive from each funded agency's insurer an ORIGINAL, computer-generated, or faxed certificate of insurance and copies of required endorsements.

GENERAL REQUIREMENTS:

1. CERTIFICATES OF INSURANCE MUST INCLUDE:

- A. Insuring Company's Name;
- B. Full Mailing Address of Insurance Company's Issuing Branch Office;
(this item may be added to certificate by SETA staff)
- C. Policy Number(s);
- D. Policy Effective and Expiration Date(s);
- E. Policy Limits;
- F. Deductible(s) or statement that "No deductible is applicable";
- G. As respects General Liability Coverage, statement that "occurrence type" coverage rather than "claims made type" coverage is provided;
- H. Certificates must include an original signature or an original stamp of the agent's signature.
- I. Notice of Cancellation:

When completing certificates of insurance, the following wording must be stricken from the standard statement:

"Should any of the above-described policies be canceled before the expiration date thereof, the issuing company will ~~endeavor to~~ mail ___ days written notice to the certificate holder named to the left, ~~but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.~~"

NOTE: Upon receipt of an acceptable certificate and endorsements, a cover letter will be sent to each insurance carrier indicating SETA's reliance on the certificate as evidence that insurance was indeed issued and is currently in force. A copy of the letter will be sent to both the broker/agent and the operator.

SHOULD ANY OF THESE ITEMS BE MISSING, THE CERTIFICATE IS UNACCEPTABLE

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY

INSURANCE REQUIREMENTS

(Continued)

2. **REQUIRED INSURANCE ENDORSEMENTS: MUST HAVE POLICY NUMBER TYPED ON ENDORSEMENTS.**

3. Deductibles and Self-Insured Retentions:

Any deductibles or self-insured retentions must be declared to and approved by SETA. In the sole discretion of SETA, SETA may require a funded agency to reduce or eliminate such deductibles or self-insured retentions as respects SETA, its officers, employees and volunteers.

NOTE: No SETA funds may be used to fund or otherwise pay for any deductibles, self-insured retentions and/or self-insurance.

4. SETA reserves the right to require funded agencies to obtain additional insurance coverage should the program activities provided require additional coverage. This is especially true for multi-funded agencies. Additional coverage might include increased policy limits or coverages for professional liability and/or incidental malpractice. Increased policy limits might be addressed by increasing the general aggregate limits, obtaining excess coverage, and/or procuring a policy solely to insure SETA-funded activities.
5. SETA reserves the right to require funded agencies to provide SETA with complete copies of all insurance policies including endorsements.
6. All coverages shall be procured through a carrier satisfactory to SETA. If any coverage is canceled, revoked, reduced, or in any manner questioned or compromised, SETA shall not make any further disbursements to funded agency until SETA is satisfied that the coverage initially approved by SETA has been reinstated. Failure to provide timely evidence of continuing coverage shall result in suspension of all payments or reimbursements and/or suspension of performance. Additionally, should there be inadequate coverage or any lapse(s) in coverage, SETA shall not reimburse for any costs incurred during any period for which the required insurance coverage was not in effect.
7. In the event insurance coverages expire at any time or times during the term of the subgrant, the program operator agrees to provide, at least thirty (30) calendar days prior to said expiration date, a new certificate(s) of insurance evidencing insurance coverage(s) as provided for herein for not less than the remainder of the term of the subgrant. New certificates of insurance are subject to review for content and form by SETA.

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY
INSURANCE REQUIREMENTS

(Continued)

REQUIRED COVERAGES

1. FIDELITY AND DEPOSITORS' FORGERY COVERAGES (Not applicable for WSP and/or LTPL applicants)

A. Required Limits:

Amount of grant if less than \$25,000; or
\$25,000 or twenty percent (20%) of the total amount of the grant, whichever is greater

B. Required Endorsements:

1. "The Sacramento Employment and Training Agency is named as a loss payee as its interest may appear"; and,
2. "This insurance shall not be canceled, limited, or non-renewed until after fifteen (15) days advance written notice has been given to the Sacramento Employment and Training Agency, except in the event of non-payment of premium when a ten (10) day advance written notice shall apply".

2. PROPERTY COVERAGE (Not applicable for WSP and/or LTPL applicants)

A. Required Coverage:

Insurance which is at least as broad as the current ISO Special Form Causes of Loss (CP 1030) policy, formerly known as "all risks", as well as insurance covering boiler and machinery and compliance with ordinances or laws, if appropriate, for the full 100% insurable replacement cost of the property.

Such insurance shall name SETA as an additional insured as its interests in the property may appear and shall include a waiver of subrogation in favor of SETA.

B. Required Endorsements:

1. "This insurance shall not be canceled, limited, or non-renewed until after thirty (30) days advance written notice has been given to the Sacramento Employment and Training Agency, except in the event of non-payment of premium when a ten (10) day advance written notice shall apply"; and,
2. "It is agreed that any insurance and/or self-insurance maintained by the Sacramento Employment and Training Agency shall apply in excess of and not contribute with insurance provided by this policy".

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY
INSURANCE REQUIREMENTS

(Continued)

3. GENERAL LIABILITY COVERAGE

A. Type of Policy/Coverage:

All policies must be written on an occurrence-type policy form which is at least as broad as the most current ISO Commercial General Liability (CG 0001) policy, insuring liability arising from premises; operations; independent contractors; incidental medical malpractice and garage keepers liability as appropriate given the nature of the funded agency's business; personal injury and advertising injury; products-completed operations; and liability assumed under an insured contract.

SEXUAL ABUSE LIABILITY COVERAGE

Subcontractors whose operations involve interaction with youth (ages to 18 years) must include "Sexual Abuse liability coverage" at limits not less than \$1,000,000 per occurrence. Such coverage can be written on a stand alone basis or made part of the subcontractor's Commercial General Liability Insurance. SETA is to be named as an additional insured for this coverage.

Claims-made policies are not acceptable.

B. Required Limits:

\$1,000,000 per occurrence and \$2,000,000 general aggregate for bodily injury and property damage.

C. Required Endorsements:

1. "The Sacramento Employment and Training Agency and its officers, employees and volunteers are named as an additional insured";
2. "It is agreed that any insurance and/or self-insurance maintained by the Sacramento Employment and Training Agency shall apply in excess of and not contribute with insurance provided by this policy"; and,
3. "This insurance shall not be canceled, limited, or non-renewed until after thirty (30) days advance written notice has been given to the Sacramento Employment and Training Agency, except in the event of non-payment of premium when a ten (10) day advance written notice shall apply".

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY
INSURANCE REQUIREMENTS

(Continued)

4. VEHICLE LIABILITY COVERAGE

A. Required of all Program Operators

B. Required Coverage:

Coverage must include all of the following:

- a. Non-Owned Auto Liability
- b. Hired Auto Liability
- c. Owned Auto Liability (If the program operator owns autos)

C. Required Limits:

\$1,000,000 per occurrence and \$2,000,000 general aggregate for bodily injury and property damage.

D. Required Endorsements:

1. "The Sacramento Employment and Training Agency and its officers, employees and volunteers are named as an additional insured";
2. "It is agreed that any insurance and/or self-insurance maintained by the Sacramento Employment and Training Agency shall apply in excess of and not contribute with insurance provided by this policy"; and,
3. "This insurance shall not be canceled, limited, or non-renewed until after thirty (30) days advance written notice has been given to the Sacramento Employment and Training Agency, except in the event of non-payment of premium when a ten (10) day advance written notice shall apply".

5. PROFESSIONAL LIABILITY COVERAGE (Not applicable for WSP and/or LTPL applicants)

A. Required of all program operators who employ or retain professional staff (including, but not limited to, nurses, psychologists, health care professionals, accountants or attorneys) for SETA-funded operations.

B. Required Limits:

Not less than \$1,000,000 per occurrence.

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY
INSURANCE REQUIREMENTS

(Continued)

6. WORKERS' COMPENSATION

A. Must cover all employees and participants employed or enrolled under the grant who are currently eligible for coverage under existing workers' compensation laws and regulations. Where participants in a work activity are not covered under a state's workers' compensation law, they shall be provided with adequate accident medical insurance.

B. Required Endorsement:

"This insurance shall not be canceled, limited, or non-renewed until after thirty (30) days advance written notice has been given to the Sacramento Employment and Training Agency, except in the event of non-payment of premium when a ten (10) day advance written notice shall apply".

7. SELF-INSURANCE

If any coverage is provided by self-insurance, SETA requires a letter from the funded agency stating that:

- A. It agrees to SETA's insurance requirements as stated above;
- B. It will maintain a minimum reserve of the amount of self-insured retention over and above all known incurred claims filed against the self-insurance fund;
- C. The reserve is fully funded; and,
- D. No federal or SETA funds will be called upon to fund any losses resulting from any SETA-funded contract.

A sample letter will be provided.