

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. GOLDEN SIERRA contracts staff will assist applicant agencies in meeting the prequalification requirements, but it is the applicant's ultimate responsibility to verify with GOLDEN SIERRA that current documents are on file. Verification can be obtained by contacting the GOLDEN SIERRA administrative office at (530) 823-4631.

**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 Golden Sierra 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.

(l) 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.

- (l) 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.**

## 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 Golden Sierra 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, GOLDEN SIERRA 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.

GOLDEN SIERRA 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 GOLDEN SIERRA 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

GOLDEN SIERRA 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 GOLDEN SIERRA 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 GOLDEN SIERRA, 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 GOLDEN SIERRA'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 Golden Sierra Governing Board is considering a respondent's proposal, additional Party Disclosure Forms must be filed with the Golden Sierra Governing Board . Participants who are later identified will be requested to file a "Participant Disclosure Form".

Government Code Section 84308

**PARTICIPANT DISCLOSURE FORM**  
Information Sheet

GOLDEN SIERRA GOVERNING BOARD

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 Golden Sierra Governing Board.

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 Golden Sierra Governing 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 Golden Sierra Governing Board, and continuing until three months after a final decision is rendered on the application or proceeding by the Workforce Investment Board or Golden Sierra Governing Board.

No Workforce Investment Board or Golden Sierra Governing 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 Governing Board member or candidate for the Workforce Investment Board or Golden Sierra Governing Board 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 Golden Sierra Governing 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 Golden Sierra Governing Board.

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 Golden Sierra Governing Board.

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 Golden Sierra Governing Board 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 Golden Sierra Governing Board 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 Golden Sierra Governing Board 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 Golden Sierra Governing Board .
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.

## ATTACHMENT #1

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 Golden Sierra Governing 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 Lorna Magnussen, Golden Sierra Governing Board, 11549 F Ave, Auburn, California, 95603, (530) 823-4631, 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.

**Participant Disclosure Form**

GOLDEN SIERRA GOVERNING BOARD

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 Golden Sierra Governing 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

GOLDEN SIERRA GOVERNING BOARD

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 Golden Sierra Governing Board .

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 Golden Sierra Governing 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 Golden Sierra Governing Board. In addition, no Workforce Investment Board or Golden Sierra Governing 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 Golden Sierra Governing 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 Golden Sierra Governing 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 Golden Sierra Governing Boardmembers 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 Lorna Magnussen, Golden Sierra Governing Board, 11549 F Ave, Auburn, California, 95603, (530) 823-4631, 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**

GOLDEN SIERRA GOVERNING BOARD

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 Golden Sierra Governing 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)

**GOLDEN SIERRA GOVERNING BOARD  
GOVERNING BODY**

Supervisor Norma Santiago (Chair)  
El Dorado County Board of Supervisors  
330 Fair Lane  
Placerville, CA 95667  
Phone: (530) 621-6577  
Fax:  
Email: [norma.santiago@edcgov.us](mailto:norma.santiago@edcgov.us)  
[bosfive@co.el-dorado.ca.us](mailto:bosfive@co.el-dorado.ca.us)

Supervisor Kirk Uhler (Vice Chair)  
Placer County Board of Supervisors  
175 Fulweiler Ave., Room 101  
Auburn, CA 95603  
Phone: (530) 889-4010  
Fax: (916) 787-8959  
Email: [kuhler@placer.ca.gov](mailto:kuhler@placer.ca.gov)

Supervisor Henry "Skip" Veatch  
Alpine County Board of Supervisors  
60 Sage Avenue  
Markleeville, CA 96120  
Phone: (530) 694-2281  
Fax: (530) 694-2491  
Email: [district2supervisor@alpinecountyca.gov](mailto:district2supervisor@alpinecountyca.gov)

***Current as of April 6, 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.

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Name and Title of Authorized Representative

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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 #3**  
Approved by OMB

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <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	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known:	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>   Congressional District, if known:	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<b>11.</b> 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 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.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

**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. 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 the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
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 registrant under the Lobbying Disclosure Act of 1995 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. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 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, DC 20503.

DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET

Approved by OMB  
0348-0046

Reporting Entity: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

**CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

Certification 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 Golden Sierra Governing Board (hereinafter referred to as the GOLDEN SIERRA), 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 GOLDEN SIERRA 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).

**ATTACHMENT #4**

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)

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---

---

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 Golden Sierra Governing Board (hereinafter referred to as the GOLDEN SIERRA) 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 GOLDEN SIERRA, 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 GOLDEN SIERRA 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 GOLDEN SIERRA.  
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 GOLDEN SIERRA'S REQUIREMENTS.

AUTHORIZATION IS HEREBY GIVEN TO GOLDEN SIERRA 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 GOLDEN SIERRA'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: \_\_\_\_\_

Mr. Jason Buckingham  
Executive Director  
Golden Sierra Governing Board  
11549 F Ave.  
Auburn, CA 95603

Dear Mr. Buckingham:

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)

FOR USE BY: PRIVATE NON-PROFIT CORPORATIONS  
PRIVATE FOR-PROFIT CORPORATIONS  
PRIVATE FOR-PROFIT PARTNERSHIP  
PRIVATE FOR-PROFIT SOLE-PROPRIETORSHIP

**ATTACHMENT #8**

Date: \_\_\_\_\_

Mr. Jason Buckingham  
Executive Director  
Golden Sierra Governing Board  
11549 F Ave.  
Auburn, CA 95603

Dear Mr. Buckingham:

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:

The business organization known as \_\_\_\_\_

is a \_\_\_\_\_.

(General partnership or joint venture)

The following represents a complete list and disclosure of all the individual \_\_\_\_\_.

(General partners or joint ventures)

Name

Mailing Address (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)

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed Name)

## INSURANCE REQUIREMENTS

**GOLDEN SIERRA JOB TRAINING AGENCY**

**INSURANCE REQUIREMENTS**

**(Applicable to all GOLDEN SIERRA-funded programs)**

Prior to contract execution, commencement of program performance and disbursement of any funds, GOLDEN SIERRA 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 GOLDEN SIERRA 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 30 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 GOLDEN SIERRA'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**



GOLDEN SIERRA JOB 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 GOLDEN SIERRA. In the sole discretion of GOLDEN SIERRA, GOLDEN SIERRA may require a funded agency to reduce or eliminate such deductibles or self-insured retentions as respects GOLDEN SIERRA, its officers, employees and volunteers.

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

4. GOLDEN SIERRA 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 GOLDEN SIERRA-funded activities.
5. GOLDEN SIERRA reserves the right to require funded agencies to provide GOLDEN SIERRA with complete copies of all insurance policies including endorsements.
6. All coverages shall be procured through a carrier satisfactory to GOLDEN SIERRA. If any coverage is canceled, revoked, reduced, or in any manner questioned or compromised, GOLDEN SIERRA shall not make any further disbursements to funded agency until GOLDEN SIERRA is satisfied that the coverage initially approved by GOLDEN SIERRA 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, GOLDEN SIERRA 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 GOLDEN SIERRA.

GOLDEN SIERRA JOB TRAINING AGENCY  
INSURANCE REQUIREMENTS  
(Continued)

REQUIRED COVERAGES

1. FIDELITY AND DEPOSITORS' FORGERY

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 Golden Sierra Job 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 Golden Sierra Job Training Agency, except in the event of non-payment of premium when a ten (10) day advance written notice shall apply".

2. PROPERTY COVERAGE

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 GOLDEN SIERRA Job Training Agency as an additional insured as its interests in the property may appear and shall include a waiver of subrogation in favor of GOLDEN SIERRA.

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 Golden Sierra Job 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 Golden Sierra Job Training Agency shall apply in excess of and not contribute with insurance provided by this policy".

GOLDEN SIERRA JOB 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. GOLDEN SIERRA Job Training Agency 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 Golden Sierra Job 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 Golden Sierra Job 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 Golden Sierra Job Training Agency, except in the event of non-payment of premium when a ten (10) day advance written notice shall apply".

GOLDEN SIERRA JOB 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 Golden Sierra Job 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 Golden Sierra Job 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 Golden Sierra Job 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

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 GOLDEN SIERRA-funded operations.

B. Required Limits:

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

GOLDEN SIERRA JOB 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 are not covered under a state's workers' compensation law, they shall be provided with adequate on-site medical and accident 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 Golden Sierra Job 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, GOLDEN SIERRA requires a letter from the funded agency stating that:

- A. It agrees to GOLDEN SIERRA'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 GOLDEN SIERRA funds will be called upon to fund any losses resulting from any GOLDEN SIERRA-funded contract.

A sample letter will be provided.