

## Subrecipient Contract Checklist

The following items will be required by you in order to enter into contract for your 2009-2010 CDBG and ESG funds. Please read through the list carefully, assemble the documents, and make sure those documents have met all the requirements. This will allow for timely processing of your contract.

\_\_\_\_\_ **Resolution of the Sub-Recipient's Board of Directors** (Resolution signed by the secretary that a board meeting was held during which a person other than the secretary was authorized to execute contracts on behalf of the organization)

\_\_\_\_\_ Date of resolution must be prior to contract signing date

\_\_\_\_\_ Date of resolution should be current (not years old)

\_\_\_\_\_ Secretary and person authorized to sign are different persons

\_\_\_\_\_ Person authorized to sign contracts will be the person actually signing the contract

\_\_\_\_\_ **Sub-Recipient Program Narrative (describe program)**

\_\_\_\_\_ Short summary of program with a description of what CDBG funds will be used for (in accordance with grant application)

\_\_\_\_\_ **Sub-recipient CDBG Budget**

\_\_\_\_\_ Budget breakdown of granted CDBG funds that match the total CDBG funds awarded and correspond to the application request

\_\_\_\_\_ Funds requested do not exceed budgeted amount

\_\_\_\_\_ **Sub-recipient Program Budget**

\_\_\_\_\_ Budget breakdown of Program showing CDBG funds in relation to total budget

\_\_\_\_\_ **Sub-Recipient Insurance Certificate**

\_\_\_\_\_ 100% Name match of organization title on the insurance certificate to 501c3

\_\_\_\_\_ Date current on certificate

\_\_\_\_\_ Effective dates are within program year

\_\_\_\_\_ Comprehensive general liability = \$1M / occurrence, \$2M aggregate

\_\_\_\_\_ Commercial auto liability coverage = \$1M combined single limit

\_\_\_\_\_ Worker's compensation box must be checked off at "WC Statutory Limits"

\_\_\_\_\_ Professional Liability / Errors and Omissions coverage of \$1M / occurrence, \$1M aggregate (applicable medical, nursing, legal, counseling)

\_\_\_\_\_ Abuse/ molestation liability \$1M/ occurrence, \$1M aggregate (counseling-substance abuse, group homes, child-related programs)

\_\_\_\_\_ The City and WDC are listed as additional insured, under general liability, sexual/molestation, and auto (if available)

\_\_\_\_\_ Ten (10) days notice of cancellation

\_\_\_\_\_ **Affirmative Action Plan**

\_\_\_\_\_ **Drug-Free Workplace Policy**

\_\_\_\_\_ **Letter Stating that the Drug-free Policy has been distributed to all employees**

\_\_\_\_\_ **Current 501c3 (current year)**

\_\_\_\_\_ **City Debarment form**

\_\_\_\_\_ **Disclosure & Certification Affidavit NOTARIZED**

\_\_\_\_\_ Additional Affiliates listed (for future tax clearance)

\_\_\_\_\_ Disclosure (part 5) if sits on City Board, Commission, CAC

\_\_\_\_\_ **Annual statement of financial interests**

\_\_\_\_\_ **ESG Match funding (applicable to ESG grantees only)**

\_\_\_\_\_ **Appendix F: Total of federal funds expended during fiscal year**