

**ASSURANCES OF COMPLIANCE AND CERTIFICATIONS  
REQUIRED BY FEDERAL LAW**

1. By signing the application cover sheet, the Grantee, Contractor or Provider understands and agrees that the assurances and certifications listed below are part of the application and are binding upon the Grantee, Contractor or Provider and the conduct of the project subsequent to the award of any funds by the Arrowhead Regional Development Commission/Arrowhead Area Agency on Aging:
2. As related to Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended (2) (check appropriate box and provide required information)

- The recipient employs fewer than fifteen persons;
- The recipient employs fifteen or more persons and, pursuant to section 84.7(a) of the regulation [45 CFR 84.7(a)], has designated the following person(s) to coordinate its efforts to comply with the HHS regulations:

Name

Address

Name and Address of Designee(s).

(IRS) Employer Identification Number

3. The person signing below acknowledges and agrees that: (1) the person signing this document as the authorized representatives of the Grantee, Contractor or Provider; (2) the signature of the authorized official constitutes an acknowledgement that the Grantee, Contractor or Provider has received and reviewed each of the listed assurances and certifications [(1) through (11)]; (3) the authorized official's signature on this form constitutes a signature on each of the listed assurances and certifications. [(1) through (11)]; and (4) the authorized official certifies that all information on this form and the application is complete and correct to the best of the authorized official's knowledge.

Name of Authorized Official

Name of Grantee, Contractor  
or Provider /Recipient

Title of Authorized Official

Date

Signature of Authorized Official

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## 1) MBA APPX B3: Non-Conflict of Interest Assurance

The Grantee, Contractor or Provider assures that:

- To the best of its knowledge and belief, unless disclosed in writing to ARDC/AAAA, there are no relevant factors or circumstances that could give rise to perceived conflicts of interest; an organizational conflict of interest exists when, because of existing or planned activities or because of relationships with other persons, a grantee is unable or potentially unable to render impartial assistance or advice to the ARDC/AAAA, or the Grantee, Contractor or Provider's objectivity in performing the work is or might be otherwise impaired or gains an unfair competitive advantage. The Grantee, Contractor or Provider agrees that, if after a later date an organizational conflict of interest is discovered, an immediate and full disclosure in writing will be made to the Director of the Arrowhead Area Agency on Aging, which will include a description of the action the Grantee, Contractor or Provider has taken or proposes to take to avoid or mitigate such conflicts. If an organizational conflict is determined to exist, the ARDC/AAAA may, at its discretion, modify or terminate the award. If the Grantee, Contractor or Provider was aware of an organizational conflict and did not disclose the conflict to ARDC/AAAA, the ARDC/AAAA would have cause to terminate the award.
- If it has relationships that create, or appear to create, a conflict of interest with the work that is contemplated in the award or any of its other grant and contract awards with the ARDC/AAAA, the Grantee, Contractor or Provider will provide a list containing the names of the entities, the relationship, and a discussion of the conflict.
- If funded for Information and Assistance Services under Title IIIB, the sponsoring organization, or its parent organization, for the health insurance information, counseling and assistance program has no commercial interest or financial benefit (1) in the marketing of health insurance products or health plans; (2) from referrals to any health care provider for medical care or treatment; (3) in another claims filing operation which charges a fee to individual beneficiaries or another conflict of interest; and
- If funded for Information and Assistance Services under Title IIIB, all paid and volunteer staff members (and immediate family members) of the health insurance information, counseling and assistance program will have no conflict of interest in providing these services, as in the preceding paragraph. The health insurance information, counseling and assistance program may request an exemption for an individual on a case-by-case basis by writing to the AAAA Director; and
- Describe any organizational or potential conflict of interest and describe the action

2) MBA APPX B11: Certificate Regarding Lobbying  
Minnesota Board on Aging

# Certificate Regarding Lobbying

## For state of Minnesota grant contracts over \$100,000

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

(1) No federal or State 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 all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. §1352. 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.

Organization Name:

Authorized signature:

Printed name:

Title:

Date:

ADA2 (12-12)

This information is available in accessible formats for individuals with disabilities by calling 651-431-3612 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

### 3) MBA APPX B12: Affirmative Action Certification

#### Minnesota Board on Aging

## State of Minnesota – Affirmative Action Data Page-Grant RFP

If your response to this solicitation is or could be in excess of \$100,000, complete the information requested below to determine whether you are subject to the Minnesota Human Rights Act (Minnesota Statutes, section 363A.36) certification requirement, and provide documentation of compliance if necessary. It is your sole responsibility to provide this information and—if required—to apply for Human Rights certification prior to the due date of the bid or proposal and to obtain Human Rights certification prior to the execution of the contract. The State of Minnesota is under no obligation to delay proceeding with a contract until a company receives Human Rights certification.

**Section A:** For companies that have employed more than 40 full-time employees within Minnesota on any single working day during the previous 12 months. All other companies proceed to Section B.

Your response will be rejected unless your business:

has a current certificate of compliance issued by the Minnesota Department of Human Rights (MDHR) –or–

has submitted an affirmative action plan to the MDHR, which the department received prior to the date the responses are due.

Place a check in front of one of the following statements if you have employed more than 40 full-time employees in Minnesota on any single working day during the previous 12 months:

We have a current certificate of compliance issued by the MDHR. Proceed to Section C.

Include a copy of your certificate with your response.

We do not have a current certificate of compliance. However, we submitted an affirmative action plan to the MDHR for approval, which the department received on \_\_\_\_\_ (date). **Proceed to Section C.**

We do not have a certificate of compliance, nor has the MDHR received an affirmative action plan from our company. We acknowledge that our response will be rejected. Proceed to Section C. Contact the Minnesota Department of Human Rights for assistance. (See below for contact information.)

**1. Please note:** Certificates of compliance must be issued by the Minnesota Department of Human Rights. Affirmative Action plans approved by the federal government, a county, or a municipality must still be received, reviewed, and approved by the Minnesota Department of Human Rights before a certificate can be issued.

**Section B:** For those companies not described in Section A

<https://Ardegcc.Sharepoint.Com/Sites/Agingteam/Shared Documents/ADMINISTRATION/GRANTS MANAGEMENT/MN MAP Education.2026/MN Elder Justice Education & Cert.2026/4.Mnlegalgc.Attachment B. Required Assurances.2026.Docx>

Place a check in front of the statement below.

We have not employed more than 40 full-time employees on any single working day in Minnesota within the previous 12 months. **Proceed to Section C.**

**Section C:** For all companies

By signing this statement, you certify that the information provided is accurate and that you are authorized to sign on behalf of the responder. You also certify that you are in compliance with federal affirmative action requirements that may apply to your company. (These requirements are generally triggered only by participating as a prime or subcontractor on federal projects or contracts. Contractors are alerted to these requirements by the federal government.)

Organization Name:	<input type="text"/>
Authorized signature:	<input type="text"/>
Printed name:	<input type="text"/>
Title:	<input type="text"/>
Date:	<input type="text"/>

For assistance with this form, contact:  
Minnesota Department of Human Rights, Compliance Services  
Mail: The Freeman Building, 625 Robert Street North, Saint Paul, MN 55155  
Twin Cities metro: 651-296-5663; toll free: 800-657-3704  
Website: <http://mn.gov/mdhr/> Fax: 651-296-9042 TTY: 651-296-1283 Email: [compliance.mdhr@state.mn.us](mailto:compliance.mdhr@state.mn.us)

ADA2 (12-12)

**This information is available in accessible formats for individuals with disabilities by calling 651-431-3612 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.**

## 4) MBA APPX B13: Workforce Certification

### STATE OF MINNESOTA – WORKFORCE CERTIFICATE INFORMATION

Required by state law for ALL bids or proposals that could exceed \$100,000

Complete this form and return it with your bid or proposal. The State of Minnesota is under no obligation to delay proceeding with a contract until a company becomes compliant with the Workforce Certification requirements in Minn. Stat. §363A.36.

**BOX A – COMPANIES** that have employed more than 40 full-time employees WITHIN MINNESOTA on any single working day during the previous 12 months, check one option below:

- Attached is our current Workforce Certificate issued by the Minnesota Department of Human Rights (MDHR).
- Attached is confirmation that MDHR received our application for a Minnesota Workforce Certificate on \_\_\_\_\_ (date).

**BOX B – NON-MINNESOTA COMPANIES** that have employed more than 40 full-time employees on a single working day during the previous 12 months in the state where it has its primary place of business, check one option below:

- Attached is our current Workforce Certificate issued by MDHR.
- We certify we are in compliance with federal affirmative action requirements.

**BOX C – EXEMPT COMPANIES** that have not employed more than 40 full-time employees on a single working day in any state during the previous 12 months, check option below if applicable:

- We attest we are exempt. If our company is awarded a contract, upon request, we will submit to MDHR within 5 business days after the contract is fully signed, the names of our employees during the previous 12 months, the date of separation, if applicable, and the state in which the persons were employed. Send to [compliance.MDHR@state.mn.us](mailto:compliance.MDHR@state.mn.us).

By signing this statement, I certify that the information provided is accurate and that I am authorized to sign on behalf of the company.

Name of Company: \_\_\_\_\_ Date \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
 Printed Name and Title: \_\_\_\_\_ Email: \_\_\_\_\_

**For assistance with this form, contact:**

Minnesota Department of Human Rights, Compliance Services

Web: <http://mn.gov/mdhr/>

TC Metro: 651-539-1095

Toll Free: 800-657-3704

Email: [compliance.mdhr@state.mn.us](mailto:compliance.mdhr@state.mn.us)

TTY: 651-296-1283

### 5) MBA APPX B14: E-Verify Certification Form

Effective July 21, 2011, state law mandates that contracts “for services valued in excess of \$50,000 must require certification from the vendor and any subcontractors that, as of the date services on behalf of the state of Minnesota will be performed, the vendor and all subcontractors have implemented or are in the process of implementing the federal E-Verify program for all newly hired employees in the United States who will perform work on behalf of the state of Minnesota.”

E-Verify is a federal system established by the Department of Homeland Security to determine the immigration and work-eligibility status of prospective employees.

Detailed E-Verify program information for employers can be found at <http://www.dhs.gov/e-verify>.

By signing relevant solicitation responses and contracts, a vendor is certifying compliance with the statutory requirement with respect to its own business.

Additionally, prior to the initiation of services, a vendor must obtain written certification from all subcontractors who will participate in the performance of the contract. The certification below has been prepared for prime contractors to use for this purpose. All subcontractor certifications must be kept on file with the contract vendor and made available to the state upon request.

**CERTIFICATION (In accordance with Minn. Stat. §16C.075)**

By the date of the performance of services, the company shown below will have implemented or will be in the process of implementing the E-Verify program for all newly hired employees in the United States who will perform work on behalf of the State of Minnesota.

**I certify that the company shown below is in compliance with the above statement and that I am authorized to sign on its behalf.**

Name of Company:	<input style="width: 100%; height: 20px;" type="text"/>
Authorized signature:	<input style="width: 100%; height: 20px;" type="text"/>
Printed name:	<input style="width: 100%; height: 20px;" type="text"/>
Title:	<input style="width: 100%; height: 20px;" type="text"/>
Date:	<input style="width: 100%; height: 20px;" type="text"/>
Telephone Number:	<input style="width: 100%; height: 20px;" type="text"/>
E-mail address:	<input style="width: 100%; height: 20px;" type="text"/>

6) MBA APPX B15: Disclosure of Funding

Arrowhead Regional Development Commission/Arrowhead Area Agency on Aging

Disclosure of Funding Form-Grant RFP

Per the Federal Funding Accountability and Transparency Act of 2006 "Transparency Act" or "FFATA" (Public Law 109-282), all entities and organizations receiving federal funds are required to report full disclosure of funding (United States Code, title 31, chapter 61, section 6101).

The purpose of FFATA is to provide every American with the ability to hold the government accountable for each spending decision. The end result is to reduce wasteful spending in the government. The FFATA legislation requires information on federal awards to be made available to the public through a single, searchable website. Federal awards include grants, sub-grants, loans, awards and delivery orders.

To comply with the federal statute, the ARDC/AAAA is required to obtain and report by the grantee's Data Universal Numbering System (DUNS) number; determine if grantee meets specific requirement that would require additional reporting items; and collect additional information on executive compensation if required. Respond by answering the following questions:

Grantee DUNS Number (Required): [input field]
Grantee Name: [input field]
In the preceding fiscal year: [input field]

- 1) [ ] Yes [ ] No (Select one) Did you receive 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?
2) [ ] Yes [ ] No (Select one) Are those revenues greater than \$25 million or more annually?
3) [ ] Yes [ ] No (Select one) Does the public not have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C 78m(a), 78(d)) or section 6104 of the Internal Revenue Code of 1986?

If you answer "yes" to all of the top questions, provide the following information:

1. Project Description (should capture the overall purpose of the award)

Project Description

2. Place of performance (including congressional district)

Place of performance

3. Name and compensation of top five executives

Names and compensations

## 7) MBA APPX B16: Insurance Requirements

### **Why does the state require insurance from vendors and contractors and users of state property?**

Vendor and contractor insurance protect the state and its contractors. When a vendor or contractor performs work for the state without insurance, the state can be held liable for their negligent acts, thus assuming their liability. This is also applicable in regards to users of state property that are not under state contract.

In addition to protecting the state, insurance protects the assets of vendors and contractors and users of state property. Although the Commissioner of Administration establishes minimum insurance requirements, all vendors and contractors, large and small, and users of state property should realize that their liability is not limited to the amount of insurance they purchase. Vendors and contractors, like any private entity or individual, have unlimited liability. They are not protected by the state's tort cap. It is also important to realize that there is no correlation between the cost of the contract and the liability exposure stemming from a contractor's work.

### **Who must meet the state's insurance requirements?**

Vendors and contractors must meet the state's insurance requirements before commencing work, and the insurance must be maintained in force and effect throughout the term of the contract. Property users must meet the insurance requirements before accessing state property and the insurance must be maintained until the property is vacated.

### **What are the current minimum insurance requirements?**

The current minimum levels of insurance required from vendors and contractors are:

Line of Insurance	Current Minimum Limits Required
General Liability	\$2 Million per occurrence/\$2 Million annual aggregate
Auto Liability	\$2 Million combined single limit
Professional Liability	\$2 Million per claim/\$2 Million annual aggregate
Workers' Compensation	\$100,000/\$500,000/\$100,00

The above insurance levels are minimum requirements. Larger limits may be warranted for some contracts, depending on the nature of the work. For state property users, required insurance lines are based on how the property will be used.

To protect the state, insurance limits must be at least as large as the state's liability, which is currently \$500,000 per person and \$1.5 million per occurrence. Since insurance policies are typically sold in \$1 million increments, the state increased the required limits from \$1 million to \$2 million.



**Who decides the level of insurance required on state contracts? On what authority?**

MN Statute 16C.03 provides that the Commissioner of Administration shall make all decisions regarding acquisition activities. According to M.S. 16B.85, subd. 3, the Commissioner is also responsible for reviewing the state's exposure to potential risks and advising affected entities on reducing risk and prudent fiscal management.

**Was the fact that higher limit requirements can drive up costs, potentially excluding small vendors and contractors, considered when setting the higher limits?**

Since insurance requirements are included in Requests for Proposals, vendors and contractors are aware of the requirements prior to bidding and can include the cost of insurance in their bid. Insurance is a cost of doing business, just like other business expenses incurred by vendors and contractors that are typically incorporated in their bids. The state would much rather pay a known premium as part of the bid price than suffer a loss of unknown magnitude as a result of vendor or contractor negligence.

8) MBA APPX B19: Out-of-State Travel

## ARDC/AAAA/MBA Authorization for Out-of-State Travel Using State Funds

Grantee, Contractor or Provider must receive prior approval for out-of-state travel if the Grantee, Contractor or Provider wants the ARDC/AAAA to reimburse any of the expenses for the trip. This form and the applicable budget must be submitted for each out-of-state trip to [info@aaaa.org](mailto:info@aaaa.org) at least 90 days before travel begins.

NAME(S) <u>Full Name(s)</u>		TITLE <u>Title(s)</u>		PHONE NUMBER <u>Phone Number</u>	
DEPARTURE DATE <u>Date</u>		RETURN DATE <u>Date</u>		DATE OF REQUEST <u>Date</u>	
NAME OF EVENT – SPONSORED BY <u>Event</u>					
LOCATION, DATE(S), AND TIME(S) OF EVENT <u>Location; Date(s) of event; Time of event</u>					
MODE OF TRAVEL <input type="checkbox"/> Air <input type="checkbox"/> Private Automobile <input type="checkbox"/> Rail <input type="checkbox"/> Bus <input type="checkbox"/> Other					
<b>Justification for Trip</b>  (Complete questions on 2 <sup>nd</sup> Page of this request and attach a copy of conference agenda)			<b>Itemize cost of trip:</b>  1. Air Fare (round trip)            \$ <u>Amount</u>  2. Lodging                                \$ <u>Amount</u>		
AAAA Director Approval	Date	1. Meals <u># of Meals</u> (# of meals) up to \$36 per day, except for high cost metro area \$44		\$ <u>Amount</u>	
MBA AUTHORIZATION	Date	2. Registration Fee		\$ <u>Amount</u>	
		3. Other (specify) <u>Enter Description</u>		\$ <u>Amount</u>	
		TOTAL ESTIMATED COST:		\$ <u>Amount</u>	
		Approved for an amount not to exceed:		\$	
Not approved because: <u>Enter explanation of denial here.</u>					

## Justification of trip

(Explain in detail)

<p>1. Why is the request for a meeting or training session essential to the conduct of the Grantee, Contractor or Provider's business?</p> <p>Justification</p>
<p>2. What would be the ramification to the Grantee, Contractor or Provider if the travel did not occur?</p> <p>Justification</p>
<p>3. Is participation in this meeting or training session available through video conference or conference call? If yes, explain why this is not being utilized.</p> <p>Justification</p>
<p>4. Is the documentation for meeting or training session request sufficient?</p> <p>Justification</p>
<p>5. If the public or another agency reviewed the documentation, would they conclude that the trip was essential? If yes, why is it essential?</p> <p>Justification</p>
<p>6. What steps have been taken to ensure the costs associated with this travel request have been kept to a minimum?</p> <p>Justification</p>
<p>7. What reports and/or workshops will be generated as a result of this trip?</p> <p>Justification</p>
<p>8. When an outside organization (defined as third party) agrees to pay all or a portion of an employee's travel expenses, designate how payment will be processed (choose one):</p> <p><input type="checkbox"/> The third party will pay vendors directly (e.g. travel agency (airfare) and or lodging facility.</p> <p><input type="checkbox"/> Grantee, Contractor or Provider will incur the expense and be reimbursed by third party.</p> <p><input type="checkbox"/> Employee will first incur expenses and be reimbursed by third party.</p>
<p>9. If more than one person is traveling, please provide justification to support more than one staff person in attendance at the Meeting/conference.</p> <p>Justification</p>