

## ATTACHMENT A

### OregonServes Supplemental Information

All 2024-25 AmeriCorps Applicants must complete this form and submit it to [oregon.serves@hecc.oregon.gov](mailto:oregon.serves@hecc.oregon.gov) by their application deadline, according to the OregonServes (OSC) Request for Applications.

**Program Name:**

**Staff Contact Person:**

**Staff Email:**

#### EMERGENCY/DISASTER PREPAREDNESS

1. Do you have an emergency operational plan or a continuity of operations plan?

- Yes, we have plan(s) in place. Please attach a copy.
- No
- This is in development. Please describe:

2. Do you have an AmeriCorps member safety plan in place that addresses crisis and disasters?

- Yes, we have plan(s) in place. Please attach a copy.
- No
- This is in development. Please describe:

3. Do you have policies and procedures for alternative AmeriCorps member service activities?

- Yes, we have plan(s) in place. Please attach a copy.
- No
- This is in development. Please describe:

#### DIVERSITY, EQUITY, AND INCLUSION

OregonServes seeks to increase equity and inclusion across our portfolio of programs and services, so it is of particular interest to the commission that AmeriCorps State programs recruit AmeriCorps members from their own communities and are representative of the communities being served. A program's current or intended plan to incorporate the

principles of diversity, equity, and inclusion will be evaluated as part of their overall program design.

Describe your plans to recruit and retain a diverse representation of AmeriCorps members in 2024-25, including inclusion and support services that you will provide to AmeriCorps members who belong to historically underserved and underrepresented populations. Please provide specific examples.

Describe your plans to incorporate diversity, equity, and inclusion principles into the AmeriCorps member experience for the 2024-25 year. Include specific examples of training, resources, and support for AmeriCorps members and supervisors.

If your program and/or organization has an equity statement, equity lens, or similar guiding document, please submit as a separate document.

## ATTACHMENT B

### Application Certification Sheet

Legal Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Entity Type: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Any individual signing below hereby certifies they are an authorized representative of Applicant and that:**

1. I have knowledge regarding Applicant's payment of taxes and by signing below I hereby certify that, to the best of my knowledge, Application is not in violation of any tax laws of the state or a political subdivision of the state, including, without limitation, ORS 305.620 and ORS chapters 316, 317 and 318.

Applicant does not discriminate in its employment practices with regard to race, creed, age, religious affiliation, gender, disability, sexual orientation, national origin. When awarding subgrants, Applicant does not discriminate against any business certified under ORS 200.055 as a disadvantaged business enterprise, a minority-owned business, a woman-owned business, a business that a service-disabled veteran owns or an emerging small business. If applicable, Applicant has, or will have prior to grant agreement execution, a written policy and practice, that meets the requirements described in ORS 279A.112, of preventing sexual harassment, sexual assault and discrimination against employees who are members of a protected class. HECC may not enter into an agreement with an anticipated grant price of \$150,000 or more with an Applicant that does not certify it has such a policy and practice. See <https://www.oregon.gov/DAS/Procurement/Pages/hb3060.aspx> for additional information and sample policy template.

2. Applicant and Applicant's employees, agents, and subcontractors are not included on:
  - A. the "Specially Designated Nationals and Blocked Persons" list maintained by the Office of Foreign Assets Control of the United States Department of the Treasury found at: <https://www.treasury.gov/ofac/downloads/sdnlist.pdf>, or
  - B. the government-wide exclusions lists in the System for Award Management found at: <https://www.sam.gov/SAM>
3. Applicant certifies that, to the best of its knowledge, there exists no actual or potential conflict between the business or economic interests of Applicant, its employees, or its agents, on the one hand, and the business or economic interests of the State, on the other hand, arising out of, or relating in any way to, the subject matter of the RFA. If any changes occur with respect to Applicant's status regarding conflict of interest, Applicant shall promptly notify the State in writing.

4. Applicant certifies that all contents of the Application (including any other forms or documentation, if required under this RFA) and this Application Certification Sheet are truthful and accurate and have been prepared independently from all other Applicants, and without collusion, fraud, or other dishonesty.
5. Applicant understands that any statement or representation it makes, in response to this RFA, if determined to be false or fraudulent, a misrepresentation, or inaccurate because of the omission of material information could result in a "claim" (as defined by the Oregon False Claims Act, ORS 180.750(1)), made under Contract being a "false claim" (ORS 180.750(2)) subject to the Oregon False Claims Act, ORS 180.750 to 180.785, and to any liabilities or penalties associated with the making of a false claim under that Act.
6. Applicant certifies it will comply with the Pay Equity law, ORS 652.220, if applicable.

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Authorized Signature

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Date

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(Printed Name and Title)

## ATTACHMENT C

### Labor Organization Certification Form

Applicants must submit this form to OregonServes by the application deadline. Responses must comply with the instructions provided with the federal Notice of Funding Opportunity.

#### Legal Applicant Organization:

#### Program Name:

#### Definitions

*Program Applicant:* For the purposes of this section, “program Applicant” includes any Applicant to AmeriCorps or a State Commission, as well as any entity applying for assistance or approved national service positions through a Corporation grantee or subgrantee. In this case, the program Applicant is the legal organization that administers the AmeriCorps\*State program.

*Service Sponsor:* According to SEC. 101(25) [42 USC 12511(25)], the term “service sponsor” means an organization, or other entity, that has been selected to provide a placement for a participant. These are also typically called host sites, and they are distinct from the program Applicant organization.

*Instructions:* Carefully consider the three options below and check all boxes that apply. An Applicant must check at least one box. The form must be signed by an authorized Applicant representative and include any required supporting documentation.

#### [1] If a program Applicant—

- a) Proposes to serve as the placement site for AmeriCorps members; and
- b) Has employees engaged in the same or substantially similar work as that proposed to be carried out by AmeriCorps members; and
- c) Those employees are represented by a local labor organization.

Then the program Applicant must include the written concurrence of the local labor organization representing those employees. Written concurrence can be in the form of a letter or e-mail from the local union leadership. The concurrence must be signed by or originate from the duly authorized representatives of the labor organization. **You must attach the written concurrence of the local labor organization to this form.**

#### [2] If a program Applicant—

- a) Proposes to place AmeriCorps members at Service Sponsor sites operated by third party agencies where they will be engaged in the same or substantially similar work as employees represented by a local labor organization,

Then the Applicant **must submit a written description of how it will ensure that:**

- i. AmeriCorps members will not be placed in positions that were recently occupied by paid staff.
- ii. No AmeriCorps member will be placed into a position for which a recently resigned or discharged employee has recall rights as a result of a collective bargaining agreement, from which a recently resigned or discharged employee was removed as a result of a reduction in force, or from which a recently resigned/discharged employee is on leave or strike.

**[3]** If neither of the two options above are applicable, please explain why neither applies:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name Title