**CERTIFICATE 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 23 CFR part 98, Section 98.510, participant’s responsibilities. The regulations were published as part VII of the May 26, 1988 Federal Register (pages 19160 - 19211).

(BEFORE COMPLETING CERTIFICATION, READ ATTACHED INSTRUCTIONS

WHICH ARE AN INTEGRAL PART OF THE 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 explanation to this proposal.

Name and Title of Authorized Representative (please print clearly)

Signature Date

**Instruction to complete the above form.**

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. It is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies, including suspension and/or debarment.

3. The prospective of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if any time the prospective recipient of Federal assistance funds learns that it is certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms “covered transaction,” “debarment,” “suspended,” “ineligible, “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposed,” and “voluntarily excluded,” as used in this clause, have the meanings set out in the Definitions and Coverage section 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, suspension, declared ineligibility, or voluntary excluded from participation in this covered transaction, unless authorized by DOL.

6. The prospective recipient of Federal assistance funds 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 prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from 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 forgoing shall be constructed 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 dealing.

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 debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and / or debarment.

**CONFLICT OF INTEREST AND DISCLOSURE STATEMENT**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation with the Milwaukee Area Workforce Investment Board (Grantor): (check one)

 [ ] Member

 [ ] Employee

 [ ] Grant Applicant

 [ ] Sub grantee

Do you, or any member of your immediate family have any ownership interest in, investment in, employment with, contractual relationship with, fiduciary or professional relationship with any organization or entity which receives or may seek to receive funds from, or which does business or may seek to do business with the Grantor?

 [ ] a. Yes [ ] b. No

If yes, please explain, giving the name of every such organization and the nature of your association with it.

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Questions 1 and 2 refer to the individuals of the grant applicant’s and Sub grantee’s board of directors, officers, employees, or any of their immediate family members.

1. Are you a member of the Grantor?

 [ ] a. Yes [ ] b. No

2. Do you have a business or employment relationship with any member of the Grantor Board or Staff?

 [ ] a. Yes [ ] b. No

 If yes, please explain:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Does any member of the Grantor Board or Staff serve on your organization’s Board of Directors?

 [ ] a. Yes [ ] b. No

 If yes, please provide the name(s) of any such member(s):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature Date

**CERTIFICATE REGARDING LOBBYING**

**Certification For Contracts, Grants, Loans And Cooperative Agreements**

**THIS CERTIFICATE AND THE FOLLOWING STANDARD FORM LLL-A ARE REQUIRED TO BE SUBMITTED BY THE SUB GRANTEE OR ANY OF ITS SUBSUBRECIPIENTS ONLY IF THE CONTRACT OR SUBCONTRACT EXCEEDS $100,000.**

 **CHECK THIS BOX ONLY IF CONTRACT IS $100,000 OR LESS, skip #1 and #2 below, and sign at bottom of this page.**

**Otherwise continue by checking #1 or #2 below, whichever is applicable, and then sign at the bottom of the page.**

The undersigned certifies, to the best of his/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 an agency, a member of Congress, an officer or employee of Congress, or an employee or a member of Congress in connection with the awarding of any Federal contract, the making of any Federal contract, grant, loan, or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

  **CHECK THIS BOX IF APPLICABLE, and sign below. DO NOT complete Standard Form LLL-A.**

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 or a member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL-A “Disclosure of Lobbying Activities,” in accordance with its instructions.

  **CHECK THIS BOX IF APPLICABLE, sign below, AND complete Standard Form LLL-A.**

3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including Sub grantees, sub-grants and contracts under grants, loans, and cooperative agreements) and that all sub-recipients 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.W. Code. Any person who fails to submit 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.

Sub grantee Organization Program Title

Name and Title of Authorized Representative (please print clearly)

Signature Date

 **STANDARD FORM LLL-A DISCLOSURE OF LOBBYING ACTIVITIES**

| 1. Type of Federal Action: [ ] a. Contract [ ] b. Grant [ ] c. Cooperative Agreement [ ] d. Loan [ ] e. Loan Guarantee [ ] f. Loan Insurance | 2. Status of Federal Action:  [ ] a. Bid / Offer / Application [ ] b. Initial Award [ ] c. Post-Award | 3. Report Type: [ ] a. Initial Filing [ ] b. Material Change: Year \_\_\_\_\_ Quarter \_\_\_\_\_  Date of Last Report:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- | --- |
| 4. Name & Address of Reporting Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Prime [ ] Subawardee Tier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Congressional District, if known:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5. If Reporting Entity in item 4 is Subawarded, enter Name and Address of Prime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Congressional District, if known:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6. Federal Department / Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 7. Federal Program Name / Description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CFDA Number, if known:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8. Federal Action Number, if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 9. Award Amount, if known: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10a. Name and Address of Lobbying Entity: (If Individual: Last Name, First Name, MI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 10b. Individuals Performing Services: (If different from 10a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Attach SF-LLL-A Continuation Sheet(s), if necessary) |
| 11. Amount of Payment: (check all that apply) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] a. Actual  [ ] b. Planned | 12. Form of Payment: (check all that apply) [ ] A. Cash [ ] B. In-kind: Specify Nature \_\_\_\_\_\_\_\_\_\_\_\_\_ Value\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 13. Type of Payment: (check all that apply) [ ] a. Retainer [ ] b. one-time Fee [ ] c. Commission [ ] d. Contingent Fee [ ] e. Deferred [ ] f. Other: Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 14. Brief Description of Services Performed or To Be Performed and Date(s) of Service, including officer(s), employee(s), or member(s) Contracted for Payment. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Attach SF-LLL-A Continuation Sheet(s), if necessary) |
| 15. Standard Form LLL-A Continuation Sheet(s) attached: [ ] Yes [ ] No |
| Information required 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 Title 31 U.S.C. Section 1352 to be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure. |
| 16. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  Title Telephone Date  |

**STANDARD FORM LLL-A CONTINUATION SHEET**

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| Reporting Entry: Page \_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_ |

Authorized for Local Reproduction of Standard Form LLL-A

Billing Codes:

3410-C; 6450-01-C; 6690-01-C;

8025-01-C; 7510-01-C; 3510-FE-C; 8120-01-C;

4710-24-C; 6116-01-C; 6151-01-C; 8230-01-C;

4810-25-C; 3801-01-C; 4000-01-C; 3820-01-C;

6560-50-C; 6820-61-C; 4310-RF-C; 5716-01-C;

4150-04-C; 7555-01-C; 7537-01-C; 7536-01-C;

4310RF-C; 5716-01-C; 6050-28-C; 4910-62-C.

**INSTRUCTIONS FOR COMPLETION OF
SF-LLL-A DISCLOSURE OF LOBBYING ACTIVITIES**

This disclosure form shall be completed by the reporting entity. Where subawardee or prime Federal recipient at the initiation or receipt of a covered Federal action, or 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 employee of a member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published.

1. Identify the type of covered Federal action for which lobbying activity is and / or has been secured to influence the outcome of covered Federal action.

2. Identify the status of a covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state, and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subawards include but are not limited to sub-contracts, sub-grants 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 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 identified in Item 1, if known, enter the full Catalog of Federal Domestic Assistance (CFDA) Number of grants, cooperative agreements, loans, and loan commitments.

8. Enter the Federal action number of the Federal program name or description for the covered Federal action as identified in item 1 (e.g. Request For Proposal (RFP) number, Invitation For Bid (IFB) number, grand announcement number, the contract grant or loan award number, or the application/proposal control number assigned by the Federal agency). Include prefixes, e.g. “RFP-DE-90-001.”

9. For the 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.

10a. Enter the full name, address, city, state, and zip code of the lobbing entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

10b. Enter the full name, address, city, state, and zip code of the individuals performing services if different from 10a.

11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity as identified in item 4 to the lobbing entity. Indicate whether the payment has been made (actual) or will be made (planned). If this is a material change report, enter the cumulative amount of payment made or plan to be made. Check all boxes that apply.

12. Enter the form of payment. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment. Check all boxes that apply.

13. Enter the type of payment. Check all boxes that apply. If other, specify name.

14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s), officer(s), employee(s), or member(s) of Congress that were contracted for payment as indicated in item 11.

15. Indicate whether or not a Standard Form LLL-A Continuation Sheet(s) is attached.

16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review 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 (03-48-0046), Washington D.C. 20503.

**AFFIRMATIVE ACTION PLAN**

SUBGRANTEE/CONTRACTOR certifies that, if it has 50 or more employees, it will develop and/or update and submit (within 120 days of contract award) an Affirmative Action Plan to: Ms. Elizabeth Jankowski, Contracts & Financial Compliance Manager, Employ Milwaukee, 2342 N 27th Street, Milwaukee, WI 53210 [Telephone No.: (414) 270-1759].

SUBGRANTEE/CONTRACTOR certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with the following: The Office of Federal Contract Compliance Programs.

If a current plan has been filed, indicate where filed and the year covered . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBGRANTEE/CONTRACTOR will also require its lower-tier subcontractors who have 50 or more employees to establish similar written affirmative action plans.

**Employees**

SUBGRANTEE/CONTRACTOR certifies that it has (No. of Employees) \_\_\_\_\_\_ employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha, Ozaukee and Washington, Wisconsin) and (No. of Employees) \_\_\_\_\_employees in total.

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|  Title Telephone Date  |