



INSTITUTIONAL FILE

Readiness Review

This Section to be Completed Only by Non-Governmental Non-Profit Organizations:

Select ONE of the following only:

Variable	Yes	No	Pending
Does the organization hold tax-exempt status?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is the organization governed by a board of directors comprised of at least five persons?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the board of directors meet at least ten times per year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has the board of directors adopted a long-range strategic plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is the proposed Application consistent with the organization's strategic plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the Applicant organization develop annual financial statements?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If financial statements are developed, are they audited?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Within the past three years, has the Applicant received any grant of \$100,000 or more?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This Section to be Completed by All Applicants:

Select ONE of the following only:

Variable	Yes	No	Pending
Is the Applicant's registered physical address located in Coos or Curry Counties?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the Applicant have written policies and procedures governing:			
Personnel and Human Resources?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fiscal and Financial Management Practices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Conflict-of-Interest?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workplace Sexual Harassment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client Confidentiality and Privacy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma-Informed Practices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equity and/or Discrimination?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client Grievances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fraud, Waste, and Abuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whistleblower Protections?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the Applicant require its employees to receive training in:			
Workplace Sexual Harassment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mandatory Reporting of Child or Elder Abuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma-Informed Practices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Literacy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equity or Discrimination?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is the Applicant delinquent on any debt, public or private?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is the Applicant organization subject to back-up tax withholdings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is the Applicant currently a defendant in any law suit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is the Applicant currently under investigation by any investigative authority?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does the Applicant have sufficient administrative staffing and support resources to carry out the work proposed in the Application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the Applicant have the knowledge, skills, and tools necessary to manage, oversee, and monitor the activities of Sub-Applicants and Sub-Awardees?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the Applicant welcome collaborative community efforts and engagement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the Applicant possess sufficient Information Technology systems and knowledge to accurately report the project's raw and summarized process and outcome data?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the Applicant possess sufficient fiscal systems and knowledge to responsibly manage fiscal resources and accurately report on program expenditures?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is the Applicant financially solvent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the financial statement for the most recent fiscal year result in any deficit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Attestations

**For Completion by All Applicants:
Select ONE of the following only:**

Variable	Yes	No
If successful, is the Applicant willing to enter into a value-based Cooperative Agreement with Advanced Health?	<input type="radio"/>	<input type="radio"/>
Is Applicant willing to hold written agreements with Sub-Awardees that clearly describe Sub-Awardees' scope of work?	<input type="radio"/>	<input type="radio"/>
Is Applicant willing to provide to Advanced Health unredacted copies of written agreements with Sub-Awardees?	<input type="radio"/>	<input type="radio"/>
Will Applicant have an individual accountable for each of the following functions: contract administration; evaluation; performance measurement; information technology; compliance; continuing quality improvement?	<input type="radio"/>	<input type="radio"/>
Will Applicant, to the best of its ability, collect, maintain, and analyze data on the basis of race, ethnicity, or minority status?	<input type="radio"/>	<input type="radio"/>
Is the Applicant willing to provide its raw and summarized process and outcome data to Advance Health, or the evaluator appointed by Advanced Health?	<input type="radio"/>	<input type="radio"/>

Is the Applicant willing to cooperate with the independent evaluator appointed by Advanced Health?	<input type="radio"/>	<input type="radio"/>
Is the Applicant willing to provide to Advanced Health semi-annual project expenditure reports and annual financial statements?	<input type="radio"/>	<input type="radio"/>
Is the Applicant willing to participate in quality improvement initiatives that may be undertaken by Advanced Health and its partners?	<input type="radio"/>	<input type="radio"/>
Is the Applicant willing to perform regular reviews of its source documents to ensure the accuracy of the data submitted to Advanced Health?	<input type="radio"/>	<input type="radio"/>
Is the Applicant willing to engage in activities to improve the quality and accuracy of the data that it submits to Advanced Health?	<input type="radio"/>	<input type="radio"/>
Has the Applicant negotiated an Indirect Cost Rate Agreement with any agency of the federal government? If "yes," What is the negotiated Indirect Cost Rate? If "yes," What is the cognizant federal agency?	<input type="radio"/>	<input type="radio"/>

Assurances

**For Completion by All Applicants:
Select ONE of the following only:**

Variable	Yes	No
Will the Applicant comply with:		
Title VI and VII of the Civil Rights Act of 1964, as amended?	<input type="radio"/>	<input type="radio"/>
45 CFR Part 84 which implements Title V, Sections 503-504 of the Rehabilitation Act?	<input type="radio"/>	<input type="radio"/>
The Americans with Disabilities Act of 1990, as amended?	<input type="radio"/>	<input type="radio"/>
Section 1557 of the Patient Protection and Affordable Care Act (ACA)?	<input type="radio"/>	<input type="radio"/>
The Age Discrimination in Employment Act of 1967, as amended, and the Age Discrimination Act of 1975, as amended?	<input type="radio"/>	<input type="radio"/>
The Vietnam Veterans' Readjustment Assistance Act of 1974, as amended?	<input type="radio"/>	<input type="radio"/>

The Mental Health Parity and Addiction Equity Act of 2008, as amended?	<input type="radio"/>	<input type="radio"/>
All regulations and administrative rules established pursuant to the foregoing laws?	<input type="radio"/>	<input type="radio"/>
All other applicable requirements of federal civil rights and rehabilitation statutes, rules and regulations?	<input type="radio"/>	<input type="radio"/>
All federal laws requiring reporting of the abuse of Medicaid beneficiaries?	<input type="radio"/>	<input type="radio"/>
Executive Orders 11246 and 11375 regarding Equal Opportunity in Employment?	<input type="radio"/>	<input type="radio"/>
Clean Air, Clean Water, and Relevant Environmental Protection Agency regulations?	<input type="radio"/>	<input type="radio"/>
Oregon's Energy Conservation Plan?	<input type="radio"/>	<input type="radio"/>
Truth in Lobbying Regulations?	<input type="radio"/>	<input type="radio"/>
The Resource Conservation and Recovery Act?	<input type="radio"/>	<input type="radio"/>
The Pro-Children Act of 1994?	<input type="radio"/>	<input type="radio"/>
Oregon's Workers' Compensation regulations in ORS.565.027 and 565.017?	<input type="radio"/>	<input type="radio"/>
To the extent possible, the Outcome and Assessment Information Set (OASIS) established by the Center for Medicaid and Medicare Services?	<input type="radio"/>	<input type="radio"/>
Will the Applicant establish and comply with appropriate Conflict-of-Interest safeguards?	<input type="radio"/>	<input type="radio"/>

Certification

I, _____ (authorized signer), representing _____ (organization name), hereby affirm under penalty of False Claims liability that: I am an officer of the board of the Applicant; I have knowledge of the Request for Applications referenced herein; I have full authority from the Applicant to submit this Application and Certification; and to the best of my knowledge and belief, represent that the statements made in the Application, Budget, and Institutional File are truthful and accurate.

(Signature)

(Date)

Name Printed: _____

Title: _____