ATTACHMENT A
RFA DHS 5049-2020
APPLICANT IDENTIFICATION AND CERTIFICATION STATEMENTS

Applicant Legal Entity Name	
Applicant Name for "Doing Business AS"	
Applicant Address	
Contact Name	
Contact Phone:	
Contact Email:	
Applicants Years of Services	**Beginning Date as a Licensed Residential Care Facility: _____ ____ _____**

1. Applicant understands and accepts the requirements of this RFA DHS 5049-2020. Applicant agrees to be bound by the Agreement Standard and Federal terms and conditions in the RFA DHS 5049-20and as modified by Addendum, except for those terms and conditions that Agency has reserved for negotiation in the RFA DHS 5049-2020.
2. Applicant acknowledges receipt of all Addenda or notices for this RFA DHS 5049-20posted in ORPIN.
3. Applicant statements and documentation is considered a firm response for 60 days following the deadline the Applicants are due found in Section 1.2 of RFA 5049-2020.
4. If selected as an Residential Care Facility , Applicant agrees to perform the work and meet the performance standards set forth in this RFA 5049-2020.
5. Under penalty of perjury, Applicant certifies that Applicant is aware of and complies with the requirements found in OAR 125-246-0330, concerning Taxes, and Transacting Business in Oregon http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_125/125_246.html .
   Upon request of Agency, Applicant shall provide supporting documentation.
6. Applicant does not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation or national origin. Nor has Applicant or will Applicant discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is:
   - a minority, women or emerging small business enterprise certified under ORS 200.055, or
   - a business enterprise that is owned or controlled by or that employs a disabled veteran, as defined in ORS 408.225
7. Applicant and its employees and agents are not included on the list titled "Specially Designated Nationals and Blocked Persons" maintained by the Office of Foreign Assets Control of the United States Department of the Treasury and currently found at: https://www.treasury.gov/ofac/downloads/sdnlist.pdf .

8. 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 DHS 5049-2020. Applicant shall provide prompt written notification to the State of any change occurring with respect to Applicant's business or interests which is reasonably likely to result in (or has resulted in) an actual or potential conflict between the business or economic interests of the Applicant and those of the State, arising out of, or relating in any way to, the subject matter of the RFA DHS 5049-2020. In its notice, Applicant will describe the nature of such actual or potential conflict of interest or remuneration in question in reasonable detail.

9. Applicant certifies that all contents of the Applicant (including any other forms or documentation, if required under this RFA) and this Applicant Certification Sheet, are truthful and accurate and have been prepared independently from all other Applicants, and without collusion, fraud, or other dishonesty.

10. 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 Agreement 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.

11. Applicant acknowledges these certifications are in addition to any certifications required in ORPIN Attachments and the final Statement of Work in at the time of Agreement execution.

_____ _____

Authorized Signature Date

_____

(Print Name and Title)

ATTACHMENT B
APPLICANT BUSINESS AND SERVICE CAPACITY INFORMATION

B1	IRS registered Business Name	
	Address	
	City, State, Zip	

B2	Contact Name:	
	Title:	
	Phone:	
	Fax:	
	Email:	
	Applicant Facility TYPE	**Residential Care Facility ☐, Nursing Home ☐ or an Assisted Living Facility ☐**

APPLICANT SERVICE CAPACITY AND SERVICE LOCATION DESIGNATION

B3

Applicant select by check box the county or counties where their Residential Care facilities are located.

☐ Clackamas	☐ Marion	☐ Multnomah	☐ Polk	☐ Washington

REGULATORY STAFFING STANDARDS Check the staff you have dedicated to COVID19 Capacity Services and enter the number of FTE available. (Attach a Current Staff Position Rosters)

☐ Supervisors	☐ RN	☐ LPN	☐ Nurse Ades	☐ Support Staff

☐ Vacant Positions	☐ Other

***REGULATORY STAFF TRAINING (SEE SECTION (See Section 3.1.1d)**

Brief summary of Staffing and Staff Training regulatory staffing standards and are all staff trained in infection control standards and practices.

*Attach additional supplemental page if needed for this summary.

<table>
<tr><th colspan="3">Applicant Business Information</th></tr>
<tr><td>B4</td><td>Business Designation</td><td>☐ Oregon SOS registry number _____
☐ Professional Corporation ☐ Nonprofit Corporation ☐ Limited Partnership
☐ Limited Liability Corporation ☐ Partnership</td></tr>
<tr><td>B5</td><td>Bed Space Availability Designation</td><td>
Oregon Licensed Residential Care Facility, Nursing Home or an Assisted Living Facility Capacity, See RFA DHS 5049-2020 Section 3.1.1 b,e and Section 3.2.5 d.
Bed Capacity^{+& #} for the designated counties you have selected in Section 3 B above and the Fixed Rate you will require for reimbursement. Please Record your response here:
<table>
<tr><th>County(ies)</th><th>Facility Type</th><th>Beds</th><th>+Bed Fixed Rate</th></tr>
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<u>Resident Isolation Capacity</u>^{<u>#</u>} Applicant facilities that can specifically isolate residents refer by DH See RFA DHS 5049-2020 Section 3.1.1 b,e and Section 3.2.5 d.
<table>
<tr><th>County</th><th>Facility Type</th><th>#of Isolation beds.</th></tr>
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+ Bed Rates cover all administrative costs encumbered by the facilities both direct and indirect allocated costs.
# Bed Space or Resident Isolation Capacity greater than six facilities can be reported on additional copies of this Section B5.
</td></tr>
<tr><td colspan="3">Note: Applicant by signing this Attachment states they have the required Residential Care Facility, Nursing Home or an Assisted Living bed space to meet the requirements described in RFA DHS 5049-2020.</td></tr>
<tr><td>Applicant Signature</td><td colspan="2">_____
Name Title Date</td></tr>
</table>