

**GRANT AGREEMENT**

***Applicants: Do not complete this portion of the grant agreement. Please review the entire document and sign and submit the last page of this document only.***

This GRANT AGREEMENT is made this \_\_\_\_ day of \_\_\_\_\_ 2015, between the COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HUMAN SERVICES ("Department"), and [enter grantee name] ("Grantee"), operating at [enter grantee address].

WITNESSETH:

WHEREAS, the Department of Human Services, created by Act 390, approved July 13, 1957, P.L. 852, is responsible for the administration of public assistance programs in the Commonwealth (62 P.S. §403); and

WHEREAS, Section 205 of the Human Services Code, 62 P.S. §205, authorizes the Department to make grants of appropriated funds to programs in fields in which the Department has responsibility; and

WHEREAS, the Department expects to allocate \$[grant amount] from funds expected to be appropriated for the Children's Trust Fund Program; and

WHEREAS, the Grantee will operate the program described in detail in Rider 2 to this grant, which program meets the Department's standards; and

WHEREAS, the Grantee was selected to receive this grant in accordance with the Department's established grant policy and procedure.

NOW, THEREFORE, the parties hereto, intending to be legally bound, hereby agree as follows:

1. The term of this grant shall be from November 1, 2015 to October 31, 2018.
2. The Grantee shall use the funds granted hereunder to faithfully implement the conditions of this grant and operate the program described in Rider 2, subject to the terms and conditions contained herein.
3. The services described in Paragraph 2 above shall be provided in conformity with:

Rider 1	Payment Provisions
Rider 2	Work Statement
Rider 3	Budget
Rider 4	Local Match Verification Letter
Rider 5	State and Federal Funding Assurance
Rider 6	Standard Grant Terms and Conditions
Rider 7	DHS Addendum to Standard Contract Terms and Conditions
Rider A	Audit Clause
Rider L	Lobbying Certification and Disclosure

4. The Riders listed above, as they may be applicable to this grant, are hereby attached and made a part of this Grant Agreement.
5. Subject to the availability of State and Federal funds, the Department will pay the Grantee, in accordance with the terms of Rider 1, as soon as practical after the Grant Agreement has received final approval from all necessary parties. The total amount of this grant is \$[*grant amount*], and no payments shall be made under this agreement in excess of that amount. At its discretion, the Department may increase or decrease this total grant amount through a revised Miscellaneous Encumbrance as a result of changes in applicable appropriations or allocations or certifications of available funds.
6. This Grant Agreement may be cancelled by the Department, in accordance with Paragraph 18 of Rider 6, upon thirty (30) days prior written notice.
7. This Grant Agreement contains all the terms and conditions agreed on by the parties. Any modifications or waivers of this agreement shall only be valid when they have been reduced to writing, duly signed, and attached to the original of this agreement. No other agreements, oral or otherwise, regarding the subject matter of this agreement, shall be deemed to exist or to bind any of the parties hereto.

***Applicants: On the following page, representative(s) authorized to bind the applicant to the Grant Agreement must sign in the Grantee spaces (in blue ink). Do not write below the Grantee section. Submit the signature page only as part of the technical portion of the application.***

IN WITNESS WHEREOF, the parties hereto have caused this Grant Agreement to be executed by its duly authorized officials.

**NAME OF GRANTEE** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**Print or type name and title**

\_\_\_\_\_  
**Print or type name and title**

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES**

**Program Deputy Secretary**

**Secretary**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

**COMPTROLLER OPERATIONS**

I hereby certify that funds in the amount shown are available under the Appropriation Symbols as shown.

AMOUNT	SOURCE	APPROPRIATION SYMBOL	PROGRAM

\_\_\_\_\_  
SIGNATURE

**COMPTROLLER**

**Approved as to Legality and Form:**

\_\_\_\_\_  
OFFICE OF LEGAL COUNSEL  
DEPARTMENT OF HUMAN SERVICES

\_\_\_\_\_  
DEPUTY ATTORNEY GENERAL  
OFFICE OF ATTORNEY GENERAL  
(when required)

\_\_\_\_\_  
DEPUTY GENERAL COUNSEL  
OFFICE OF GENERAL COUNSEL  
(when required)