

GRANT AGREEMENT

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

This GRANT AGREEMENT is made between the COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF PUBLIC WELFARE (“Department”), and \_\_\_\_\_ (“Grantee”), operating at \_\_\_\_\_.

WITNESSETH:

WHEREAS, the Department of Public Welfare, 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 Public Welfare 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 funds that are expected to be appropriated for the Nurse Family Partnership program; and

WHEREAS, the Grantee will operate the program described in detail in the Work Statement, 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 February 1<sup>st</sup>, 2018 to June 30<sup>th</sup>, 2019. The Department may renew this grant for three (3) additional one year periods (July 1 – June 30). Upon the approval of the Department and the Comptroller’s Office, revised work statements and budgets for the renewal years will become part of this grant agreement.
2. The Grantee shall use the funds granted hereunder to faithfully implement the conditions of this grant and operate the program described in the Work Statement, subject to the terms and conditions contained herein.
3. The services described in Paragraph 2 above shall be provided in conformity with:

**Attachments**

<b>Attachment 1</b>	Applicant Information Form
<b>Attachment 2</b>	Grant Agreement with Riders
<b>Rider 1</b>	Payment Provisions
<b>Rider 2</b>	Work Statement (Directions on pages <b>15</b> through <b>23</b> within the RFA)
<b>Rider 3</b>	Budget Forms, Narratives and Instructions
<b>Rider 4</b>	Standard Grant Terms and Conditions for Services

<b>Rider 5</b>	DHS Addendum to Standard Contract Terms and Conditions for Services with attachments
<b>Rider A</b>	Audit Clauses
<b>Rider L</b>	Lobbying Certification Form and Disclosure of Lobbying Activities
<b>Attachment 3</b>	RFA Submission Checklist

**Appendices**

**Appendix A** The Zero to Three Home Visiting Community Planning Tool

**Appendix B** Demographic Data Collection Forms (I through VI)

4. The Riders listed above 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 \$\_\_\_\_\_ 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 Funding Adjustments 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, including its incorporated riders, 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, two agency representatives must sign in the Grantee spaces (in blue ink) to bind the applicant agency to the terms and conditions of the grant agreement, should the application be selected for funding. 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 PUBLIC WELFARE**

**Program Deputy Secretary**

**Secretary**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

**COMPTROLLER – DEPARTMENT OF PUBLIC WELFARE**

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

AMOUNT	SOURCE	APPROPRIATION SYMBOL	PROGRAM

**COMPTROLLER FOR BUDGET SECRETARY**

\_\_\_\_\_  
SIGNATURE

**Approved as to Legality and Form:**

\_\_\_\_\_  
**OFFICE OF LEGAL COUNSEL  
DEPARTMENT OF PUBLIC  
WELFARE**

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

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