



REQUEST FOR EXECUTIVE ACTION
EA Title: TWO (2) NEW DHS PROVIDER AGREEMENTS
Originating Department: Human Service(s)

Run Date: 12/07/2022

Page 1 of 1

SEE DEPARTMENT AUTHORIZATION PAGE**Contact:** Placid Larouere **Ext:** 6904**Date Submitted By Agency:** 12/03/2022**Date Approved:** 12/04/2022**Future Impact:****Included In Budget:** Yes **For:** Grant
Operating**Est Cost:** \$500,650.00**Est Revenue:****County Match:**

Account coding provided on JDE Contract Form

Summary:

The Department of Human Services requests the County's authority to enter into two new Provider Agreements for the amounts and periods listed herein.

Explanation:

The Department of Human Services requests the County's authority to enter into two new Provider Agreements for the amounts and periods listed herein.

Said Two (2) new Provider Agreements are described as follows:

- 1.) Schneider Downs & Co., Inc. – Providing Administrative Support | Financial Services
- 2.) Smithfield United Church – Providing funding for the use of Smithfield United Church's basement for the Winter Shelter - Emergency Shelter Affordable Housing Services.

Further authorize the Department of Human Services Director (or Director's Designee) to sign letters that may reduce the overall Agreement Allocation amount.

# No.	Vendor	Project #	Contract Start date	Contract End Date	Ag #	Previous \$	Change \$	Amount \$	Fee
1	SCHNEIDER DOWNS & CO., INC.		12/01/2022	11/30/2024		0.00	433,500.00	433,500.00	NO
2	SMITHFIELD UNITED CHURCH	WinterShelter	10/01/2022	06/30/2023		0.00	67,150.00	67,150.00	NO

Department	Department Director	Backup	Authorized	Department Authorized Date
Human Service(s)	Erin Dalton		Yes - Approved by Department Director	Dec 3, 2022 11:08:54 AM

CC: Controller
 Law Department
 Budget & Finance

 Approved as Submitted

 Denied

 Certified and Sealed : **Electronically Approved**

William McKain
 County Manager

12/04/2022
 Date



CONTRACT FORM
COUNTY OF ALLEGHENY

Diana Krucik 11/28/2022
Prepared by **Date**
(412)350-7334
Phone Number

DHS USE ONLY	
OF #	274683
Insurance Relationship Created	
Contract Supervisor	PJ Larouere

Department DHS - Office of Administration

Supplier Smithfield United Church **Supplier #** 1020325

Funder # 57021
 (if revenue)

<u>10/1/2022</u>	TO	<u>6/30/2023</u>
CONTRACT PERIOD		

Executive Action No. 7205-22-2

CONTROLLER'S OFFICE USE ONLY	
CONTRACTS SECTION	
ORDER NO.	
BOX NO.	

CONTROLLER'S OFFICE USE ONLY	
CONTRACTS SECTION	
RECEIVED	
APPROVED	
POSTED	

Program-funded Lines (J Line Type Only):

	LINE TY	# OF UNITS	Tr. UoM	UNIT RATE	ACCOUNT NUMBER	DESCRIPTION SERVICE/GOOD	AMOUNT
1	J		EA		25940029.63010.0202	HH Hsg HAP Emerg Shelt AH	67,150.00
2	J						
Total Program Funded Contract Amount							\$67,150.00
Total Amount Limited by Contract Language							\$67,150.00

CONTROLLER'S OFFICE USE ONLY

Insurance Attached:

COMM yes no

AUTO yes no

PROF yes no

FID yes no

W/C yes no

Comments: _____ Initial: _____

AGREEMENT NUMBER: 274995

IN WITNESS WHEREOF, the parties hereto have signed this AGREEMENT on the date below indicated.

CONTRACTOR	SMITHFIELD UNITED CHURCH
-------------------	---------------------------------

Authorized Signature *Rena Thomas* DocuSigned by: Date 12/22/2022
D74A8D9178C84D4...
Please Print/Type Name & Title Business Administrator 12/22/2022

COUNTY OF ALLEGHENY

BY: *Willen McKin* DocuSigned by: Date 1/4/2023
07CED7425D6E474...
County Manager Date

APPROVED BY DIRECTOR

Erin Dalton DocuSigned by: Date 12/22/2022
FF61A73055E64DB...
Erin Dalton, Director Date
Allegheny County Department of Human Services

APPROVED AS TO FORM

<u><i>George Janoczko</i></u> DocuSigned by: Date <u>12/22/2022</u> <small>48152FEA22D2411...</small> Allegheny County Solicitor Date	<u><i>Alyssa Cowan</i></u> DocuSigned by: Date <u>12/22/2022</u> <small>C4D9028077914EA...</small> Assistant Allegheny County Solicitor Date
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Agreement between the County of Allegheny Department of Human Services and **SMITHFIELD UNITED CHURCH**

DHS ONLY MPER Contract ID	<u>53039</u>
DHS ONLY Project	<u>FY 22-23 INITIAL DHS CONTRACT</u>

AGREEMENT

THIS AGREEMENT, hereinafter referred to as “the AGREEMENT,” effective for the term specified in Article 3 below, is made by and between the **COUNTY OF ALLEGHENY**, a home rule county and political subdivision of the Commonwealth of Pennsylvania, hereinafter referred to as “the COUNTY,” and **SMITHFIELD UNITED CHURCH**, with its principal place of business located 620 Smithfield St, Pittsburgh, PA 15222-2506, hereinafter referred to as “CONTRACTOR.”

WITNESSETH:

WHEREAS, the COUNTY, on behalf of its Department of Human Services, hereinafter referred to as “the Department,” is desirous of engaging the CONTRACTOR to provide or perform certain services and the CONTRACTOR is willing to provide or perform those services under the terms and conditions set forth below.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein and intending to be legally bound thereby, the COUNTY and the CONTRACTOR agree as follows:

1. ENGAGEMENT/SCOPE OF SERVICES: The COUNTY, by and on behalf of the Department, hereby engages the CONTRACTOR to provide or perform those services described in detail in the document marked as “Work Statement,” hereinafter referred to as “the Scope of Services,” which is incorporated by reference in its entirety herein and attached hereto as Exhibit “A” to this AGREEMENT. The CONTRACTOR accepts the engagement and agrees to devote its skills and the skills of its agents, servants and employees to the best of their abilities toward the successful completion of this engagement. The CONTRACTOR agrees to provide or perform the Scope of Services under the overall supervision of the Director of the Department or his designee, hereinafter “the Director.”

2. COMPENSATION; PAYMENTS BY COUNTY:

A. In consideration of the provision or performance of the Scope of Services described in Exhibit A, the COUNTY agrees to pay the CONTRACTOR the amount of compensation set forth in the document marked “Payment Provisions,” which is incorporated by reference in its entirety herein and attached hereto as Exhibit “B” to this AGREEMENT. The CONTRACTOR agrees that, as a condition precedent to the payment of any monies by the COUNTY under this AGREEMENT, it shall fully comply with all of the terms and conditions set forth in Exhibit B.

B. The parties acknowledge and agree that the COUNTY shall have no right to require and the CONTRACTOR shall have no obligation to provide, perform or carry out any services described in Exhibit A when such provision or performance would exceed the amount of compensation set forth in Exhibit B. In no event shall the COUNTY pay or be obligated to pay any amount of money other than the amount of compensation set forth in Exhibit B without a written amendment to this AGREEMENT.

3. TERM: This AGREEMENT shall commence on October 1, 2022 and, unless terminated earlier as provided in Paragraph 7 below, shall end on June 30, 2023.

4. NO CO-PARTNERSHIP OR AGENCY: Nothing in this AGREEMENT shall create or establish the relationship of co-partners between the parties or constitute the CONTRACTOR as the

representative or agent of the COUNTY for any purpose whatsoever. At all times under this AGREEMENT, the CONTRACTOR shall perform or provide the Scope of Services as an independent CONTRACTOR.

5. INDEMNIFICATION:

A. The CONTRACTOR agrees to indemnify, protect, defend and hold harmless the COUNTY, its elected officials, officers, appointees and employees from and against any and all liability, damages, claims, lawsuits, liens and judgments of whatever nature, including but not limited to, claims for contribution and/or indemnification, for injuries to or the death of any person(s), and/or the loss of real, personal or intangible property of any kind or nature caused by, in conjunction with, or arising out of the Scope of Services provided, performed, carried out or undertaken by the CONTRACTOR pursuant to this AGREEMENT. The CONTRACTOR's obligation to indemnify, protect, defend and hold the COUNTY harmless, as set forth in this Article 5, shall include any and all attorney's fees incurred by the COUNTY, in the defense of and/or handling of any lawsuits, demands, liens, judgments, claims and the like and all attorney's fees and investigation expenses incurred by the COUNTY in enforcing and/or obtaining compliance with the provisions of this paragraph.

B. The CONTRACTOR agrees to indemnify, protect, defend and hold harmless the COUNTY, its elected officials, officers, appointees and employees from any claims against or liability for compensation under the Pennsylvania Workers' Compensation Act, 77 P.S. § 1 *et seq.* arising out of injuries sustained by any employees or agents of the CONTRACTOR or of any licensees, CONTRACTORS, or sub-CONTRACTORS of the CONTRACTOR.

C. Each party shall give to the other party prompt and timely written notice of any claims made or lawsuits filed, which, in any way, directly or indirectly, contingently or otherwise affect or may affect the other party. Each party shall have the right to defend and compromise any claim or lawsuit to the extent of its own interest.

6. INSURANCE:

A. The CONTRACTOR shall, at its own cost and expense, maintain in effect at all times throughout the term of this AGREEMENT policies of insurance meeting the requirements specified by the Department in the document marked "Insurance Requirements" which is incorporated by reference in its entirety herein and attached hereto as Exhibit "C," to this AGREEMENT. All policies of insurance shall be endorsed to include the COUNTY, its elected officials, officers, appointees and employees as additional insureds.

B. The CONTRACTOR shall provide the Director, prior to or contemporaneously with the execution of this AGREEMENT, with a Certificate(s) of Insurance issued by a company or companies licensed to do business in the Commonwealth of Pennsylvania, or licensed to do business in the CONTRACTOR's home state, evidencing the insurance coverage(s) identified in Exhibit C, and shall submit the new Certificate(s) of such insurance coverage no later than thirty (30) days prior expiration, throughout the term of this AGREEMENT.

C. In addition to identifying the COUNTY, its elected officials, officers, appointees and employees as additional insureds, the Certificate(s) of Insurance shall provide that the insurance company notify the Director in writing, at least thirty (30) days prior to any termination of the policy or any alterations in the policy that would change, restrict or reduce the insurance provided or change the name of the insured.

D. The Director may, at his discretion, waive or modify any of the insurance requirements set forth in Exhibit C with the exception of Workers' Compensation Insurance, which is required by law. The CONTRACTOR's request for a waiver of the insurance requirements must be set forth in writing and state the specific reasons that the waiver is being requested.

7. **TERMINATION:**

A. **COUNTY's Reasons For Termination:** The COUNTY, through the Director, shall have the right to terminate this AGREEMENT for any of the following reasons:

(1) *Termination for Convenience:* The COUNTY shall have the right to terminate the AGREEMENT for its convenience upon giving thirty (30) days written notice to the CONTRACTOR. In the event that the COUNTY elects to terminate the AGREEMENT for its convenience, the COUNTY shall pay the CONTRACTOR for all satisfactory work on the Scope of Services completed or services performed up to and including the date of termination.

(2) *Termination for Non-Appropriation/Insufficient Appropriation:* In the event that funding to the County from Federal, State, and local funding sources is not obtained or continued at an aggregate level sufficient to allow for the payment of the Scope of Services set forth in Exhibit A from the CONTRACTOR, the COUNTY may exercise either one of the following options: (a) Issue a written Notice of Termination of this AGREEMENT to the CONTRACTOR effective upon a specified date. In the event of termination of the AGREEMENT for non-appropriation/insufficient appropriation, the COUNTY shall pay the CONTRACTOR for all satisfactory work completed or services performed, if any, up to and including the date of termination; or (b) Continue the AGREEMENT by written amendment providing for a reduction in either the term of the AGREEMENT, the Scope of Services to be provided or the compensation to be paid to the CONTRACTOR pursuant to this AGREEMENT, or any combination thereof in a manner consistent with the nature, amount and circumstances of the COUNTY's loss of State, Federal, and/or Local funding; provided, however, that any termination or reduction of the term, compensation or Scope Of Services under this AGREEMENT shall be without prejudice to any obligations or liabilities of either party incurred prior to such termination or reduction of the term, Scope of Services or compensation under this AGREEMENT.

(3) *Termination due to Default:* The COUNTY shall have the right to immediately terminate the AGREEMENT upon notice to the CONTRACTOR for any reason set forth in the Paragraph entitled "Default" in the "Incorporated Standard County Terms and Conditions" described herein. The COUNTY shall also have the right to immediately terminate the AGREEMENT upon notice to the CONTRACTOR for breach or violation of any term or condition as specified in any Exhibit to this AGREEMENT, or any applicable law, rule or regulation governing the provision of the Scope of Services.

B. **CONTRACTOR's Reasons For Termination:** The CONTRACTOR shall have the right to terminate this AGREEMENT for the following reasons: (1) for its convenience upon giving ninety (90) days written notice to the Department; and (2) upon notice to the COUNTY for any reason set forth in the Paragraph entitled "Default" in the "Incorporated Standard County Terms and Conditions" described herein.

C. **CONTRACTOR's Actions Subsequent to Termination:** Upon receipt of a Notice of Termination or upon giving a Notice of Termination, and, except as otherwise directed by the COUNTY, the CONTRACTOR shall take the following actions: (1) Stop work under this AGREEMENT on the date of and to the extent specified in the Notice of Termination; (2) Place no further orders, contracts, or

subgrants for materials, services, or facilities except as may be necessary for completion of such portion of the Scope of Services under this AGREEMENT as is not terminated; (3) Terminate all orders, contracts, and subgrants to the extent that they relate to the performance of work or services terminated by the Notice of Termination; (4) Assign to the COUNTY in the manner, at the time, and to the extent directed by the COUNTY all of the rights and interest of the CONTRACTOR under the orders, contracts or subgrants so terminated, and at the discretion of the COUNTY, settle or pay any or all claims arising out of the termination of such orders, contracts or subgrants; (5) Settle all outstanding liabilities and claims arising out of such termination of orders, contracts, and subgrants, with the approval or ratification of the COUNTY, to the extent that the COUNTY may require. Such approval or ratification shall be final for all the purposes of this clause. Notwithstanding the above, the CONTRACTOR shall not be relieved of liability to the COUNTY for damages sustained by the COUNTY by virtue of, or in any manner or degree of, the performance of CONTRACTOR hereunder; (6) Arrange for the transfer and delivery of all data in accordance with Incorporated Standard County Terms and Conditions described herein; and (7) Take all other reasonable and necessary actions to wind up the administration of this AGREEMENT in an orderly manner.

8. INCORPORATION OF CONTRACT MANUAL:

A. The CONTRACTOR acknowledges that funding for the Scope of Services is provided in whole or in part by grants made to the COUNTY by departments and agencies of the United States Government or the Commonwealth of Pennsylvania. All of the terms and conditions governing the grant funds received by the COUNTY, including but not limited to a listing of particular federal and/or state laws, rules and regulations relevant to the CONTRACTOR's provision or performance of the Scope of Services under the AGREEMENT, are set forth in a set of documents developed, compiled and created by the Department which is generally referred to as the "Contract Manual." In providing or performing the Scope of Services described in Exhibit A, the CONTRACTOR shall adhere to the General and Special Terms and Conditions set forth in the Contract Manual as designated in the document marked "Special Provisions," which is incorporated by reference in its entirety herein and attached hereto as Exhibit "D" to this AGREEMENT.

B. Although referred to in the singular, the term "Contract Manual," as used in the AGREEMENT, shall refer to and include any of the Contract Manuals developed, compiled and created by the Department that are applicable to this AGREEMENT because: (1) more than one federal, state or local funding source is used to support the Scope of Services; or (2) certain work or activities set forth in the Scope of Services are subject to particular laws, rules or regulations.

C. If any provision of the AGREEMENT is in conflict with any terms or conditions set forth in the Department's Contract Manual, the provisions set forth in the Contract Manual shall be controlling.

D. Due to its size and voluminous nature, the Contract Manual(s) is/are not attached hereto. The Contract Manual(s) incorporated by reference as part of this AGREEMENT pursuant to Exhibit D is/are available on the Department's website at URL <http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Current-Providers.aspx>. Upon written request, the Department will provide paper copies of the Contract Manual(s) to the CONTRACTOR.

E. Any and all provisions included in any applicable Contract Manual are subject to modification by revisions or changes to federal, state and local rules and regulations at any time. Notwithstanding any provision in the Incorporated Standard County Terms and Conditions, all such

revisions and changes shall be automatically deemed to be part of the applicable Contract Manual and shall be incorporated automatically as part of the AGREEMENT without the necessity of a written amendment. The Department shall provide written notice of any changes in any applicable Contract Manual.

9. INCORPORATED STANDARD COUNTY TERMS AND CONDITIONS: Unless otherwise deleted, changed or modified by the document marked “Modified or Deleted Terms and Conditions” (attached hereto, if necessary, as Exhibit “E,”), the parties expressly acknowledge and agree that the terms and conditions set forth in the document entitled “Incorporated Standard County Terms and Conditions,” which can be found at on the Department’s website at URL <http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Current-Providers.aspx> , are specifically incorporated by reference in their entirety herein and are made a part of this AGREEMENT. Upon written request, the Department will provide paper copies of the Incorporated Standard County Terms and Conditions to the CONTRACTOR.

10. INCORPORATED STANDARD FEDERAL/STATE TERMS AND CONDITIONS: The CONTRACTOR acknowledges that the COUNTY, as a recipient of federal and state funds for the Department, is required to ensure that CONTRACTOR adheres to and complies with applicable federal and state funding requirements. Unless otherwise deleted, changed or modified by the document marked “Modified or Deleted Terms and Conditions” (attached hereto, if necessary, as Exhibit “E,”), the parties expressly acknowledge and agree that the terms and conditions set forth in the document entitled “Incorporated Standard Federal/State Terms and Conditions,” which can be found at on the Department’s website at URL <http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Current-Providers.aspx> , are specifically incorporated by reference in their entirety herein and are made a part of this AGREEMENT. Upon written request, the Department will provide paper copies of the Incorporated Standard Federal/State Terms and Conditions to the CONTRACTOR.

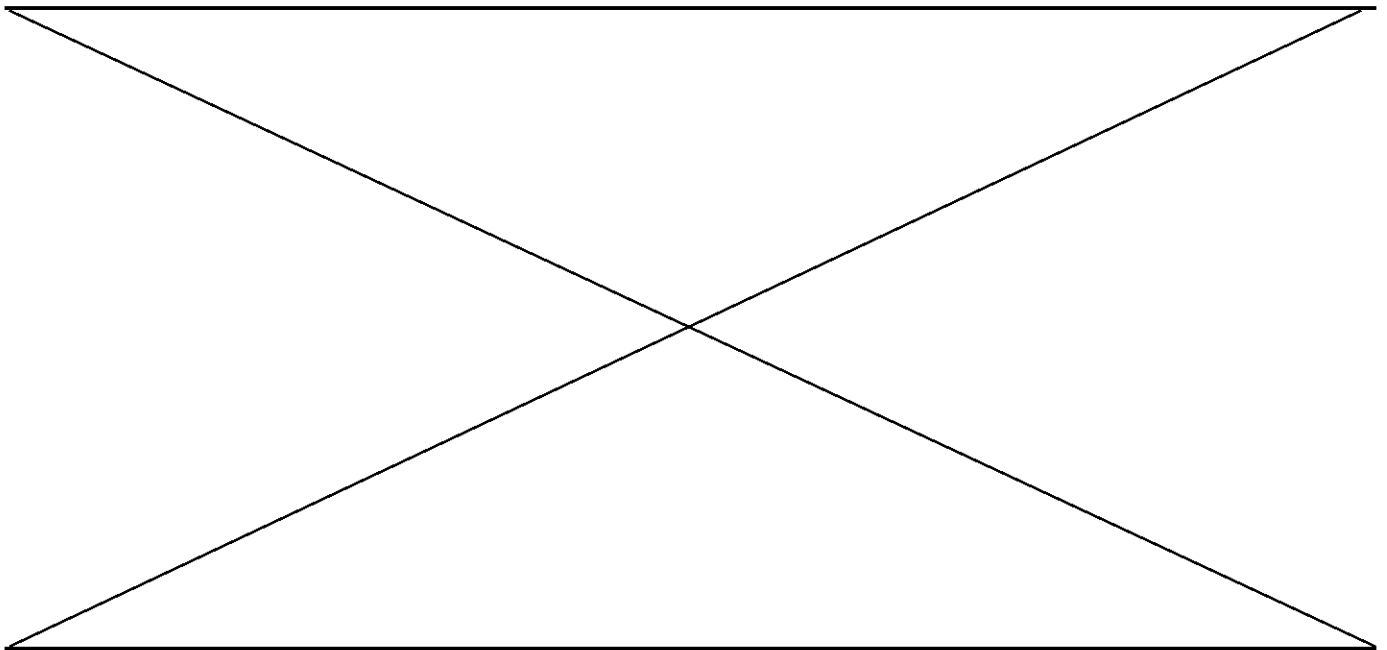


Exhibit A: Work Statement
ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES (DHS)

CONTRACTOR: Smithfield United Church

Department of Human Services (DHS) Office: Office of DARE - Homeless Services

Service: Emergency Shelter Services

CONTRACTOR will provide Emergency Shelter Services (the Services) to individuals (Households) in need from November 15th through March 15th of the following calendar year. Emergency Shelter Services are lodging and care to Households experiencing homelessness and in immediate need because they have no permanent legal residence of their own.

CONTRACTOR's Services consist of:

A. Emergency Housing:

The CONTRACTOR will provide a safe and secure facility equipped with beds and bathing facilities having a capacity to provide meals and a place to stay the night. The Emergency Housing will meet all regulations as described on pages 24-27 in Pennsylvania Department of Human Service's (formerly Public Welfare) Homeless Assistance Program Instructions and Requirements document linked here http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_087047.pdf.

CONTRACTOR will provide Emergency Shelter Services to at least 80 Households per night during the term of the Agreement.



EXHIBIT B, ATTACHMENT 1
Allegheny County Department of Human Services
Summary Allocation Statement



AGREEMENT START DATE: 10/01/2022

AGREEMENT END DATE: 06/30/2023

CONTRACT ID: 53039

CONTRACT #:

Agency Name:

SMITHFIELD UNITED CHURCH

DHS Office Name	Not To Exceed	Uncapped Fee
Homeless and Housing (HH)	\$67,150.00	No
TOTAL NOT TO EXCEED*	\$67,150.00	

*EXCLUSIVE OF UNCAPPED FEE BASED SERVICES,SEE OFFICE/BUREAU SPECIFIC PAGES FOR FEES.

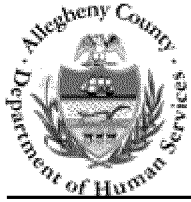


EXHIBIT B, ATTACHMENT 1
Allegheny County Department of Human Services
Detailed Allocation Statement



Contract Date: 10/01/2022 - 06/30/2023
Program Office: Homeless and Housing (HH)
Provider: 791 - SMITHFIELD UNITED CHURCH
JDE Number: 1020325
Contract ID: 53,039
Contract #:

Provider Name: SMITHFIELD UNITED CHURCH

Group Name:

Service Allocation							
Program Name	Service Name	Initial/ Adjusted	Amount Not To Exceed	Funding Source	Start Date	End Date	Service Comments
Not Applicable	Housing Emergency Emergency Shelter HAP Facility	Initial	\$67,150.00	Affordable Housing	10/01/2022	06/30/2023	

Total for Homeless and Housing (HH) , SMITHFIELD UNITED CHURCH : \$67,150.00

Allegheny County Department of Human Services

Approved Budgets

Provider Name: SMITHFIELD UNITED CHURCH
 Contract ID: 53039
 Contract Number:
 Service(s): Housing||Emergency||Emergency Shelter||HAP Facility~Not Applicable
 DHS Office: HH
 Group Name:
 Allocation Dates: 10/01/2022-06/30/2023
 Allocation Type: Initial Allocation
 Amount Not To Exceed: \$67,150.00
 Approval Date: 12/08/2022

Object of Expense	Category	Budget Amount
Client Expenses	Client Expenses	\$0.00
Personnel	Personnel	\$0.00
Operating Expense	Operating Expense	\$67,150.00
Fixed Assets	Fixed Assets	\$0.00

EXHIBIT C

INSURANCE REQUIREMENTS

For the term of this AGREEMENT, the CONTRACTOR will take out and maintain or will cause to be taken out and maintained policies of insurance meeting the following requirements:

1. **General Requirements**

A. **Commercial General Liability and Commercial Automobile insurances set forth below shall be endorsed to include the COUNTY, its elected officials, officers, appointees and employees as additional insureds. This Statement in Red, Must appear on the insurance certificate word-for-word.**

B. All certificates of insurance shall provide that the insurance company notify the Director in writing, at least thirty (30) days prior to any termination of the policy or any alterations in the policy which change, restrict or reduce the insurance provided or change the name of the insured.

2. **Types of Coverage**

A. **Commercial General Liability**

1. Commercial General Liability Insurance which will protect the CONTRACTOR in providing the services under this AGREEMENT from claims for damage or injury to persons, including wrongful death, and for damage to property which may arise from operations under this AGREEMENT whether such operations be by the CONTRACTOR or by any subcontractor of the CONTRACTOR or by anyone directly or indirectly employed by either the CONTRACTOR or subcontractor. The Commercial General Liability Policy will include, but not be limited to, the following:

- a. Contractual liability on a blanket basis or contractual liability specifically covering this AGREEMENT;
- b. Products Liability and Completed Operations;
- c. The CONTRACTOR shall maintain general liability limits of no less than \$1,000,000 per occurrence.

B. **Commercial Automobile Liability Insurance**

1. The CONTRACTOR shall maintain Commercial Automobile Liability Insurance covering all owned and non-owned automobiles if applicable to the services provided under the AGREEMENT.
2. The Automobile Liability Insurance shall have a limit of no less than \$1,000,000 combined single limit for each occurrence for injury to persons and/or damage to property.

C. **Professional Liability Insurance**

The CONTRACTOR shall carry Professional Liability insurance policy with limits of no less than \$1,000,000.

D. Workers' Compensation

The **CONTRACTOR** shall carry Workmen's Compensation Insurance as required by law, or shall submit evidence to the **DIRECTOR** that it has qualified with the Pennsylvania Department of Labor and Industry as a self-insurer.

1. Workers Compensation: Statutory
2. Employers Liability with limits:
 - \$100,000 each accident
 - \$500,000 disease policy limit
 - \$100,000 disease each employee.

E. Employee Dishonesty/Theft

The **CONTRACTOR** shall ensure that employees who have financial responsibilities related to the receipt and disbursement of funding under this agreement shall be covered by Employee Dishonest / Theft Insurance.

The coverage required and to be maintained for Employee Dishonest / Theft insurance shall be minimally:

An amount equal to, but not less than 10% of contract total contained in Exhibit B (Payment Provision) of this **AGREEMENT** when program funded/cost reconciled;

An amount equal to, but not less than \$50,000 when the **AGREEMENT** is fee-based/per diem funded;

An amount equal to, but not less than 10% of the program funded amount plus \$50,000 for fee-based services when the contract contains both fee-based/per diem and program funded services.

- F. The insurance carrier should have a AM Best rating of no less than A-.
- G. The County reserves the right to waive ANY or ALL conditions.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/20/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC One South Jefferson Street Roanoke VA 24011	CONTACT NAME: PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____														
INSURED CC01290 Smithfield United Church 620 Smithfield Street Pittsburgh, PA 15222	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Lexington Insurance Company</td> <td>19437</td> </tr> <tr> <td>INSURER B : Lexington Insurance Company</td> <td>19437</td> </tr> <tr> <td>INSURER C : National Fire & Marine Insurance Co</td> <td>20079</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Lexington Insurance Company	19437	INSURER B : Lexington Insurance Company	19437	INSURER C : National Fire & Marine Insurance Co	20079	INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Lexington Insurance Company	19437														
INSURER B : Lexington Insurance Company	19437														
INSURER C : National Fire & Marine Insurance Co	20079														
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 2034313171

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	Y		011971558 048409888	1/1/2022 1/1/2022	1/1/2023 1/1/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
A B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N		011971558 048409888	1/1/2022 1/1/2022	1/1/2023 1/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____			42XSF30654204	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B	Hired Car Physical Damage			011971558 048409888	1/1/2022 1/1/2022	1/1/2023 1/1/2023	Limit: \$100,000 Comp Ded: \$1,000 Coll Ded: \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Please contact your Insurance Board Agent, Don Hamm at 412- 278-3830 for questions regarding your Certificate of Insurance. If you would like to speak to someone at the Insurance Board, please call 800-437-8830.

General Liability Policies 011971558 and 048409888 Effective 01/01/2022 to 01/01/2023 referenced above include:

Religious Institution Pastoral and Counseling Professional Liability Coverage: \$2,000,000 Each Wrongful

Act Limit and \$5,000,000 aggregate limit

Sexual Misconduct Liability Coverage: \$2,000,000 Each Victim Limit and \$5,000,000 aggregate limit

Nurses Professional Liability: \$2,000,000 Each Medical Incident Limit and \$5,000,000 aggregate limit

Cemetery Professional Liability: \$2,000,000 Each Act, Error or Omission Limit and \$5,000,000 aggregate limit

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Allegheny County
 436 Grant Street
 Pittsburgh PA 15219

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Heather Perry

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: DONALHAMM

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh & McLennan Agency LLC		NAMED INSURED CC01290 Smithfield United Church 620 Smithfield Street Pittsburgh, PA 15222	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Allegheny County, its elected officials, officers, appointees and employees are included as additional insureds under the General Liability and Auto Liability with respect to work performed by the insured if required by written contract for the referenced job and/or contract.
 Crime Policy 84543361, effective 01/01/2022 to 01/01/2023, Employee Dishonesty/Theft \$350,000 per occurrence.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/13/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hylant - Cleveland 6000 Freedom Sq Dr, Ste 400 Independence OH 44131 License#: 23894	CONTACT NAME: PHONE (A/C, No, Ext): 216-447-1050 FAX (A/C, No): 216-447-4088 E-MAIL ADDRESS: Cleveland-office@hylant.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Cincinnati Casualty Company 28665 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED Smithfield United Church IB-ID 292-CC01290 620 Smithfield St Pittsburgh PA 15222 SMITUNI-01	

COVERAGES

CERTIFICATE NUMBER: 709150693

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	EWC0599679	1/1/2022	1/1/2023	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**
 Allegheny County
 436 Grant Street
 Pittsburgh PA 15219

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/13/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hylant - Cleveland 6000 Freedom Sq Dr, Ste 400 Independence OH 44131	CONTACT NAME: PHONE (A/C, No, Ext): 216-447-1050 FAX (A/C, No): 216-447-4088 E-MAIL ADDRESS: Cleveland-office@hylant.com														
INSURED Smithfield United Church IB-ID 292-CC01290 620 Smithfield St Pittsburgh PA 15222	License#: 23894 SMITUNI-01 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Casualty Company</td> <td style="text-align: center;">28665</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Casualty Company	28665	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Cincinnati Casualty Company	28665														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES CERTIFICATE NUMBER: 1731250016 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ \$												
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$												
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$												
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EWC0599679	1/1/2023	1/1/2024	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">PER STATUTE</td> <td style="width: 5%;">OTH-ER</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td></td> <td>E.L. EACH ACCIDENT \$ 1,000,000</td> </tr> <tr> <td></td> <td></td> <td>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000</td> </tr> <tr> <td></td> <td></td> <td>E.L. DISEASE - POLICY LIMIT \$ 1,000,000</td> </tr> </table>	PER STATUTE	OTH-ER				E.L. EACH ACCIDENT \$ 1,000,000			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000			E.L. DISEASE - POLICY LIMIT \$ 1,000,000
PER STATUTE	OTH-ER																		
		E.L. EACH ACCIDENT \$ 1,000,000																	
		E.L. DISEASE - EA EMPLOYEE \$ 1,000,000																	
		E.L. DISEASE - POLICY LIMIT \$ 1,000,000																	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER CANCELLATION

Allegheny County 436 Grant Street Pittsburgh PA 15219	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
-------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

EXHIBIT D: SPECIAL PROVISIONS

CONTRACTOR shall adhere to the General and Special Terms and Conditions in the below referenced Contract Specifications Manuals that are incorporated in their entirety as part of the agreement between CONTRACTOR and the Allegheny County Department of Human Services as per the services defined in the AGREEMENT's Workstatement (Exhibit A). The manuals are available on the DHS website at URL:

<https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Current-Providers.aspx>

- Incorporated Standard County Terms and Conditions
- Incorporated Standard Federal/State Terms and Conditions
- DHS General Specifications Manual
- DHS Payment Provisions Manual
- Minority/Women/Disadvantaged Business Enterprise Manual
- Office of the Area Agency on Aging, Contract Specifications
- Office of Behavioral Health, Drug and Alcohol Services Manuals
- Office of Behavioral Health, Mental Health Services Manual
- Offices of Behavioral Health, Early Intervention Services Manual
- Offices of Behavioral Health, Medical assistance Transportation Program
- Office of Children, Youth and Families, Contract Specifications Manual
- Office of Community Services, Family and Community Supports
- Community Services Block Grant (CSBG)
- Homeless Services
- Office of Developmental Supports Contract Specifications

By signing the aforementioned AGREEMENT, I certify that as an authorized representative of the CONTRACTOR, I (or my designee) have (has) obtained from the DHS website copies of the above-referenced manuals and acknowledge the provisions of said manuals are incorporated as part of the AGREEMENT between CONTRACTOR and Allegheny County Department of Human Services.

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

The CONTRACTOR agrees to comply with Public Law 103-227, Section 1041-1044, 20 U.S.C. Sections 6081-6084, also known as the Pro-Children's Act of 1994, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient hospital drug or alcohol treatment; contractors whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities (other than clinics) where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By having an authorized representative of the CONTRACTOR execute this AGREEMENT on behalf of the CONTRACTOR, the CONTRACTOR certifies that the submitted organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization agrees that it will require that the language of this certification be included in any sub-awards, which contain provisions for children's services and that all subcontractors shall certify accordingly.

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

In accordance with 45 CFR Part 76, the CONTRACTOR, by having an authorized representative of the CONTRACTOR execute this AGREEMENT on behalf of the CONTRACTOR, certifies that it shall provide a drug-free workplace by:

1. Establishing a drug-free awareness program to inform employees about:
 - a. the dangers of drug abuses in the workplace; and
 - b. the CONTRACTOR's policy of maintaining a drug-free workplace; and
 - c. any available drug counseling, rehabilitation and employee assistance programs; and
 - d. the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

2. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the CONTRACTOR's workplace and specifying the actions that shall be taken against employees for violation of such prohibition.

3. Including in the published statement in #2 above, a requirement that each employee, as a condition of employment, shall:
 - a. abide by the terms of the statement; and
 - b. notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than 5 days after such conviction.

4. Notifying the County (and ODAP for services funded with PA Dept. of Health, Bureau of Drug and Alcohol funds) within 10 days after receiving notice under paragraph 3(b) above from an employee or otherwise receiving actual notice of such conviction.

5. Taking one of the following actions within 30 days of receiving notice under paragraph 3(b) with respect to any employee who is so convicted:
 - a. taking appropriate personnel action against such an employee, up to and including termination; or
 - b. requiring such employee to participate satisfactorily in drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement or other appropriate agency.

6. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1-5 above.

CONTRACTOR RESPONSIBILITY PROVISIONS

By having an authorized representative of the CONTRACTOR execute this AGREEMENT on behalf of the CONTRACTOR, the CONTRACTOR certifies as follows:

1. The CONTRACTOR is not currently under suspension or debarment by the Commonwealth, any other state, or the Federal government, and if the CONTRACTOR cannot so certify, then it agrees to submit along with the bid/proposal (agreement) a written explanation of why such certification cannot be made.
2. The CONTRACTOR shall notify County in writing within 30 days if they become suspended and/or debarred.
3. If the CONTRACTOR enters into subcontracts or employs under this contract any subcontractors/individuals who are currently suspended or debarred by the Commonwealth or Federal government or who become suspended or debarred by the Commonwealth or Federal government during the term of this contract or any extension or renewals thereof, the Commonwealth shall have the right to require the CONTRACTOR to terminate such subcontracts or employment.
4. The CONTRACTOR agrees to reimburse the Commonwealth for the reasonable costs of investigation incurred by the Office of the Inspector General for investigation of the CONTRACTOR's compliance with terms of this or any other agreement between CONTRACTOR and the Commonwealth/County which result in the suspension or debarment of the CONTRACTOR. Such costs shall include, but are not limited to, salaries of investigators, including overtime; travel and lodging expenses; and expert witness and documentary fees. The CONTRACTOR shall not be responsible for investigative costs for investigations which do not result in the CONTRACTOR's suspension or debarment.
5. The CONTRACTOR may obtain the current list of suspended and debarred contractors by contacting the:

Department of General Services
Office of Chief Counsel
603 North Office Building
Harrisburg PA 17125
Telephone: 717-783-6472
Fax 717-787-9138

TAX CERTIFICATION

Pursuant to the terms of the AGREEMENT between the CONTRACTOR and ALLEGHENY COUNTY, on behalf of the COUNTY's DEPARTMENT OF HUMAN SERVICES, an authorized representative of the CONTRACTOR, by executing this AGREEMENT on behalf of the CONTRACTOR, does hereby certify that the CONTRACTOR has complied and will continue to comply with the requirements of the law and the prime funding sources' regulations regarding the obtaining of employer identification/account numbers and the

Collection
Payment
Depositing, and
Reporting of Federal, State and Local Taxes, and
The provision of W-2 forms to employees.

LOBBYING CERTIFICATION FORM

Certification for Contracts, Grants, Loans, and Cooperative Agreements

By having an authorized representative of the CONTRACTOR execute this AGREEMENT on behalf of the CONTRACTOR, the CONTRACTOR 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 any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
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 of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The CONTRACTOR shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, 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 pre-requisite for making or entering into this transaction imposed under Section 1352, Title 31, and US Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for such failure.

**ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES
CERTIFICATION REGARDING HIPAA COMPLIANCE**

By having an authorized representative of the CONTRACTOR execute this AGREEMENT on behalf of the CONTRACTOR, the CONTRACTOR certifies that it will operate in accordance with the Health Insurance Portability and Accountability Act of 1996, Standards for Privacy of Individually Identifiable Health Information, 42 C.F.R., Parts 160 through 164, and the Health Information Technology for Economic and Clinical Health (HITECH) Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (ARRA) (Pub. L. 111-5), including the portion codified at 42 U.S.C.A. § 17921 et seq., hereinafter "HIPAA Rules," and all other applicable laws and regulations involving the protection of personal information. By signing this certification, Service Provide certifies that the submitted organization will comply with the requirements of the "HIPAA Rules," including but not limited to:

- 1) Regularly assessing how the CONTRACTOR stores protected health information for the purposes of locating and remedying any potential risks and vulnerabilities to the confidentiality, security, integrity, and availability of that information.
- 2) Naming a security official and privacy official who will be individually responsible for the development, implementation, and maintenance of the policies and procedures required by HIPAA Rules
- 3) Documenting, reporting, and handling all security breaches according to the HIPAA Rules.
- 4) Maintaining records through methods and for a period of time to satisfy the "HIPAA Rules."
- 5) Following the "HIPAA Rules" when writing and executing contracts to second parties that receive personal health information from the CONTRACTOR.
- 6) Writing and executing policies on how to appropriately dispose of, or reuse, electronic media.
- 7) Creating and enforcing a policy that invokes appropriate sanctions against workforce members who fail to comply with the security and privacy policies and procedures of the "HIPAA Rules."
- 8) Appropriately documenting all policies and procedures designed to comply with the "HIPAA Rules."
- 9) Periodically reviewing, and updating as needed, all policies and procedures designed to comply with the "HIPAA Rules."

**ALLEGHENY COUNTY
DEPARTMENT OF HUMAN SERVICES
ANTI-TERRORISM CERTIFICATION FORM**

In compliance with the intent of the USA Patriot Act and other counter-terrorism laws, all organizations or individuals receiving funds through an agreement with the Allegheny County Department of Human Services must certify:

A. The organization/individual is not on any federal terrorism watch lists, including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Organizations maintained by the US State Department.

B. The organization/individual does not, will not and has not knowingly

- provided financial, technical, in-kind or other material support or resources to any individual or entity that is a terrorist or terrorist organization, or that supports or funds terrorism.
- provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism.
- provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations.
- regrant to organizations, individuals, programs and/or projects outside of the United States of America without compliance with IRS guidelines.

(Material support and resources means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation and other physical assets, except medicine or religious materials.)

C. The organization/individual

- takes reasonable affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.
- takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind or other materials support or resources to terrorist and terrorist organizations.

This certification is a material representation of fact upon which reliance was placed when this transaction as made and entered into.

By having an authorized representative of the CONTRACTOR execute this AGREEMENT on behalf of the CONTRACTOR, the CONTRACTOR certifies that it will with all requirements stated herein.

CERTIFICATIONS

Name of Contractor: Smithfield United Church of Christ

I/We are a

PA

Insert State above

(check one)

Profit

Non/Profit corporation

Government Entity/Other specify below

DUNS Number

123084378

HIPAA

Regarding the Health Insurance Portability and Accountability Act (HIPAA) of 1996 I/we certify:

- Check One:
- I/We are a Covered Entity
 - I/We are a Business Associate
 - HIPAA Does Not Apply

OFFICERS:

You/your organization **must** provide the following two contacts:

	NAME	PHONE NUMBER
Privacy Officer	Rena Thomas	412-281-1811
Security Officer	Rena Thomas	412-281-1811

BOARD OF DIRECTORS AND SUBCONTRACTORS LIST

You/your organization **must** submit a Board and Subcontractors Forms. Please:

- Complete the attached Board list or check Not Applicable, return via email to your assigned DHS Contract Supervisor.
- Complete the attached Subcontractors list or Check Not Application return via email to your assigned DHS Contract Supervisor.

FAMILY MEMBERS DISCLOSURE CERTIFICATION FORM

Complete the attached Family Members Disclosure Certification Form.

CONTRACTOR: Smithfield United Church of Christ

BOARD OF DIRECTOR

Regarding the CONTRACTOR's Board of Directors check one:

- List Below*
 See Attached*
 Not Applicable

*Identify all board members by name, affiliation, term, and note which member(s) is/are officers (i.e., Chairperson, Vice Chairperson, etc.). **DO NOT INCLUDE** addresses, phone numbers or email addresses.

NAME	AFFILIATION**	TERM	BOARD POSITION (if applicable)
Jon Colburn	Member of Congregation	1/1/2022-12/31/2022	President, Church Council
Zarina Z. Rowland	Member of Congregation	1/1/2022-12/31/2022	Secretary, Church Council
Jeff Gibbons	Member of Congregation	1/1/2022-12/31/2022	Treasury, Church Council
Mitzi Pynos	Member of Congregation	1/1/2022-12/31/2022	Member, Church Council
Rachel Cole-Turner	Member of Congregation	1/1/2022-12/31/2022	Member, Church Council
Arthur Chileshe	Member of Congregation	1/1/2022-12/31/2022	Member, Church Council
Dawn Lorincy	Member of Congregation	1/1/2022-12/31/2022	Member, Church Council
Jack Wepler	Member of Congregation	1/1/2022-12/31/2022	Member, Church Council

**AFFILIATION: Organization they work for or group they represent.

An official website of the United States government
[Here's how you know](#)



Search

All Words

e.g. 1606N020Q02



Please Sign In: You must sign in to your SAM.gov account to search Entities, Responsibility/Qualification and the Disaster Response Registry.

[Sign In](#)

Select Domain
Entity Information



All Entity Information

Entities

Disaster Response Registry

Responsibility / Qualification

Exclusions

Filter By



Keyword Search

For more information on how to use our keyword search, visit our help guide

- Any Words ⓘ
- All Words ⓘ
- Exact Phrase ⓘ

e.g. 123456789, Smith Corp

"Smithfield United Church" x

Entity ▼

Location ▼

Status ▲

- Active
- Inactive

Reset ↻



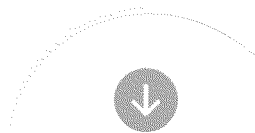
No matches found

Your search did not return any results for active records.

Would you like to include inactive records in your search results?

Search inactive

Go back



Feedback

Certificate Of Completion

Envelope Id: C3BEF535BC0440EBAEE5EDFF963C4863
 Subject: DHS SMITHFIELD UNITED CHURCH 7205-22-2 FY 22-23 C
 Source Envelope:
 Document Pages: 30
 Certificate Pages: 6
 AutoNav: Enabled
 Envelopeld Stamping: Enabled
 Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Signatures: 5
 Initials: 0

Status: Sent
 Envelope Originator:
 Amanda Walton
 542 Forbes Ave
 Room 621
 Pittsburgh, PA 15219
 Amanda.Walton@AlleghenyCounty.US
 IP Address: 199.224.24.10

Record Tracking

Status: Original
 12/22/2022 9:53:11 AM

Holder: Amanda Walton
 Amanda.Walton@AlleghenyCounty.US

Location: DocuSign

Signer Events

Alyssa Cowan
 Alyssa.Cowan@AlleghenyCounty.US
 Assistant County Solicitor
 Carahsoft obo County of Allegheny*
 Signing Group: Law Assist Solicitors
 Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

George Janocsko
 george.janocsko@alleghenycounty.us
 Allegheny County
 Signing Group: Law Solicitor
 Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Rena Thomas
 rthomas.smithfield@verizon.net
 Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
 Accepted: 12/22/2022 4:57:32 PM
 ID: 2e868150-3099-4835-830b-655926a4e8b5

Erin Dalton
 erin.dalton@alleghenycounty.us
 Director, DHS
 Allegheny County
 Signing Group: DHS Director
 Security Level: Email, Account Authentication (None)


Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Signature


DocuSigned by:

 C4D9028077914EA...

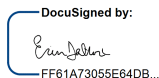
Signature Adoption: Pre-selected Style
 Using IP Address: 174.203.96.207
 Signed using mobile

DocuSigned by:

 48152FEA22D2411...

Signature Adoption: Pre-selected Style
 Using IP Address: 199.224.24.10

DocuSigned by:

 D74A8D9178C84D4...

Signature Adoption: Pre-selected Style
 Using IP Address: 73.174.7.86

DocuSigned by:

 FF61A73055E64DB...

Signature Adoption: Uploaded Signature Image
 Using IP Address: 172.56.21.221
 Signed using mobile

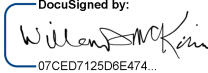
Timestamp

Sent: 12/22/2022 9:56:19 AM
 Viewed: 12/22/2022 11:34:10 AM
 Signed: 12/22/2022 11:35:54 AM

Sent: 12/22/2022 11:35:58 AM
 Viewed: 12/22/2022 12:25:57 PM
 Signed: 12/22/2022 12:26:05 PM

Sent: 12/22/2022 12:26:09 PM
 Viewed: 12/22/2022 4:57:32 PM
 Signed: 12/22/2022 4:58:22 PM

Sent: 12/22/2022 4:58:25 PM
 Viewed: 12/22/2022 7:33:16 PM
 Signed: 12/22/2022 7:33:28 PM

Signer Events	Signature	Timestamp
<p>Amanda Walton amanda.walton@allegHENYcounty.us Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p>Completed</p> <p>Using IP Address: 199.224.24.13</p>	<p>Sent: 12/22/2022 7:33:31 PM Viewed: 12/27/2022 7:57:15 AM Signed: 12/27/2022 7:58:03 AM</p>
<p>Jamie Mydlowski Jamie.Mydlowski@AlleghenyCounty.US Carahsoft obo County of Allegheny* Signing Group: Law Admin Review Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p>Completed</p> <p>Using IP Address: 199.224.24.13</p>	<p>Sent: 12/27/2022 7:58:07 AM Resent: 1/3/2023 9:22:27 AM Viewed: 1/3/2023 12:48:08 PM Signed: 1/3/2023 12:48:12 PM</p>
<p>Theresa White theresa.white@allegHENYcounty.us Contract Administrator Allegheny County Signing Group: County Manager Admin Review Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p>Completed</p> <p>Using IP Address: 199.224.24.10</p>	<p>Sent: 1/3/2023 12:48:17 PM Viewed: 1/3/2023 2:05:45 PM Signed: 1/3/2023 2:05:49 PM</p>
<p>William McKain william.mckain@allegHENYcounty.us County Manager Allegheny County Signing Group: County Manager Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p>DocuSigned by:  07CED7125D8E474...</p> <p>Signature Adoption: Drawn on Device Using IP Address: 199.224.24.10</p>	<p>Sent: 1/3/2023 2:05:52 PM Viewed: 1/4/2023 12:43:21 PM Signed: 1/4/2023 12:43:26 PM</p>
<p>Kathleen Scrabis Kathleen.Scrabis@AlleghenyCounty.US Clerk Typist 3 Allegheny County Signing Group: DHS Hold Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>		<p>Sent: 1/4/2023 12:43:30 PM Viewed: 1/4/2023 2:05:54 PM</p>
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Diana Krucik Diana.Krucik@AlleghenyCounty.US Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Witness Events	Signature	Timestamp
-----------------------	------------------	------------------

Notary Events	Signature	Timestamp
----------------------	------------------	------------------

Envelope Summary Events	Status	Timestamps
--------------------------------	---------------	-------------------

Envelope Sent	Hashed/Encrypted	12/22/2022 9:56:20 AM
Certified Delivered	Security Checked	1/4/2023 2:05:54 PM

Payment Events	Status	Timestamps
-----------------------	---------------	-------------------

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Allegheny County (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Allegheny County:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: EarlEd.Rice@AlleghenyCounty.US

To advise Allegheny County of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at servicedesk@alleghenycounty.us and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Allegheny County

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to Scott.McCloskey@AlleghenyCounty.US and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Allegheny County

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to EarlEd.Rice@AlleghenyCounty.US and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Allegheny County as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Allegheny County during the course of your relationship with Allegheny County.

Certificate Of Completion

Envelope Id: F4A6089F93C94BECAE7304239F58D658	Status: Completed
Subject: DHS SMITHFIELD UNITED CHURCH 7205-22-2 FY 22-23 C	
Source Envelope:	
Document Pages: 36	Signatures: 0
Supplemental Document Pages: 2	Initials: 0
Certificate Pages: 2	Envelope Originator: Kathleen Scrabis
AutoNav: Enabled	542 Forbes Ave
Envelope Stamping: Enabled	Room 621
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	Pittsburgh, PA 15219
	Kathleen.Scrabis@AlleghenyCounty.US
	IP Address: 199.224.24.11

Record Tracking

Status: Original	Holder: Kathleen Scrabis	Location: DocuSign
1/4/2023 2:06:34 PM	Kathleen.Scrabis@AlleghenyCounty.US	

Signer Events

Signature	Timestamp
Completed Kimberly Ragano kimberly.ragano@alleghenycounty.us Carahsoft obo County of Allegheny* Signing Group: Controller Signing Group Security Level: Email, Account Authentication (None)	Sent: 1/4/2023 2:08:00 PM Viewed: 1/5/2023 8:07:00 AM Signed: 1/5/2023 8:10:00 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign	
Supplemental Documents:	DHS SMITHFIELD UNITED CHURCH 7205-22-2 FY Viewed: 1/5/2023 8:08:22 AM 22-23 C EA.pdf Read: Not Required Accepted: Not Required
	DHS SMITHFIELD UNITED CHURCH 7205-22-2 FY Viewed: 1/5/2023 8:08:34 AM 22-23 C JDE.pdf Read: Not Required Accepted: Not Required

Completed Ryan Herbinko Ryan.Herbinko@AlleghenyCounty.US Signing Group: Controller Legal Security Level: Email, Account Authentication (None)	Sent: 1/5/2023 8:10:01 AM Viewed: 1/5/2023 1:35:57 PM Signed: 1/5/2023 1:36:47 PM
------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

Electronic Record and Signature Disclosure:

Not Offered via DocuSign	
Supplemental Documents:	DHS SMITHFIELD UNITED CHURCH 7205-22-2 FY Viewed: 1/5/2023 1:35:55 PM 22-23 C EA.pdf Read: Not Required Accepted: Not Required

In Person Signer Events

Signature	Timestamp
-----------	-----------

Editor Delivery Events

Status	Timestamp
--------	-----------

Agent Delivery Events

Status	Timestamp
--------	-----------

Intermediary Delivery Events

Status	Timestamp
--------	-----------

Certified Delivery Events

Status	Timestamp
--------	-----------

Carbon Copy Events	Status	Timestamp
---------------------------	---------------	------------------

Witness Events	Signature	Timestamp
-----------------------	------------------	------------------

Notary Events	Signature	Timestamp
----------------------	------------------	------------------

Envelope Summary Events	Status	Timestamps
--------------------------------	---------------	-------------------

Envelope Sent	Hashed/Encrypted	1/4/2023 2:08:02 PM
Certified Delivered	Security Checked	1/5/2023 1:35:57 PM
Signing Complete	Security Checked	1/5/2023 1:36:47 PM
Completed	Security Checked	1/5/2023 1:36:47 PM

Payment Events	Status	Timestamps
-----------------------	---------------	-------------------