



INSTITUTIONAL FILE

Readiness Review

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

Select ONE of the following only:

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

This Section to be Completed by All Applicants:

Select ONE of the following only:

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

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

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

Attestations

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

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

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

Assurances

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

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

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

Certification

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

(Signature)

(Date)

Name Printed: _____

Title: _____