Alison Barkoff
Acting Administrator and Assistant Secretary for Aging
Administration for Community Living
330 C Street SW
Washington, DC 20201

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please review all items below and sign only one option, Acceptance or Decline.**

By signing below, I indicate that the agency listed above wishes to be considered for ACL funding titled *Expanding the Public Health Workforce within the Disability Networks: Independent Living Services. I* further provide assurance that:

1. the agency is designated as an Independent Living Services by ACL.
2. the funds will supplement and not supplant existing Independent Living Services funding.
3. the activities funded by this award will be consistent with the purpose of the funding to support the cost of wages and benefits for public health professionals, directly or through contract such as:
	1. Case investigator,
	2. Contact tracer,
	3. Social support specialist,
	4. Community health worker,
	5. Public health nurse,
	6. Disease intervention specialist,
	7. Epidemiologist,
	8. Program manager,
	9. Laboratory personnel,
	10. Informaticians,
	11. Communication and policy experts,
	12. Other positions as may be required to prevent, prepare for, and respond to COVID-19.
4. the agency will provide semi-annual federal financial reports and annual program narrative reports that include the number and type of full-time equivalents hired, and activities performed to advance public health. I understand that ACL will provide further guidance on how to submit these reports.
5. I furthermore certify that I am the Executive Director, or the lead official with administrative oversight, of the agency identified above and have the authority to submit this request on behalf of the above identified agency.

**Acceptance:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Decline**:

Alternatively, I acknowledge receipt of this funding opportunity and officially decline to be considered for this funding. This decision will not impact future opportunities for funding.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_