

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

Part C CIL Name: _____

Part C CIL Grant Award #: _____

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

By signing below, I indicate that the Part C CIL listed above wishes to be considered for ACL funding titled *Expanding Disabilities Network's (Part C CILs) Access to COVID 19 Vaccines*. I further provide assurance that:

1. the agency is designated as a Part C CIL by ACL.
2. the funds will supplement and not supplant existing Part C CIL funding.
3. the activities funded by this award will be consistent with the purpose of the funding to improve access to COVID-19 vaccines to include one or more of the following activities:
 - Education about the importance of receiving a vaccine;
 - Identifying people unable to independently travel to a site;
 - Helping with scheduling a vaccine appointment;
 - Arranging or providing accessible transportation;
 - Providing companion/personal support;
 - Reminding people of their second vaccination appointment if needed; and/or
 - Providing technical assistance to local health departments or other entities on vaccine accessibility.
4. the Part C CIL will do outreach to Aging and Disability Resource Centers, Protection and Advocacy Agencies, State Councils on Developmental Disabilities, and University Centers for Excellence in Developmental Disabilities in the state to maximize state coordination wherever possible.
5. the Part C CIL will provide semi-annual federal financial reports and annual program narrative reports that describe activities conducted, challenges, successes, and lessons learned. The written summary will also include number of people served or impacted by the services provided. I understand that ACL will provide further guidance on how to submit these reports.
6. I furthermore certify that I am the Authorized Organizational Representative (AOR) of the Part C CIL 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: _____