



STATE OF ALABAMA DEPARTMENT OF
PUBLIC HEALTH

Donald E. Williamson, MD
State Health Officer

October 20, 2015

Dear Colleague:

The Alabama Department of Public Health is accepting proposals for grants to increase implementation of quality improvement processes and increase the use of team-based care in health care settings. Goals of the initiative are to improve control of blood pressure among patients with a hypertension diagnosis and enhance control of diabetes among patients with a diabetes diagnosis.

Applications will be for two funding periods. Period 1 will be from March 1, 2016, until June 29, 2016. Period 2 will be from June 30, 2016, until June 29, 2017. In Period 1, grantee will be expected to complete a quality improvement plan. Five awards are expected in Period 1 at \$25,000 each. In Period 2, grantee will be expected to implement a quality improvement plan and the number of awards will depend on funding and grantee performance.

This grant may be renewable for one additional year of funding based on available funds and awardees performance toward meeting goals and objectives during the first four months.

Cardiovascular disease is the leading cause of death in Alabama. Having uncontrolled high blood pressure greatly increases the risk of developing cardiovascular disease. In 2013, Alabama had the second highest prevalence of hypertension in the nation. More than 1.5 million Alabama adults have been diagnosed with high blood pressure, or 40 percent of all adults. Early diagnosis and long term management are essential for improving health outcomes among those with hypertension.

For more information or questions, please contact Ken Reid at (334) 206-5585 or by email at Ken.Reid@adph.state.al.us.

Sincerely,

A handwritten signature in blue ink that reads "Jim McVay".

James J. McVay, Dr.PA, Director
Health Promotion & Chronic Disease

JM/KR
Enclosure

Alabama Department of Public Health
Bureau of Health Promotion and Chronic Disease
Quality Improvement Initiatives Addressing Hypertension and Diabetes
Request for Proposals FY2016

I. Overview and Purpose

The Alabama Department of Public Health (ADPH) is accepting proposals for grants to increase implementation of quality improvement processes and increase the use of team-based care in health care settings. Goals of the initiative are to improve control of blood pressure among patients with a hypertension diagnosis and enhance control of diabetes among patients with a diabetes diagnosis.

Funding should be used to develop a quality improvement plan to improve processes in health care systems designed to seek optimal hypertension and A1c control. Hypertension plans should be based on “Hypertension Control Change Package for Clinicians,” “Self-Measured Blood Pressure Monitoring: Action Steps for Clinicians,” or “Hypertension Control: Action Steps for Clinicians” developed through the Million Hearts® initiative from the U.S. Department of Health and Human Services, <http://millionhearts.hhs.gov/>. Diabetes plans should be based on the American Diabetes Association Standards of Medical Care in Diabetes – 2015, <http://professional.diabetes.org/?loc=rp-slabnav>. Applicants should describe how they will collaborate with primary care providers on a health system-wide basis and use Electronic Health Records (EHRs) and clinic policies and protocol to meet objectives. The proposed plan should describe how it will impact the entire patient population with hypertension and the entire patient population with diabetes.

Cardiovascular disease is the leading cause of death in Alabama. Having uncontrolled high blood pressure greatly increases the risk of developing cardiovascular disease. In 2013, Alabama had the second highest prevalence of hypertension in the nation. More than 1.5 million Alabama adults have been diagnosed with high blood pressure, or 40 percent of all adults. Early diagnosis and long term management are essential for improving health outcomes among those with hypertension.

Diabetes is the seventh leading cause of death in Alabama and in the United States. According to the Behavioral Risk Factor Surveillance System, the overall prevalence of diabetes in 2013, was 13.8 percent; approximately 510,000 people in Alabama. In 2013, Alabama had the highest prevalence rate in the United States.

The Alabama Cardiovascular Health Program has been tasked with: 1) increasing implementation of quality improvement processes in health systems to improve performance in hypertension and diabetes management in health care systems;

and 2) increasing the use of team-based care in health care systems to increase engagement of non-physician team members (i.e., nurses, pharmacists, social workers and patient navigators) in hypertension and diabetes management in health care systems. One example of a quality improvement initiative that may involve team members is use of self-measured blood pressure monitoring tied to clinical support and/or health coaching.

At a clinic level, primary care providers in outpatient settings are using EHR tools such as registries, alerts and clinical decision support systems to help identify, monitor, and treat patients with hypertension and/or diabetes. EHRs are being used to monitor medication adherence, assess blood pressure and diabetes control, and track patient progress in achieving self-management goals. In conjunction with EHR usage, health system approaches such as team-based care and promoting self-measured blood pressure monitoring with clinical support can further enhance blood pressure control of patients.

II. Eligible Applicants

Eligible applicants include, but are not limited to, hospital clinics, Federally Qualified Health Centers, rural health clinics, and primary care physician offices.

III. Important Dates

- October 20, 2015: Request for Proposal (RFP) announcement
- December 4, 2015: Applications due
- January 4, 2016: Awards announced
- March 1, 2016 - June 29, 2016: Anticipated contract dates for Period 1
- March 1, 2016: Technical assistance call 1
- May 1, 2016: Technical assistance call 2
- June 29, 2016: Plans due, Period 1 ends
- June 30, 2016: Period 2 begins
- July 31, 2016: Invoices and final report for Period 1

IV. Funding

Applications will be for two funding periods. Period 1 will be from March 1, 2016, until June 29, 2016. Period 2 will be from June 30, 2016, until June 29, 2017.

- In Period 1, grantee will be expected to complete a quality improvement plan
 - 5 Awards are expected in Period 1, at \$25,000 each
- In Period 2, grantee will be expected to implement a quality improvement plan
 - Number of awards will depend on funding and grantee performance

This grant may be renewable for one additional year of funding based on available funds and awardees performance toward meeting goals and objectives during the first four months.

The funds **may** be used for:

- Staff employee salary, benefits, and indirect costs on non-clinical services
- Printing costs
- Meeting costs
- Training costs

The funds may **NOT** be used for:

- Salaries or stipends for direct clinical services
- Equipment over \$1,000
- Funding to patients
- Participant incentives such as t-shirts, water bottles, etc.
- Food or beverages

V. Grantee Responsibilities

- Grantees will participate in bi-monthly conference calls to discuss progress
- By the end of the funding period, grantees will be expected to send a completed copy of the quality improvement plan to ADPH

VI. Reporting Requirements

The grantee must agree to report progress towards achieving goals, status of completion of activities, and performance measures to ADPH on a quarterly basis and at the end of each contractual period. The contractor must have the capability and support to submit and report data in a timely manner. In the final report of each contract, the Contractor must document for each participating clinic:

- **National Quality Form (NQF) 0018 Blood pressure control measure:**

Numerator = the number of patients in the denominator whose most recent blood pressure is adequately controlled (systolic blood pressure <140mmHg and diastolic blood pressure <90mmHg) during the past measurement year and during the grant period.

Denominator = patients 18-85 years of age by end of past measure year who had at least one outpatient encounter with a diagnosis of hypertension.

- **NQF 0059 Poor A1C control measure:**

Numerator = patients in the denominator whose most recent HbA1c level (performed during the measurement year) is >9.0 percent or is missing a result, or for whom an HbA1c test was not done during the past year.

Denominator = patients 18-75 years of age by the end of the past measure year who had a diagnosis of Type 1 or Type 2 diabetes during the measurement year or the year prior to the measurement year.

The NQFs measures may be the ones most recently submitted by the clinic to a national entity, or they may be pulled using a clinic-defined 12 month period, such as January 2014, through December 2014.

- The percentage of patients with hypertension who have documented self-management plan in EHR.
- As able: the percentage of a patients on blood pressure lowering medications who are in medication adherence, defined as >80 percent proportion of days covered
- As able: the percentage of patients on diabetes medications who are in medication adherence, defined as >80 percent proportion of days covered.

VII. Method of Selection

A review panel, comprised of ADPH staff, will review and score applications based on the criteria which are described in detail in Section IX Proposal Requirements.

VIII. Submission of Proposals

Proposals must be received by 5 p.m., Central Standard Time, on Friday, December 4, 2015. Proposals must include all required components as described in Section IX. Submit the original copy of the proposal to:

Mailing address:

Attention: James K. Reid RN, BSN, MS
Alabama Department of Public Health
Bureau of Health Promotion and Chronic Disease
201 Monroe Street, Suite 980
Montgomery, Alabama 36104

Fax submissions will not be accepted.

IX. Proposal Requirements

Follow this outline in presenting your proposal information. The proposal must be submitted in the following format:

- 1 inch margins
- 12 point font: Times New Roman, Calibri, or Arial
- Proposal must be typed and double-spaced (except for cover letter and budget)
- The budget must be submitted using the budget template in Attachment 1
- **Page limits must be followed and not include any material not requested**

Section 1: Application Cover Page (10 points)

- Identify the applicant organization name, address, and county
- Identify the applicant contact person, phone number, and email address
- Include the name and signature of applicant's organizational representative authorized to sign grant contract
- Tax ID number, DUNS number, Zip Code + 4
- Required Attachments:
 - W9
 - Department of Homeland Security E-verify MOU
 - Certificate of Compliance with the Beason-Hammon Act
 - State of Alabama Disclosure Form
 - Federal Funding Accountability and Transparency Act (FFATA) Disclosure Statement

Section 2: Capacity (2 page limit, 15 points)

Describe facility's ability to implement a sustainable plan with staff and infrastructure. Demonstrate or indicate prior experience using EHR to identify outpatients with hypertension, set blood pressure alerts, use the clinical decision support system of an EHR and pull custom reports.

Section 3: Project Description (2 page limit, 30 points)

- Describe proposed plan goals, objectives, and activities to include who, what, where, when, and how the plan will be implemented. Reference Attachment 3 for description of writing concise objectives (SMART Objectives). Goals and objectives may be presented in outline format, if desired.
- Name of approved resource used to select initiative chosen (from paragraph 2 of Overview)
- Provide total number of available patients facility expects to reach
- Describe ability to share non-identifiable or aggregate data from EHR (or other approved method) with ADPH
- Contractor must agree to sharing non-identifiable or aggregate data relevant to the initiative, as well as basic demographic data

Section 4: Project Evaluation (2 page limit, 10 points)

Include a plan for evaluating the implementation process and success of the initiative including revising program plans as needed. Refer to Attachment 3 for a description of the Plan, Do, Study, Act (PDSA) method for introducing a clinical initiative.

Include a discussion of evaluation methods used to determine the effectiveness of a program and the direction of future planning for the highest impact. This should include both process and impact measures. More information about evaluation can be found at:

<http://www.cdc.gov/eval/standards/index.htm>

Section 5: Data Sharing (1 page limit, 10 Points)

Describe how relevant data will be shared with ADPH for reporting purposes. Describe what data will be shared and in what format. A data sharing agreement will be required upon approval of funding. Specific performance indicators and demographic variables will be agreed upon prior to the inception of the funding program and will be appropriate to each planned intervention. All data collected will be de-identified and will conform to HIPAA standards. ADPH will share final data analyses with grantee.

Section 6: Budget (3 page limit including budget template, 5 Points)

Include a budget which follows the budget template provided in Attachment 1. Include a budget justification narrative which accurately and adequately explains each budget item requested.

Section 7: Work Plan (2 page limit including, 20 Points)

Include a Work Plan which follows the template provided in Attachment 2. The Work Plan must include measurable objectives for each quarter.

ATTACHMENT 1

ORGANIZATION NAME
 BUDGET NARRATIVE
 MARCH 1, 2016 – JUNE 30, 2016

A. SALARIES AND WAGES:\$0.00

Personnel	Annual Salary	% of Effort	# of Months	Amount Requested
Principal Investigator Name	\$0.00	10%	12	\$0.00
Program Manager Name	\$0.00	25%	12	\$0.00
	\$0.00	100%	12	\$0.00
TOTALS				\$0.00

Justification:
 Describe justification for each staff person:

B. FRINGE BENEFITS: \$0.00

Component	Rate	Wage	Cost
FICA	0%	\$0.00	\$0.00
Retirement	0%	\$0.00	\$0.00
Insurance	0%	\$0.00	\$0.00
		TOTAL	\$0.00

Justification:
 The fringe rate is calculated by:

C. CONSULTANT COSTS:\$0.00

D. EQUIPMENT:\$0.00

Item(s)	Rate	Cost
Description here....	\$0.00	\$0.00
	TOTAL	\$0.00

E. SUPPLIES:\$0.00

Item(s)	Rate	Cost
Description here.	\$0.00	\$0.00
Description here.	\$0.00	\$0.00
	TOTAL	\$0.00

Justification:
 Describe justification for each supply line.

F. TRAVEL: \$0.00

Purpose of Travel	Location	Item	Rate	Cost
		Mileage		\$0.00
		Motor Pool		\$0.00
		Per Diem		\$0.00
		TOTAL		\$0.00

Justification:
 Describe justification for travel here.

G. OTHER:.....\$0.00

Item(s)	Rate	Cost
	TOTAL	\$0.00

Justification:

Describe justification for other here.

H. CONTRACTUAL:\$0.00

Name	Description of Costs	Cost
	TOTAL	\$0.00

Justification:

Describe justification for each contract here.

I. TOTAL DIRECT COST:\$0.00

A. Salaries and wages.....\$0.00

B. Fringe benefits.....\$0.00

C. Consultant costs\$0.00

D. Equipment\$0.00

E. Supplies\$0.00

F. Travel\$0.00

G. Other\$0.00

H. Contractual.....\$0.00

J. INDIRECT COST:\$0.00

Justification of indirect costs here (Note: Indirect costs are limited to 10 percent of salaries, unless an organization has a Indirect Cost Rate Agreement dated within the last 5 years with the federal government. Copy of agreement is required for all rates over 10 percent of salaries.)

K. TOTAL DIRECT AND INDIRECT COST:.....\$0.00

ATTACHMENT 2

SAMPLE WORK PLAN

March 1, 2016 – June 30, 2016		
Goals		
Description:		
Objective 1	Staff Responsible	Measurable Indicator
Description:		
Objective 2	Staff Responsible	Measurable Indicator
Description:		
Activities		
July 1, 2016 – September 30, 2016 (if funding continued additional year)		
Goals		
Description:		
Objective 1	Staff Responsible	Measurable Indicator
Description:		
Objective 2	Staff Responsible	Measurable Indicator
Description:		
Activities		

October 1, 2016 – December 31, 2016

Objective 1	Staff Responsible	Measurable Indicator
Description:		
Objective 2	Staff Responsible	Measurable Indicator
Description:		
Activities		

January 1, 2017 – March 30, 2017

Objective 1		
Description:		
Objective 2		
Description:		
Activities		
Description:		

ATTACHMENT 3

Goals and Objectives

A **Goal** is a statement that explains what the program wants to accomplish in a fundamental, long-range direction. They are broad, general statements.

Example: Improve control of high blood pressure in our patient population.

An **Objective** breaks the goal into achievable steps to move in the direction of attaining the goal. The objective should define the results we expect to accomplish in a specific time period. An objective needs to be measurable and specific.

Example: By May 30, 2016, provide training for 20 community health center staff in Check. Change. Control.

Developing SMART Objectives

Use the SMART approach to develop your objectives. This requires clear thinking about the results you wish to obtain and provides a clear plan for achieving a long term goal.

SMART stands for:

Specific

Measurable

Attainable or **A**chievable

Relevant

Time bound

What exactly are you going to do, and to whom? This is the specific part of an objective where the population or setting and specific activities towards a positive change are implemented.

How can we measure this? An objective has to be counted or quantified in some manner where the collection of data shows progress (or the lack of progress). For instance, a series of blood pressure readings over time may show that the patient is making some type of effort to control their hypertension. A baseline measure must be taken before the activity in order to show that the activity has affected some sort of change. Usually we ask for older data to be used as a baseline measure. The measure may be a finite number (we taught 20 classes) or a percentage of change (we dropped systolic BP by 10 percent).

Can we get this done in the proposed timeframe with the resources that we have available? This question addresses the attainable or achievable part of the objective. This must be an objective that is feasible with the resources available, and the measure should be realistic within those parameters. It may be difficult at first to determine a feasible number or percentage of change, but use realistic numbers. It is unlikely that you will be able to create an activity that will cause 50 percent of your hypertensive patients to lose weight, but you may realistically be able to affect 5 to 10 percent. The steps to medication adherence would be a great objective, but if your clinic does not offer pharmacy

services that include a high percentage of your population, then it may not be attainable, relevant, or measurable.

Will this objective be a stepping stone to our goal? An objective must be relevant to the overall goal. If a group of patients begin a program of monitoring their blood pressure, is that relevant to improving control of high blood pressure in our patient population? Yes, it would have a direct affect upon the outcome.

When will this objective be accomplished? This is the time bound element of the objective. How long will it take to complete this step along the path to the goal? This should be a reasonable timeframe within the scope of the funding cycle. If the funding cycle is short, then you may want to concentrate your efforts on limited activities that can be accomplished within the timeframe. The activity may be repeated in the future if your outcome data shows that it was effective.

Information available on Centers for Disease Control and Prevention Community of Practice website: http://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html

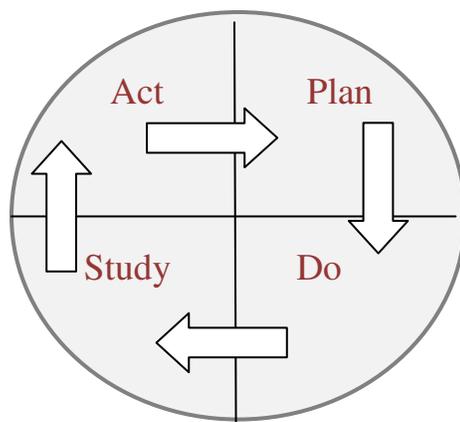
PDSA Cycles

The PDSA cycle is shorthand for testing a change — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method used for action-oriented learning.

Depending on their aim, teams choose promising changes and use PDSA cycles to test a change quickly on a small scale, see how it works, and refine the change as necessary before implementing it on a broader scale. The following example shows how a team started with a small-scale test.

Diabetes: Planned visits for blood sugar management

- **Plan:** Ask one patient if he or she would like more information on how to manage his or her blood sugar
- **Do:** Dr. J. asked his first patient with diabetes on Tuesday
- **Study:** Patient was interested; Dr. J. was pleased at the positive response
- **Act:** Dr. J. will continue with the next five patients and set up a planned visit for those who say yes.



Step 1: Plan

Plan the test or observation, including a plan for collecting data.

- State the objective of the test
- Make predictions about what will happen and why
- Develop a plan to test the change (Who? What? When? Where? What data need to be collected?)

Step 2: Do

Try out the test on a small scale.

Carry out the test.

- Document problems and unexpected observations
- Begin analysis of the data

Step 3: Study

Set aside time to analyze the data and study the results.

- Complete the analysis of the data
- Compare the data to your predictions
- Summarize and reflect on what was learned

Step 4: Act

Refine the change based on what was learned from the test.

- Determine what modifications should be made
- Prepare a plan for the next test

Information posted at Institute for Healthcare Improvement website:

<http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx>



State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

()

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

()

This form is provided with:

- Contract
 Proposal
 Request for Proposal
 Invitation to Bid
 Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

- Yes
 No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED
-------------------------	------------------------	-----------------

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

- Yes
 No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT
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1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY
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2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
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If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS
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By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.

Signature _____ Date _____

Notary's Signature _____ Date _____ Date Notary Expires _____

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.

**Alabama Department of Public Health
Federal Funding Accountability and Transparency Act ("Transparency Act" or "FFATA") Disclosure
Statement**

Effective Date of Agreement: _____

Award Description/Title: _____

Entity Completing Form: _____

Entity's DUNS Number: _____ <http://fedgov.dnb.com/webform>

Address: _____

City, State, Zip+4: _____

In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this DUNS number belongs) receive (1) 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

YES NO **If yes, answer next question. If no, stop here and sign form and return to ADPH**

Does the public have access to information about the compensation of the executives in your business or organization (the legal entity to which this DUNS number belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986?

YES NO **If no, complete the following. If yes, stop here and sign form and return to ADPH**

Provide the following information for the five (5) most highly compensated executives in your business or organization (the legal entity to which this DUNS number, belongs):

Name	Position Title	Total Compensation Amount for the Entity's last complete fiscal year

Signature

Title

Date

Typed Name of Signature

State of _____)

County of _____)

CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)

DATE: _____

RE Contract/Grant/Incentive (describe by number or subject):

_____ by and between
_____ (Contractor/Grantee) and
_____ (State Agency, Department or Public Entity)

The undersigned hereby certifies to the State of Alabama as follows:

1. The undersigned holds the position of _____ with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".
2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.

BUSINESS ENTITY. Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business entity" shall include, but not be limited to the following:

- a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.
- b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license and any business entity that is operating unlawfully without a business license.

EMPLOYER. Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.

____ (a) The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.

____ (b) The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.

3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;
4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this _____ day of _____ 20____.

Name of Contractor/Grantee/Recipient

By: _____

Its _____

The above Certification was signed in my presence by the person whose name appears above, on

This _____ day of _____ 20____.

WITNESS: _____

Printed Name of Witness