

OMB #0970-0234 Exp. Date:

Division of Social Services Social Services Block Grant Intended Use Plan

The Paperwork Reduction Act of 1995 (Pub. L. 104-13). STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is identifying plans for State use of Social Services Bock Grant (SSBG) Funding. The purpose of this information is to identify estimated SSBG expenditures and recipients, as well as the intended geographic location and eligibility considerations for planned services. Information will be used to gain insight on the administration of the SSBG program and to provide support to grantees related to the administration of their SSBG program. Public reporting burden for this collection of information is estimated to average 40 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information and is required to retain a benefit [45 C.F.R. §96.74.]. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0234 and the expiration date is _______. If you have any comments on this collection of information, please contact the Office of Community Services, Social Services Block Grant Program via email: <u>SSBG@acf.hhs.gov</u>.

I. General Information

- 1. State ______
 2. Fiscal Year ______
- 3. State Official Contact Information
- 4. SSBG Contact Information
- 5. SSBG Award from Previous Year _____
- 6. SSBG Expenditures Planned for Current Year _____
- 7. TANF Funds Transferred into SSBG ______
- 8. Consolidate Block Grant Funds Included in SSBG Budget: YES NO Provide the amount of funding for each applicable funding source for the consolidated block grant.

a.	Funding Source(s) for the Consolidated Block Grant	b. Amount of Funding from Each Program

a. Source(s) of Carryover Funding	b. Amount of Carryover from Each Source

9. SSBG Carryover Funding from the Previous Year: YES NO

II. Administrative Operations

- 1. Administering Agency _____
- 2. Location
- 3. Mission/Goals of Agency

4. Description of Financial Operations Systems

III. Program Planning

1. Planning for Distribution and Use of Funds Describe the planning process for determining the State's use and distribution of SSBG funds.

2. Describe the Characteristics of Individuals to be Served Include definitions for child, adult, and family; eligibility criteria; and income guidelines.

3. Public Inspection of Pre-Expenditure Report

Describe how the State made available for public inspection and comment the current Pre-Expenditure Report or revision to the report. Supporting documentation for public inspection is also required. (See V. Appendices, Appendix A: Documentation of public Hearing).

IV. Program Operations

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Complete one table for each service category provided by the state during the reporting period.

1. Program Operations – Adoption Services

а.	Service Category (use uniform definition) – Adoption Services
b.	SSBG Goal
c.	Description of Services
d.	Description of Recipients (eligibility considerations)
e.	Method of Delivery and Geographic Area
f.	Partnering State Agency
g.	Subgrantee / Service Providers

2. Program Operations – Case Management Service	tions – Case Management S	ons – Case Management Serv	vices
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a.	Service Category (use uniform definition) – Case Management Services
b.	SSBG Goal
c.	Description of Services
d.	Description of Recipients (eligibility considerations)
e.	Method of Delivery and Geographic Area
f.	Partnering State Agency
g.	Subgrantee / Service Providers

3.	Program	Operations –	Congregate	Meals
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a.	Service Category (use uniform definition) – Congregate Meals
b.	SSBG Goal
	Description of Services
c.	Description of Services
d.	Description of Recipients (eligibility considerations)
	Mathed of Delivery and Coographic Area
e.	Method of Delivery and Geographic Area
f.	Partnering State Agency
g.	Subgrantee / Service Providers

4.	Program	Operations –	Counseling	Services
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a.	Service Category (use uniform definition) – Counseling Services
b.	SSBG Goal
c.	Description of Services
d.	Description of Recipients (eligibility considerations)
e.	Method of Delivery and Geographic Area
f.	Partnering State Agency
g٠	Subgrantee / Service Providers
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	Service Category (use uniform definition) – Day Care Services – Adults
	SSBG Goal
2.	Description of Services
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d.	Description of Recipients (eligibility considerations)
e.	Method of Delivery and Geographic Area
	Partnering State Agency
ţ.	Subgrantee / Service Providers

6.	Program	Operations –	Day Care	Services -	Children
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a.	Service Category (use uniform definition) – Day Care Services – Children
b.	SSBG Goal
	Description of Services
c.	Description of Services
d.	Description of Recipients (eligibility considerations)
e.	Method of Delivery and Geographic Area
f.	Partnering State Agency
g.	Subgrantee / Service Providers

7.	Program	Operations –	Education	and Traini	ng Services
	110510111	operations	Laacacion		116 0 01 01000

a.	Service Category (use uniform definition) – Education and Training Services
b.	SSBG Goal
c.	Description of Services
d.	Description of Recipients (eligibility considerations)
e.	Method of Delivery and Geographic Area
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f.	Partnering State Agency
g.	Subgrantee / Service Providers

8.	Program	Operations –	Emplo	yment Services
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a.	Service Category (use uniform definition) – Employment Services
b.	SSBG Goal
c.	Description of Services
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d.	Description of Recipients (eligibility considerations)
e.	Method of Delivery and Geographic Area
f.	Partnering State Agency
g.	Subgrantee / Service Providers

9. I	Program O	perations –	Family	Planning	Services
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a.	Service Category (use uniform definition) – Family Planning Services
b.	SSBG Goal
c.	Description of Services
ι.	Description of Services
d.	Description of Recipients (eligibility considerations)
	Mathed of Delivery and Coorneghie Area
e.	Method of Delivery and Geographic Area
f.	Partnering State Agency
g.	Subgrantee / Service Providers

10. Program Operations – Foster Care Services for Adu	ults
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a. Service Category (use uniform definition) – Foster Care Services for Adults b. SSBG Goal c. Description of Services d. Description of Recipients (eligibility considerations) e. Method of Delivery and Geographic Area f. Partnering State Agency g. Subgrantee / Service Providers		
c. Description of Services d. Description of Recipients (eligibility considerations) e. Method of Delivery and Geographic Area f. Partnering State Agency	a.	Service Category (use uniform definition) – Foster Care Services for Adults
d. Description of Recipients (eligibility considerations) e. Method of Delivery and Geographic Area f. Partnering State Agency	b.	SSBG Goal
d. Description of Recipients (eligibility considerations) e. Method of Delivery and Geographic Area f. Partnering State Agency		
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d. Description of Recipients (eligibility considerations) e. Method of Delivery and Geographic Area f. Partnering State Agency		
d. Description of Recipients (eligibility considerations) e. Method of Delivery and Geographic Area f. Partnering State Agency		
d. Description of Recipients (eligibility considerations) e. Method of Delivery and Geographic Area f. Partnering State Agency	c.	Description of Services
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e. Method of Delivery and Geographic Area f. Partnering State Agency		
e. Method of Delivery and Geographic Area f. Partnering State Agency	h	Description of Recipients (eligibility considerations)
f. Partnering State Agency	u.	Description of Recipients (englowing considerations)
f. Partnering State Agency		
	e.	Method of Delivery and Geographic Area
g. Subgrantee / Service Providers	f.	Partnering State Agency
g. Subgrantee / Service Providers		
g. Subgrantee / Service Providers		
g. Subgrantee / Service Providers		
g. Subgrantee / Service Providers		
	g.	Subgrantee / Service Providers

11.	Program	Operations –	Foster	Care	Services	for	Children
	110510111	operations	100101	Cuic	00101000		ermanen.

a.	Service Category (use uniform definition) – Prevention and Intervention Services
b.	SSBG Goal
c.	Description of Services
h	Description of Recipients (eligibility considerations)
u.	
e.	Method of Delivery and Geographic Area
f.	Partnering State Agency
g.	Subgrantee / Service Providers

12.	Program	Operations – H	lealth Related	and Home	Health Services
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a.	Service Category (use uniform definition) – Health Related and Home Health Services
b.	SSBG Goal
	Description of Convisor
c.	Description of Services
d.	Description of Recipients (eligibility considerations)
	Mathed of Delivery and Coographic Area
e.	Method of Delivery and Geographic Area
f.	Partnering State Agency
g.	Subgrantee / Service Providers

13.	Program	Operations –	Home	Based	Services
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a.	Service Category (use uniform definition) – Home Based Services
b.	SSBG Goal
с.	Description of Services
d.	Description of Recipients (eligibility considerations)
e.	Method of Delivery and Geographic Area
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f.	Partnering State Agency
g.	Subgrantee / Service Providers
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14.	Program	Operations	– Home	Delivered	Meals
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a.	Service Category (use uniform definition) – Home Delivered Meals
b.	SSBG Goal
с.	Description of Services
d.	Description of Recipients (eligibility considerations)
e.	Method of Delivery and Geographic Area
f.	Partnering State Agency
g.	Subgrantee / Service Providers
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15. Program Operations – Housing Services

a.	Service Category (use uniform definition) – Housing Services
b.	SSBG Goal
c.	Description of Services
d.	Description of Recipients (eligibility considerations)
e.	Method of Delivery and Geographic Area
f.	Partnering State Agency
g.	Subgrantee / Service Providers

16. Program Operations – Independent and Transitional Living Services

a.	Service Category (use uniform definition) – Independent and Transitional Living Services
b.	SSBG Goal
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с.	Description of Services
	Description of Desiriouts (aligibility sensidenations)
d.	Description of Recipients (eligibility considerations)
e.	Method of Delivery and Geographic Area
f.	Partnering State Agency
-	Subgrantee / Service Providers
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17. Prog	ram Operations ·	 Information 	and Referral
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a.	Service Category (use uniform definition) – Information and Referral
b.	SSBG Goal
с.	Description of Services
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d.	Description of Recipients (eligibility considerations)
e.	Method of Delivery and Geographic Area
f.	Partnering State Agency
g.	Subgrantee / Service Providers
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18. Program Operations – Legal Services

a.	Service Category (use uniform definition) – Legal Services
b.	SSBG Goal
c.	Description of Services
d.	Description of Recipients (eligibility considerations)
e.	Method of Delivery and Geographic Area
f.	Partnering State Agency
g.	Subgrantee / Service Providers

а.	Service Category (use uniform definition) –	Pregnancy and Parenting Services for Young Parents
b.	SSBG Goal	
c.	Description of Services	
d.	Description of Recipients (eligibility conside	erations)
e.	Method of Delivery and Geographic Area	
f.	Partnering State Agency	
g.	Subgrantee / Service Providers	
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19. Program Operations – Pregnancy and Parenting Services for Young Parents

20.	Program	Operations –	Prevention a	and Interv	ention Services
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а.	Service Category (use uniform definition) – Prevention and Intervention Services
b.	SSBG Goal
c.	Description of Services
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d.	Description of Recipients (eligibility considerations)
e.	Method of Delivery and Geographic Area
f.	Partnering State Agency
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g.	Subgrantee / Service Providers
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21.	Program O	perations –	Protective	Services	for Adults
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a.	Service Category (use uniform definition) – Protective Services for Adults
b.	SSBG Goal
c.	Description of Services
d.	Description of Recipients (eligibility considerations)
е.	Method of Delivery and Geographic Area
f.	Partnering State Agency
g.	Subgrantee / Service Providers
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22.	Program	Operations –	Protective	Services	for Children
	110510111	operations		00101000	

a.	Service Category (use uniform definition) – Protective Services for Children
b.	SSBG Goal
c.	Description of Services
4	Description of Recipients (eligibility considerations)
u.	
e.	Method of Delivery and Geographic Area
f.	Partnering State Agency
g.	Subgrantee / Service Providers

23.	Program	Operations –	Recreational	Services
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a.	Service Category (use uniform definition) – Recreational Services
b.	SSBG Goal
с.	Description of Services
d.	Description of Recipients (eligibility considerations)
e.	Method of Delivery and Geographic Area
f.	Partnering State Agency
g.	Subgrantee / Service Providers

24.	Program	Operations –	Residential	Treatment	Services
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a.	Service Category (use uniform definition) – Residential Treatment Services
b.	SSBG Goal
c.	Description of Services
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d.	Description of Recipients (eligibility considerations)
e.	Method of Delivery and Geographic Area
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f.	Partnering State Agency
-	Subgrantee / Service Providers
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25. Program Operations – Special Services for Persons with Developmental or Physical

a.	Service Category (use uniform definition) –	Special Services for Persons with Developmental or Physical
b.	SSBG Goal	
c.	Description of Services	
d.	Description of Recipients (eligibility conside	erations)
e.	Method of Delivery and Geographic Area	
f.	Partnering State Agency	
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g.	Subgrantee / Service Providers	
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26. F	Program Operations – Special Services for Yo Criminal Activity	outh Involved in or at Risk of Involvement with
a.	Service Category (use uniform definition) –	Special Services for Youth Involved in or at Risk of Involvement with Criminal Activity
b.	SSBG Goal	
C.	Description of Services	
d.	Description of Recipients (eligibility conside	rations)
e.	Method of Delivery and Geographic Area	
f.	Partnering State Agency	
g.	Subgrantee / Service Providers	

27.	Program	Operations –	Substance	Abuse	Services
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a.	Service Category (use uniform definition) – Substance Abuse Services
b.	SSBG Goal
с.	Description of Services
d.	Description of Recipients (eligibility considerations)
е.	Method of Delivery and Geographic Area
f.	Partnering State Agency
g.	Subgrantee / Service Providers
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28.	Program	Operations –	Transportat	ion Services
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а.	Service Category (use uniform definition) – Transportation Services
b.	SSBG Goal
c.	Description of Services
h	Description of Recipients (eligibility considerations)
ŭ.	
e.	Method of Delivery and Geographic Area
f.	Partnering State Agency
g.	Subgrantee / Service Providers

29. Program Operations – Other Services

a.	Service Category (use uniform definition) – Other Services
b.	SSBG Goal
c.	Description of Services
d.	Description of Recipients (eligibility considerations)
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e.	Method of Delivery and Geographic Area
с.	
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f.	Partnering State Agency
g.	Subgrantee / Service Providers

V. Appendices

Appendix A: Documentation of Public Hearing

Attach documentation of public hearing, such as public hearing notices, websites, electronic correspondence, letters, newspaper articles, etc.

Appendix B: Certifications

Attach signed copies of the following certifications

1. Drug-Free Workplace Requirements

- 2. Environmental Tobacco Smoke
- 3. Lobbying
- 4. Debarment, Suspension and Other Responsibility Matters

Appendix C: Proof of Audit

Federal regulations state that: "Each State shall, not less often than every two years, audit its expenditures from amounts received (or transferred for use) under this title...Within 30 days following the completion of each audit, the State shall submit a copy of that audit to the legislature of the State and to the Secretary." (Sec. 2006 [42 U.S.C. 1397a, Sec. 2006]).

Provide a copy or link to the most recent audit, or a description of the audit that specifies when the audit occurred and summarizes the results of the audit.

Appendix D: SF 424M

Scanned copy must be uploaded with application

Appendix E: Federal Financial Report (FFR) For SF-425 Federal Financial Reporting (FFR) Form SF-425 Scanned copy must be uploaded with the Intended Use Plan



Social Services Block Grant

FY 2024 Intended Use Plan

APPENDIX A

Documentation of Public Hearing

Link:



Social Services Block Grant FY 2024 Intended Use Plan

APPENDIX B

Certifications

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

Certification Regarding Debarment, Suspension, and Other Responsibility Matters - -Primary Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusive-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant

may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

Certification Regarding Debarment, Suspension, and Other Responsibility Matters - - Primary Covered Transactions

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - - Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph five of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - - Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared

ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

10/28/24 Signature and Date Averil E George Printed Name Commissioner Title Department of Human Services Organization

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645 (a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201. Certification Regarding Drug-Free Workplace Requirements (Instructions for Certification)

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

3. For grantees other than individuals, Alternate I applies.

4. For grantees who are individuals, Alternate II applies.

5. Workplaces under grants, for grantees other than individuals, need to be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).

7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).

8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

Criminal drug statute means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

Employee means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about - -

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a

condition of employment under the grant, the employee will - -

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within 10 calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted - - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Check if there are workplaces on file that are not identified here.

Alternate II. (Grantees Who Are Individuals)

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

[55 FR 21690, 21702, May 25, 1990]

10/28/24 Signature and Date Averil E George Printed Name Commissioner

Title Department of Human Services

Organization

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity by signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act.

The applicant/grantee further agrees that it will require the language of this certification be included in any subawards which contain provisions for the children's services and that all subgrantees shall certify accordingly.

Signature and Date Averil E George Printed Name Commissioner Title Department of Human Services

Organization

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or 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 an 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 Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients 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 prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. 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 each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any 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 commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Avent E. george	10/28/24
Signature and Date	
Averil E George	
Printed Name	
Commissioner	
Title	
Department of Human Services	
Organization	



Social Services Block Grant FY 2024 Intended Use Plan

APPENDIX C

Proof of Audit

See Audit Attachment



Social Services Block Grant FY 2024 Intended Use Plan

APPENDIX D

SF 424M

1.b. Frequency: 1.b. Frequency: Image:	APPLICATION FOR FED	APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY						
Application Annual Pan Ousfreify Other Other Other (specify): Other (specify): Other (specify): Other (specify): As. Federal Entity Identifier: State Application Identifier: 4a. Federal Entity Identifier: State Application Identifier: 4b. Federal Award Identifier: State Application Identifier: 4a. Federal Entity Identifier: State Application Identifier: 4b. Federal Award Identifier: State Application Identifier: 4a. Federal Entity Identifier: State Application Identifier: 4b. Federal Award Identifier: State Application Identifier: 4a. Federal Entity Identifier: State Application Identifier: 5. Other (specify): Custers 6. Applicant Identifier: State Application Identifier: 5. Det Received: State Application Identifier: 6. Applicant Identifier: State Application Identifier: 6. State Application Identifier: Custers 7. APPLICANT INFORMATION: C. UEI: 7. APPLICANT INFORMATION: C. UEI: 8. Engloange Identification Number (EINTIN): C. UEI: 10000001901 Country: 1012 Country: 1013: State: 1014: State: 1014: Country: 1014: Country: 1014: Country: 1014: Country: 1014: State: 1014: State: 1014: Country:	1.a. Type of Submission:	1.b. Frequency:	1.d. Version:					
Plan □ Quarterly 10/28/2024 STATE USE ONLY: □ Votor 0 Uter 3. Applicant identifier: 5. Date Received by State: □ Other (specify): □ Uter (specify):			Initial Resubmission Revision Update					
□ Funding Request □ Other □ Other Other (specify): □ Other (specify): □ Other (specify): □ As Pederal Entity Identifier: □ S State Application Identifier: □ As Pederal Entity Identifier: □ S State Application Identifier: □ As Pederal Entity Identifier: □ S State Application Identifier: □ As Pederal Entity Identifier: □ S State Application Identifier: □ As Pederal Award Identifier: □ S State Application Identifier: □ S Virgin Instands: □ Despiration □ S Virgin Instands: □ Despiration □ S Virgin Instands: □ Despiration □ Support Identification Number (EIN/TIN): c. UE: □ Sourcest □ Despiration □ Coundy Despiration □ Coundy: □ Despiration □ Coundy: □ Despiration □ State: □ Devinee: □ Despirational Unit: □ Despiration □ Despirational of person to be contacted on matters Involving this submission: Prefix: First Name: □ State: □ □ □ Despirational of person to be contacted on matters Involving this submission: Prefix: □ □			2. Date Received: STATE USE ONLY:					
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Other (specify): Other (specify):			3. Applicant Identifier:	5. Date Received by State:				
4. Federal Entity Identifier: 6. State Application Identifier: 1.c. Consolidated Application/Plan/Funding Request? 4. Federal Award Identifier: Yes No Explanation 7. APPLICANT INFORMATION: 4. Federal Award Identifier: a. Legal Name: 5. State Application Number (EIN/TIN): SV trigit Islands Department of Human Services 5. UEI: 19004000059a1 Crassbork 79 d. Address: Stred2: 1303 tospital Ground Suite 1 Stred2: 1303 tospital Ground Suite 1 County / Parish: St. Thomas County / Parish: State: Province: Yir yir Talands County / Parish: State: Division Name: Inter: Parist State: Stred2: State: Stred2:		Other (specify):						
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d. Address: Street1: 1303 Hospital Ground Suite 1 Street2: 1303 Hospital Ground Suite 1 Chy: St. Thomas State: YI: Virgin Islands County: USA: UNITED STATES Department Name: Midle Name: Ms. Averil Midle Name: Ms. Averil Suffix: George Title: Commissioner Organizational Affiliaton: US virgin Islands Department of Human Services Telephone Number: S407740930	b. Employer/Taxpayer Identific	ation Number (EIN/TIN):	c. UEI:					
Street1: Street2: 1303 Hospital Ground Suite 1 County / Parish: City: County / Parish: St. Thomas Province: State: Province: VI: Virgin Islands Division County: Zip / Postal Code: USA: UNITED STATES Division Name: Contry: Division Name: Statement Name: Division Name: County: Statement of person to be contacted on matters involving this submission: Prefix: First Name: Ms. Averi1 Last Name: Suffix: George Suffix: Item commissioner Organizational Affiliation: US Virgin Islands Department of Human Services Fax Number: Itephone Number: 14007740930	190000059A1		CPBZB5PFK479					
1303 Hospital Ground Suite 1 Cily: County / Parish: State: YI: Virgin Islands County: Uis: County: UsA: UNITED STATES Division Varme: 00802-6722 e. Organizational Unit: Department Name: Division Name: Image: First Name: Middle Name: Ms. Averil Suffix: George Itile: Commissioner Organizational Affiliation: IS Virgin Islands Department of Human Services Fax Number: Suffix: S	d. Address:							
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VI: Virgin Islands Zip / Postal Code: USA: UNITED STATES 00802-6722 e. Organizational Unit: Division Name: Department Name: Division Name: f. Name and contact information of person to be contacted on matters invving this submission: Middle Name: Prefix: First Name: Middle Name: E Itale: Suffix: George Suffix: Title: Commissioner Organizational Affiliation: US Virgin Islands Department of Human Services Telephone Number: 3407740930 Fax Number:	St. Thomas							
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Ms. Averil Last Name: Suffix: George	f. Name and contact information	on of person to be contacted on matters	involving this submission:					
Last Name: George Title: Commissioner Organizational Affiliation: US Virgin Islands Department of Human Services Telephone Number: 3407740930 Fax Number:	Prefix:	First Name:	Middle Name:					
George	Ms.	Averil	E					
George								
Title: Commissioner Organizational Affiliation: US Virgin Islands Department of Human Services Telephone Number: 3407740930 Fax Number:								
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US Virgin Islands Department of Human Services Telephone Number: 3407740930 Fax Number:								
Telephone Number: 3407740930 Fax Number:								
Email: averil.george@dhs.vi.gov			Fax Number:					
	Email: averil.george@dhs.vi.gov							

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY						
8a. TYPE OF APPLICANT:						
F: U.S. Territory or Possession						
Other (specify):						
b. Additional Description:						
9. Name of Federal Agency:						
Department of Health and Human Services ACF & ACL						
10. Catalog of Federal Domestic Assistance Number:						
93.667						
CFDA Title:						
Social Services Block Grant						
11. Descriptive Title of Applicant's Project:						
US Virgin Islands Social Services Block Grant FY2025 Intended Use Plan						
so virgin islands social scivices block slane 112025 incended ose film						
12. Areas Affected by Funding:						
US Virgin Islands - St. Croix, St. Thomas and St. John						
13. CONGRESSIONAL DISTRICTS OF:						
a. Applicant: b. Program/Project:						
Attach an additional list of Program/Project Congressional Districts if needed.						
Add Attachment Delete Attachment View Attachment						
14. FUNDING PERIOD:						
a. Start Date: b. End Date:						
10/01/2024 09/30/2025						
15. ESTIMATED FUNDING:						
a. Federal (\$): b. Match (\$):						
6,994,532.96						
16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?						
a. This submission was made available to the State under the Executive Order 12372 Process for review on:						
b. Program is subject to E.O. 12372 but has not been selected by State for review.						
C. Program is not covered by E.O. 12372.						

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY						
17. Is The Applicant Delinquent	On Any Federal Debt?					
Yes No X Explanation						
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)						
** I Agree						
** This list of certifications and ass instructions.	urances, or an internet site where you may obtain this list, is contained in the announcement or agency specific					
Authorized Representative:						
Prefix:	First Name:					
Ms.	Averil					
Middle Name:						
E						
Last Name:						
George						
Suffix:	Title:					
	Commissioner					
Organizational Affiliation:						
Telephone Number:						
3407740930						
Fax Number:						
Email:						
averil.george@dhs.vi.gov						
Signature of Authorized Represen	tative:					
Date Signed:						
10/28/24						
Attach supporting documents as specified in agency instructions.						
Add Attachments Delete Attachments View Attachments						



Social Services Block Grant FY 2024 Intended Use Plan

APPENDIX E

SF 425

View Burden Statement

Federal Financial Report

(Follow form Instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted HHS - ADMINISTRATION FOR CHILDREN AND FAMILIES					
SOSC24					
3. Recipient Organization	(Name and complete addres	s including Zip co	de)		
Recipient Organization Na	me: US Virgin Islands Depart	ment of Human Se	vices		
Street1: 1303 Hospital G	round Suite 1				
Street2:					
^{City:} St. Thoma	S	Count	ty:		
State: Virgin Isla	nds			Province:	
Country: usa				ZIP / Postal Code: 00	802-6722
4a. UEI	4b. EIN		5. Recipient A	ccount Number or Ident	ifying Number
: CPBZB5PFK479	660431678 /1900000059A1			ltiple grants, use FFR A	ttachment)
			A337B		
6. Report Type	7. Basis of Accounting	8. Project/Grant I	Period	9. Reporting Pe	eriod End Date
Quarterly	Cash	From:	To:	09/30/2024	
Semi-Annual ■ Annual	Accrual	10/1/23	9/30/24		
Final					
10. Transactions					Cumulative
(Use lines a-c for single c	or multiple grant reporting)				
Federal Cash (To report	multiple grants, also use	FFR attachment)	:		
a. Cash Receipts					4,409,970.22
b. Cash Disbursements					4,409,970.22
c. Cash on Hand (line a n	ninus b)				0.00
(Use lines d-o for single g	grant reporting)				
Federal Expenditures a	nd Unobligated Balance:				
d. Total Federal funds au	thorized				6,994,532.96
e. Federal share of exper	nditures				4,409,970.22
f. Federal share of unliqui	idated obligations				205,362.57
g. Total Federal share (su	um of lines e and f)				4,615,332.79
h. Unobligated balance of	f Federal Funds (line d minus	s g)			2,379,200.17
Recipient Share:					
i. Total recipient share rec	quired				
j. Recipient share of expe	enditures				
k. Remaining recipient sh	are to be provided (line i mir	nus j)			0.00
Program Income:					
I. Total Federal program i	ncome earned				
m. Program Income expe	nded in accordance with the	deduction alterna	tive		
n. Program Income exper	nded in accordance with the	addition alternativ	e		
	income (line I minus line m o	r lino n)			

11. Indirect Expense								
а. Туре	b. Rate	c. Period Fron	n Period To	d. Bas	e	e. Amount Charged		f. Federal Share
			g. Totals:		0.00		0.00	0.00
12. Remarks: Attach any explanation	ons deemed	necessary or in	nformation required	by Federal sp	onsoring agen	ncy in compliand	ce with g	overning legislation:
		ŀ	Add Attachment	Delete Attach	ment View	Attachment		
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).								
a. Name and Title of Authorized C	ertifying Off	icial						
Prefix: Fir	st Name: 📘	ydia			Middle Nam	ne:		
Last Name: Magras Suffix:								
Title: Chief Financial Officer								
b. Signature of Authorized Certifying Official c. Telephone (Area code, number and extension)			on)					
Lyplu Mgro								
d. Email Address				e. Date F	Report Submit	ted 14. Ag	ency use	e only:
LYDIA.MAGRAS@DHS.VI.GOV				10/28	/24			

Standard Form 425