

ARLINGTON COUNTY
FRONTLINE HUMAN SERVICES SAFETY NET NONPROFITS
GRANT AGREEMENT

This is a Grant Agreement (“Agreement”) by and between the COUNTY BOARD OF ARLINGTON COUNTY, VIRGINIA (“County”) and ARLINGTON FREE CLINIC, a 501(c) nonprofit organization located in Arlington, Virginia (“Grantee”). The County and the Grantee are hereinafter collectively referred to as “the Parties.”

1. BACKGROUND

- a. The Arlington County Frontline Human Services Safety Net Nonprofits Notice of Funding Availability (“Grant Program”) provides financial assistance to support human services nonprofits which provided direct, in-person safety net services during the pandemic.
- b. County allocated \$650,000 in one-time funding to support this Grant Program as a part of the FY 2023 budget process.
- c. Grantee is a tax-exempt nonprofit under Section 501(c)(3) of the Internal Revenue Code. Grantee’s mission is to advance health equity by providing comprehensive, whole-person healthcare to our neighbors who would otherwise lack access.
- d. County desires to support Grantee’s mission by making this grant (“Grant”) on the basis set out in this Agreement.

2. CORE TERMS

- a. Grant Amount. Pursuant to this Agreement, County will disburse \$25,000 to the Grantee within 10 business days after the following have been completed: (1) Parties have signed this Agreement (“Execution Date”), (2) Grantee has submitted the required financial form (Exhibit A), and (3) the County has confirmed that the Grantee is current on Arlington County taxes as of December 31, 2021.
- b. Grant Period. This Agreement will take effect on the Execution Date and terminate 12 months thereafter (“Grant Period”) unless an extension is mutually agreed upon.
- c. Grant Use. The Grant must be used for costs associated with providing safety net human services in line with the Grantee’s mission described by Section 1(c).

3. COMMUNICATION; REPORTS; RECORDS

- a. Notices, Demands, and Communications between the Parties. Formal notices, demands, and communications between the Parties shall be given by (i) personal service; (ii) reputable document delivery service, such as Federal Express, with a receipt showing date and time of delivery; or (iii) certified or first-class United States mail, postage prepaid, with a receipt showing date and time of delivery

To the County: Arlington County
Office of the County Manager
2100 Clarendon Blvd, Suite 302
Arlington, Virginia 22201
Attn: Elizabeth Matlock
Assistant to the Deputy County Managers
ematlock@arlingtonva.us
703-228-0454

With Copies to: Arlington County

Office of the County Attorney
2100 Clarendon Blvd, Suite 403
Arlington, Virginia 22201
Attn: County Attorney

To the Grantee: Arlington Free Clinic
2921 11th St. South
Arlington, Virginia 22204

Written notices, demands, and communications shall be sent in the same manner to other addresses that any party designates in writing.

- b. Reporting. Grantee will submit a final report using the County's Grant Report form included in Exhibit B one year (12 months) after receiving the grant award. The Grantee agrees to submit other reports which the County may reasonably request.
- c. Recordkeeping. Grantee will maintain records in a manner that will provide County with sufficient detail to review receipts and expenditures related to the Grant. Grantee will make such records available for review by the County upon reasonable notice during the Grant Period and for five years after the termination or expiration of this Agreement.

4. GRANT ADMINISTRATION

- a. Funds Management. Grantee will manage the Grant funds in accordance with applicable law and the provisions of this Agreement. Expenditures must be (i) consistent with the Grantee's mission; (ii) necessary in order to effectively provide safety net human services; (iii) reasonable for the goods and services purchased; (iv) incurred during the Grant Period; and (v) satisfactorily recorded with supporting documentation.
- b. Changed Circumstances. Grantee will notify the County immediately if Grantee determines in good faith that, because of factual or other changes in circumstances, it is no longer possible to provide safety net human services. In that case, and in cases where a portion of the Grant remains unspent or unallocated upon completion of the Grant Period, County may extend Grant Period, request the return of unexpended Grant funds, evaluate whether further programming will be consistent with the overall objectives of the Grant Program, or discuss other options.
- c. Repayment of Grant Funds.
 - i. If the Grantee does not use the Grant as required by Section 2(c), then the Grantee must repay the County within 60 days of the Grantee's final report.
 - ii. If the Grantee ceases operation before the end of the Grant Period, the Grantee must notify the County Contact Person and must complete the Final Report and repay any unused portion of the Grant to the County within 30 days of closure.

5. COMPLIANCE

- a. General Compliance. Grantee will conduct, control, manage, and monitor human services activities in compliance with all applicable ethical, legal, regulatory, and safety requirements, including applicable state, local, institutional, and school district standards. Grantee will obtain and maintain all necessary approvals, consents, and review before conducting the applicable activity.

- b. Non-Discrimination. The Grantee will not discriminate against any individual with regard to employment or participation or in any other manner for reasons of race, color, religion, gender or gender identification, sexual identity, pregnancy, childbirth or related medical conditions, national origin, age, marital status, disability, or any other characteristic that is protected by local, state, or federal law.
- c. Anti-Corruption. Grantee will not offer to provide money, gifts, or any other things of value directly or indirectly to anyone in order to improperly influence any act or decision relating to the County.
- d. Lobbying and Electioneering Prohibition. Grantee will not use Grant funds to influence the outcome of any election for public office, to carry out any voter registration drive, to support lobbying activities, or to otherwise support attempts to influence legislation.

6. GENERAL PROVISIONS

- a. Entire Agreement; Amendment. This Agreement constitutes the entire agreement among the parties as to the Grant and may not be amended or modified, except in writing signed by each of the Parties. The Grantee may not assign or transfer its rights and interests in this Agreement to any other person, business or entity.
- b. Assignment. Grantee may not assign or transfer by operation of law or court order any of Grantee's rights or obligations under this Agreement with the County's prior written approval. This Agreement will bind and benefit any permitted successors and assigns.
- c. Third Party Beneficiaries. This Agreement is for the exclusive benefit of the Grantee and the County, and not for the benefit of any third party, including, without limitation, any partner, employee, or volunteer of the Grantee.
- d. Governing Laws; Venue. This Agreement is made and is intended to be performed in Arlington County, Virginia, and shall be construed and enforced by the laws of the Commonwealth of Virginia. Jurisdiction and venue for any litigation arising out of or involving this Agreement shall lie in the Circuit Court of the County of Arlington or in the United States District Court for the Eastern District of Virginia, and such litigation shall not be brought in any other court.
- e. Severability. Each provision of this Agreement must be interpreted in a way that is enforceable under applicable law. If any provision is held unenforceable, the rest of the Agreement will remain in effect.
- f. Interpretation. The terms of this Agreement shall be construed in accordance with the meaning of the language used and not for or against any Party by reason of the authorship or any other rule of construction that might apply. The Section headings are for purpose of convenience only and shall not be construed to limit or extend the meaning of this Agreement.
- g. Non-Liability of Officials, Employees, and Agents. No member, official, employee, or agent of the County Board shall be personally liable to the Grantee in the event of any default or breach by the County Board for any amount that may become due to the Grantee or its successors or assigns under the terms of this Agreement.
- h. Attorney's Fees. Each Party shall pay its own attorney's fees.
- i. Force Majeure. No Party will be held responsible for failing to perform its responsibilities under this Agreement if the failure results from any act of nature, public health emergency, or other cause that is beyond the reasonable control of the Party and that makes performance impossible or illegal.

- j. Breach. If the County determines that the Grantee submitted false information or otherwise has not complied with this Agreement, Grantee will be required to return any awarded grant funds in full upon request by the County.
- k. Business Day Convention. If the date of any required action falls upon a weekend day or a holiday when the New York Stock Exchange is not open for business, the required action may be deferred to the next business day.
- l. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be an original and all of which together shall be one and the same instrument. A facsimile, .pdf copy or other electronic signature (e.g., DocuSign) of this Agreement, when signed in compliance with this Section, is an enforceable, original agreement for all purposes.
- m. Dispute Resolution. In the event that an issue regarding or arising under this Agreement cannot be resolved by the parties, the issue will be brought to the County Manager for a final decision.
- n. COVID-19 Vaccine and/or Testing Protocol Requirement. Grantee received this Grant by attesting in its proposal that all its employees and subcontractors assigned to this Agreement have been fully vaccinated against COVID-19, are being tested on a weekly basis or are exempt pursuant to a valid accommodation under state or federal law. Therefore, Grantee must comply with the following requirements: (i) obtain and maintain the COVID-19 vaccine status of employees, (ii) require any unvaccinated or not fully vaccinated employees to be tested for COVID-19 on a weekly basis, and (iii) provide any reasonable accommodations as required by law.

In witness thereof, the County and Grantee have caused this Agreement to be executed by the following duly authorized officials.

ARLINGTON FREE CLINIC

By: Nancy T White
Nancy White, President Date 11/30/2022

COUNTY BOARD OF ARLINGTON COUNTY, VIRGINIA

By: Mark Schwartz 12/20/2022
Mark Schwartz, County Manager Date

Exhibit A

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Request for Taxpayer Identification Number and Certification</h2> <p style="margin: 0;">▶ Go to www.irs.gov/FormW9 for instructions and the latest information.</p>	<p style="margin: 0;">Give Form to the requester. Do not send to the IRS.</p>
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Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/> <hr/>

<h3>Part I Taxpayer Identification Number (TIN)</h3>											
<p>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i>, later.</p> <p>Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Social security number</td> </tr> <tr> <td style="text-align: center;">[] [] [] - [] [] - [] [] [] [] [] []</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">or</td> </tr> <tr> <td colspan="2" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="text-align: center;">[] [] - [] [] [] [] [] [] [] [] [] [] [] []</td> <td></td> </tr> </table>	Social security number		[] [] [] - [] [] - [] [] [] [] [] []		or		Employer identification number		[] [] - [] [] [] [] [] [] [] [] [] [] [] []	
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<h3>Part II Certification</h3> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and I am a U.S. citizen or other U.S. person (defined below); and The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.</p>

<p>Sign Here</p>	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

Exhibit B



Final Award Summary for Frontline Human Services Nonprofits

Organization Name	Click or tap here to enter text.
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Award Amount	Click or tap here to enter text.
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Descriptive Summary

In two paragraphs or less, describe how the funding was used.

Click or tap here to enter text.

Award Spending Summary

Include a brief description of, or title for, the services provided as well as the total amount of awarded funding used for those services.

Services	Amount
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
TOTAL	Click or tap here to enter text.