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|  | **Sustained Access to Healthcare Services Project** **Hurricane Relief Infrastructure / Capital Project Grant SFY 2020** |
| **General Information**  | **RFA Title:** Sustained Access to Healthcare Services Project**Funding Agency Name:** North Carolina Office of Rural Health (ORH)**Funding Agency Address:** 311 Ashe Avenue, Raleigh, NC 27606**Award issue date:** September 9, 2019**Closing Date:** Grant applications must be received by 5:00 p.m. October 7, 2019. **Funding Agency Contacts and Inquiries:** * Glenn Field, 919-527-6458, Glenn.Field@dhhs.nc.gov
* John Resendes, 919-527-6460, John.Resendes@dhhs.nc.gov;

Questions from applicants must be emailed to Glenn Field and copied to John Resendes at the email addresses above by 5:00 p.m. September 23, 2019. Responses to questions that could affect all applicants will be published to all applicants. **Limitations on Use of These Grant Funds:**Funding from this grant cannot be used to support ongoing equipment maintenance, the purchase of maintenance plans or insurance payments.Funds from this grant cannot supplant existing funds. Applicants must attest by dated signature of a legal signatory (see last page of application) that all purchases made with funds from this grant have not been paid for in full by another source (examples: disaster relief funding from any source or insurance payments).**Submission Instructions:**Only electronic copies will be accepted through the Qualtrics survey link below. Documents requiring signatures will need to be uploaded as a pdf to the Qualtrics survey. Incomplete applications and applications not completed in accordance with the instructions provided below will not be eligible.   |
| **RFA Description** | ORH received a one-time grant from Kate B Reynolds Charitable Trust totaling $1,000,000 to support safety net providers in 34 FEMA-identified counties affected by Hurricane Florence. ORH supports safety net providers to create or maintain access to healthcare in rural and underserved areas. Safety net providers supported by ORH include Rural Health Centers and non-profit Rural Health Clinics, Federally Qualified Health Centers, Free and Charitable Clinics, Health Departments, School-based Health Centers, Critical Access Hospitals and Small Rural Hospitals. This project will support access to healthcare in the 34 FEMA-identified counties affected by Hurricane Florence by providing essential funding to safety net providers (as identified above) to equip them with infrastructure-related capital needs and emergency supplies or equipment to sustain services during emergencies and natural disasters.The 34 counties designated by FEMA as eligible for individual assistance in the wake of Hurricane Florence are: Anson, Beaufort, Bladen, Brunswick, Carteret, Chatham, Columbus, Craven, Cumberland, Duplin, Durham, Greene, Guilford, Harnett, Hoke, Hyde, Johnston, Jones, Lee, Lenoir, Moore, New Hanover, Onslow, Orange, Pamlico, Pender, Pitt, Richmond, Robeson, Sampson, Scotland, Union, Wayne, and Wilson.Grant funding up to $50,000 per one primary care site per county may be used to meet emergency preparedness and infrastructure-related needs such as the purchase of generators, refrigeration units, facility upgrades such as elevating equipment above waterlines, infrastructure repairs, and/or emergency preparedness supplies or equipment such as hygiene and first-aid kits, sanitation supplies, portable lighting.  |
| **Background** | Before, during, and directly after Hurricane Florence, the Office of Rural Health (ORH) contacted grantees and partners in the affected areas to determine operational status (open/closed), damages, and needs. Most of the identified needs involved damaged infrastructure and the need for equipment to sustain operations during emergencies. ORH staff worked with state emergency services to identify then survey organizations in 34 counties that were affected by Hurricane Florence in September 2018. Nearly all the counties east of the I-95 corridor were represented. The most common needs were generators and propane or gasoline to run them, keeping vaccines and medications at required temperatures, and keeping sump pumps running. The second most common needs identified were supplies such as protective equipment, cleaning materials, hygiene kits, first aid kits, flashlights and plastic storage bins. Several sites reported needing medication storage areas and funding to stock blood pressure medications and insulin. Finally, sites reported infrastructure needs to maintain the facility such as repairing walls or roofs or replacing carpet. It is expected that the applicant will work with their local critical access hospital (CAH) to organize efforts, if one is in the area. During Hurricane Florence many hospitals reported a need for patients to “plug-in” items such as oxygen machines and other vital devices. Infrastructure updates to support the needs of patients with the these special health needs will also be considered. |
| **Eligibility** | Eligible organizations: Rural Health Centers and non-profit Rural Health Clinics, Federally Qualified Health Centers, Free and Charitable Clinics, Health Departments, School-based Health Centers, Critical Access Hospitals and Small Rural Hospitals who have service sites in one or more of the 34 counties designated by FEMA as eligible for individual assistance in the wake of Hurricane Florence: Anson, Beaufort, Bladen, Brunswick, Carteret, Chatham, Columbus, Craven, Cumberland, Duplin, Durham, Greene, Guilford, Harnett, Hoke, Hyde, Johnston, Jones, Lee, Lenoir, Moore, New Hanover, Onslow, Orange, Pamlico, Pender, Pitt, Richmond, Robeson, Sampson, Scotland, Union, Wayne and Wilson. Each organization may submit multiple applications, but only one application per safety net site per county will be accepted. |
| **Application Instructions** | Please read the following instructions and requirements carefully. Applications that do not adhere to all instructions and requirements will not be eligible. You must submit your application through the online survey tool at: <https://ncruralhealth.az1.qualtrics.com/jfe/form/SV_0Cz7YfputVDBa8B>EXAMPLE**Application Deadline:** Applications must be received no later than 5:00 p.m. October 7, 2019.**Funding Amount**: The maximum total grant award per application is $50,000.Grant funds must be used at the eligible safety net organization’s physical location where healthcare is provided.**Funding Cycle:** Notification of grant awards will be November 1, 2019. All grantees must fully expend grant funds prior to June 30, 2021. **All estimates for capital items (exceeding $500) and proposed projects must accompany the application.** All invoices for completed and projected work must be submitted for review within 30 calendar days of the end of the grant term. If projections are included in the final invoice, the grantee must attest that all work will be completed by the end of the grant cycle. |
| **Scoring Criteria** | Awards will be based on demonstrated need, scoring based on each section noted below, and funding availability. Applications will be reviewed and scored by members of the Primary Care Advisory Committee. In addition to the scoring criteria below, consideration will be given to equitable geographic distribution of grants.

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| Purpose and Background | 10 Points |
| Needs Assessment  | 25 Points |
| Benefit to Community | 25 Points |
| Budget and Budget Narrative | 20 Points |
| Program Evaluation Plan  | 20 Points |
| **Total Points Awarded** | **100 Points** |
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| **Budget and Budget Narrative** | Please see attached budget template document.The budget must provide a clear and detailed description for each item to be supported by this grant, and a corresponding narrative which must provide a clear rationale of how grant funds will to be used to support the safety net service site with infrastructure-related capital needs and emergency supplies or equipment essential to sustain services during emergencies and natural disasters. **For capital purchases and projects, at least one dated estimate on vendor letterhead that includes all parts, materials and labor minus any tax charges must be attached to the Budget Narrative.**If funds are used to purchase large equipment, purchase of a maintenance plan is strongly encouraged. However, funding from this grant cannot pay for ongoing equipment maintenance/maintenance plans or insurance plan payments.Funds from this grant cannot supplant existing funds. Applicants must attest by dated signature of a legal signatory (see last page of application) that all purchases made with funds from this grant have not been paid for in full by another source (examples: disaster relief funding from any source or insurance payments).All invoices for completed and projected work must be submitted for review within 30 calendar days of the end of the grant term. If projections are included in the final invoice, the grantee must attest that all work will be completed by the end of the grant cycle. |
| **Application** | See documents below |

The following section is provided to assist applicants with preparing for the on-line application.

Only electronic copies will be accepted through the Qualtrics survey link.

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| **Sustained Access to Healthcare Services Project** **Hurricane Relief Infrastructure / Capital Project Grant SFY 2020** |

**ORGANIZATIONAL INFORMATION AND CONTACT**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization EIN: \_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Organization Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Type (check one)

🞎 Rural Health Clinic 🞎 State-Designated Rural Health Center

🞎 Free and Charitable Clinic 🞎 Federally Qualified Community Health Center

🞎 School-Based Health Center 🞎 Critical Access Hospital

🞎 Health Department 🞎 Small Rural Hospital

🞎 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary County served (where the grant will be utilized): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Counties served (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Request: Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Summary of Request** – *Provide a brief one or two sentence description of your request*. |

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sustained Access to Healthcare Services Project**

**Hurricane Relief Capital Project Grant SFY 2020**

**SCOPE OF WORK**

**SECTION 1: Purpose: (5-point max)**

*Detail specifics of the capital project and anticipated outcome(s). Outcome specific details should include the effect of the capital project on a least one of the following categories:*

1. *Patient and/or staff comfort and safety*
2. *Quality of services provided*
3. *Efficiency and continuity of services provided*
4. *Increased access to services during storm events including coordination with local critical access hospital.*
5. *Detail the location(s) where tasks/goals of the capital project will be met*

**SECTION 2: Background: (5-point max)**

*Describe factors or events contributing to this need. Describe who will be involved in the development, implementation, and execution of this infrastructure/capital project.*

**SECTION 3: Needs Assessment (25-point max)**

*Describe the organization and community need this funding will address. Include your organization’s role in the county’s disaster response plan. If your organization currently does not have a role in this plan, please describe your plan to engage with the county disaster response plans and coordinate services. Describe your organization’s disaster response plan.*

**SECTION 4: Benefit to Community (25-point max)**

*Describe how this funding will benefit the community. Provide detailed description of your organization’s collaborative engagement with community partners. Provide detailed description of how your organization will use this funding to increase access to healthcare during emergencies and natural disasters. Include your organization’s plan for communicating access to services following the grant funded purchases.*

**Sustained Access to Healthcare Services Project**

**Hurricane Relief Capital Project Grant SFY 2020**

**BUDGET AND BUDGET NARRATIVE**

Please see attached budget template document.

Describe each budget line item in detail. Detail the timeline for specific tasks/goals to be completed during the capital project period ending June 30, 2021. Additionally, provide information about the following:

1. Detail how the capital project activities previously outlined in the Purpose section of the Scope of Work will be accomplished. This section should be an in-depth description of the process that will be used to complete the capital project within the grant period.
2. Describe how progress toward meeting the outlined performance measures will be tracked. Include details of process, tools used, all funding sources and any other pertinent information.
3. Describe how equipment will be maintained and insured, as applicable. Funding from this grant cannot support maintenance or insurance plans.
4. Describe how staff will be trained to use equipment, as applicable.

**State of North Carolina Limitations on Capital Use Funds**

Grant funds may not be used to purchase and/or lease vehicles or pay down existing mortgages and/or other loans.

If purchasing equipment with contract funds, the title to equipment costing in excess of $500.00 acquired by the Contractor with funds from this contract shall vest in the Contractor, subject to the following conditions:

1. The Contractor shall use the equipment in the project or program for which it was acquired. When equipment is no longer needed for the original project or program or if operations are discontinued or at the termination of this contract the Contractor shall contact the Division (ORH) for written instructions regarding disposition of equipment.
2. With the prior written approval of the Division (ORH), the Contractor may use the equipment to be replaced as trade-in against replacement equipment or may sell said equipment and use the proceeds to offset the costs of replacement equipment.
3. For equipment costing in excess of $500.00, the contractor shall implement equipment controls and procedures to include at a minimum the following:

1. Detailed equipment records shall be maintained which accurately include the:

1. Description and location of the equipment, serial number, acquisition date/cost, useful life and

depreciation rate;

1. Source/percentage of funding for purchase and restrictions as to use or disposition; and
2. Disposition data, which includes date of disposal and sales price or method used to determine fair market value.

2. Equipment shall be assigned a control number in the accounting records and shall be tagged

individually with a permanent identification number.

3. Biennially, a physical inventory of equipment shall be taken, and results compared to accounting

and fixed asset records. Any discrepancy shall immediately be brought to the attention of management and the governing board.

4. A control system shall be in place to ensure adequate safeguards to prevent loss, damage, or theft

of equipment and shall provide for full documentation and investigation of any loss or theft.

5. Adequate maintenance procedures shall be implemented to ensure that equipment is maintained in

 good condition. Maintenance cannot be supported with grant funds.

 6. Procedures shall be implemented which ensure that adequate insurance coverage is maintained on

 all equipment. A review of coverage amounts shall be conducted on a periodic basis,

 preferably at least annually. Insurance cannot be supported with grant funds.

1. The Contractor shall ensure all subcontractors are notified of their responsibility to comply with the

 equipment conditions specified in this section.

**Sustained Access to Healthcare Services Project**

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**PROGRAM EVALUATION PLAN**

**SECTION 1: Patient Payer Status:** Enter the number of unduplicated patients by payer category who may benefit from the proposed project.

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|  | Unduplicated patients as of07/01/2019 |
| None/Uninsured Patients (include MAP) |  |
| Medicaid  |  |
| Children’s Health Insurance Program (CHIP) |  |
| Medicare (including duals) |  |
| Other public insurance (e.g. Tricare) |  |
| Privately Insurance (e.g. BCBS) |  |
| 7.Total Unduplicated Patients (sum of Lines 1-6) |  |

**SECTION 2: Evaluation Criteria**

In alignment with the project purpose, following the purchase/installment of grant supported infrastructure/capital improvements, grantees will be required to tract the impact on access to care during emergencies or natural disasters by documenting the time the sites close and/or operates on partial schedules during and following emergencies or natural disasters.

The projected outcome of this grant is to significantly increase disaster preparedness as evidenced by at least a 75% reduction in the number of days safety net sites need to close and/or operate on partial schedules during the first hurricane to meet landfall during the 2019-2020 season or the first hurricane following this grant award.

**The Contact Person for each grantee organization shall be responsible for documenting the dates and total number of days and hours that each service site receiving funding assistance under this grant was closed and/or in operation less than normally scheduled hours as a result of the first hurricane of the 2019-2020 season to make landfall (or the first hurricane following this grant award) for the thirty day period following landfall.**

There may be subsequent inclement weather events during 2019-2020 that grantees will be required to collect the same data. Grantee Contact Persons shall be notified about eligible collection events.

**SECTION 3: Evaluation Plan**

*Detail the expected gain for the applicant through this infrastructure/capital project. Will the result of this project effect the long-term sustainability of the applicant? If yes, detail the anticipated effect. If no, provide a detailed explanation.*

***Detail your organization’s plan for compliance with the mandatory grant evaluation measure: The Contact Person for each grantee organization shall be responsible for documenting the dates and total number of days and hours that each service site receiving funding assistance under this grant was closed and/or in operation less than normally scheduled hours as a result of the first hurricane of the 2019-2020 season to make landfall (or the first hurricane following this grant award) for the thirty-day period following landfall.*** *There may be subsequent inclement weather events during 2019-2020 that grantees will be required to collect the same data. Grantee Contact Persons shall be notified about eligible collection events.*

**Sustained Access to Healthcare Services Project**

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**ATTESTATIONS AND SIGNATURE**

I hereby attest by my dated signature below the following:

Funding from this grant will not be used to support ongoing equipment maintenance, the purchase of maintenance plans or insurance payments.

Funds from this grant will not be used to supplant existing funds. All purchases made with funds from this grant will not have been paid for in full by another source such as disaster relief funding from any source or insurance payments.

If projections are included in the final invoice, all work will be completed by the end of the grant cycle as defined in the Application Instructions subsection titled Funding Cycle.

Grant Application Legal Signatory:

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

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

**Appendix A: W-9 Form and Provider Documents**

If awarded a grant, a contract will be generated between your organization and the Office of Rural Health. In order to create a contract, organizations receiving funds must be included in the DHHS Contracting System (Open Window) and submit provider documents. If an organization has never received funding from the North Carolina Department of Health and Human Service, the organization will not be listed in the DHHS’ contract system. In order to be added a copy of your organization’s W-9 will need to be submitted. We will also need the provider documents listed below.

In order to prevent delays and generate the contracts as fast as possible we request applicants to submit these documents with their application.

**If your organization has signed a contract with the Office of Rural Health within the 2019 calendar year, you do not need submit a W-9 or other documents listed below.**

To assist each organization with completing the correct forms, please review the list below identifying which forms should be completed by clicking on the links, **highlighted and underlined in blue below**, to open up the documents:

**Governmental:**

[**State Certifications**](http://r20.rs6.net/tn.jsp?f=001l2DQhTC5Xcirn-tvOdUDmUfgKjYadnU2Ma0vzykki55gsYG1ZtXgZTAnW6p30YXnVJcssfwDyfEHJYbQnoD_BYrEsBBwHIHuEH3XAwdW0Pcx6uZJCO_qJd88ijUOaDUzQU3EUgJPkjt6T5T9t-xL25WdZhb6OTrXIHHBNKW8p28hO2uUWbFsKqAmJVcfCo3eEGsbv7tyKeD38GxRVCgtEKz5-KPvzQijaSZXwjEyH2KmMuiJ47_8QqJITyEL6_UI&c=O44-G4F2Tv6eEx_6CS_3JxbIwzFNypeiylgW5M9FyzLB_k7gYYkorw==&ch=o8EjBni6so3rhytJOxI4Abl_qTDGyO2mbEstM0GdzQxKORs9FwhfhA==) **(One of the boxes must be checked in Section 3(b))**

**Non-Governmental:**

[**State Certifications**](http://r20.rs6.net/tn.jsp?f=001l2DQhTC5Xcirn-tvOdUDmUfgKjYadnU2Ma0vzykki55gsYG1ZtXgZTAnW6p30YXnVJcssfwDyfEHJYbQnoD_BYrEsBBwHIHuEH3XAwdW0Pcx6uZJCO_qJd88ijUOaDUzQU3EUgJPkjt6T5T9t-xL25WdZhb6OTrXIHHBNKW8p28hO2uUWbFsKqAmJVcfCo3eEGsbv7tyKeD38GxRVCgtEKz5-KPvzQijaSZXwjEyH2KmMuiJ47_8QqJITyEL6_UI&c=O44-G4F2Tv6eEx_6CS_3JxbIwzFNypeiylgW5M9FyzLB_k7gYYkorw==&ch=o8EjBni6so3rhytJOxI4Abl_qTDGyO2mbEstM0GdzQxKORs9FwhfhA==) **(One of the boxes must be checked in Section 3(b))**

[**Conflict of Interest Acknowledgement and Policy**](http://r20.rs6.net/tn.jsp?f=001l2DQhTC5Xcirn-tvOdUDmUfgKjYadnU2Ma0vzykki55gsYG1ZtXgZTAnW6p30YXn_bsr-i0SSBUSBRB7Yw7Pwip5hU8uYDuOrmdvXCW9PBa7v-fD3AcgqUb1kcWfudARPVMmvEu6RS2exCsb0tNmFJg4PZGvpVNLpoEKEAI3FeyZwxWD7Pb94qnGol-KOAaueOCweeiKUQSdy_dZ2zSZ_fkj2HtcF4-Kd5viBl-tyg-OJNPmQ6l44XQygN_I9Dti&c=O44-G4F2Tv6eEx_6CS_3JxbIwzFNypeiylgW5M9FyzLB_k7gYYkorw==&ch=o8EjBni6so3rhytJOxI4Abl_qTDGyO2mbEstM0GdzQxKORs9FwhfhA==)

[**Conflict of Interest Verification**](http://r20.rs6.net/tn.jsp?f=001l2DQhTC5Xcirn-tvOdUDmUfgKjYadnU2Ma0vzykki55gsYG1ZtXgZTAnW6p30YXnBX-j-Z5DAtVOAfO0f-GoMwyT83LoWE-PdB4q1HjJrrjspYzOXVbFbWeR_qv-veV6rilRw29ipKBJmcVQ-GP2_yGzVub7T_bg86D_c9klbcL0FafH9drDglFuHYzZUvhN77-i0oTJrmx5sR0ELiYtrfrneXLTiIWJQrHgGkqwk4FgHSQj0CYwMkrDcvzn7QQ5&c=O44-G4F2Tv6eEx_6CS_3JxbIwzFNypeiylgW5M9FyzLB_k7gYYkorw==&ch=o8EjBni6so3rhytJOxI4Abl_qTDGyO2mbEstM0GdzQxKORs9FwhfhA==)

[**IRS Tax Exemption**](http://r20.rs6.net/tn.jsp?f=001l2DQhTC5Xcirn-tvOdUDmUfgKjYadnU2Ma0vzykki55gsYG1ZtXgZTAnW6p30YXnF-DaQ3sYfIBil1SLmVf88Lr4Fhq-NZkiCraMfX-b6U0gHqrs_oChuO9mVM1G8RCscWF6H54mQueKJ0n426-rjRSs8FctxFaCIfFZ8KqMbiAjUwM9pckcy1ncvpEVhTcbIYYjsoPn7PE2JNaVVdnau7sV6bCcIHTjNnY_8A48K08YkeUlmSmkP-zPpb79RZKq&c=O44-G4F2Tv6eEx_6CS_3JxbIwzFNypeiylgW5M9FyzLB_k7gYYkorw==&ch=o8EjBni6so3rhytJOxI4Abl_qTDGyO2mbEstM0GdzQxKORs9FwhfhA==)

[**State Grant Certification - No Overdue Tax Debts**](http://r20.rs6.net/tn.jsp?f=001l2DQhTC5Xcirn-tvOdUDmUfgKjYadnU2Ma0vzykki55gsYG1ZtXgZTAnW6p30YXnn2nkLqlb3OW1SzdGsaTLZ_jK68PoK5rNZKMCogwZfmMjgXzTIUyfNV7aWvH0ophQd30t3Yn-3_gd72Ky48EfZqpLCm5hUAM6KBFl7D5hcy2KseAVxAk65hooIrXuGtDWOidn7icvOPhvP-XKh47JddlRFfJEX_iPsp7fjGLdMGDj5FMeuhjp4znOu0O97VfD&c=O44-G4F2Tv6eEx_6CS_3JxbIwzFNypeiylgW5M9FyzLB_k7gYYkorw==&ch=o8EjBni6so3rhytJOxI4Abl_qTDGyO2mbEstM0GdzQxKORs9FwhfhA==)