

WEST VIRGINIA
Department of



Bureau for Behavioral Health and Health Facilities

Announcement of Funding Availability



Proposal Guidance and Instructions

AFA Title: Medley/Hartley Advocate Program

AFA Number: AFA-03-2014-DD

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
350 Capital Street, Room 350
Charleston, WV 25301-3702

*For Technical Assistance please include the AFA # in the
subject line and forward all inquiries in writing to:*

DHHRBHHFAnnouncement@wv.gov

Key Dates:	
Date of Release:	August 5, 2013
TECHNICAL ASSISTANCE MEETING:	August 21, 2013
Letter of Intent Deadline:	August 30, 2013 Close of Business – 5:00PM
Application Deadline:	September 23, 2013 Close of Business–5:00PM
Funding Announcement(s) To Be Made:	October 1, 2013
Funding Amount Available:	Not to exceed \$729,700.00

The following is a guide and instructions for submitting a proposal to the Bureau for Behavioral Health and Health Facilities (BBHFF). The document includes general contact information, program information, administrative, and fiscal requirements. Responses must be submitted using the required AFA Application Template available at DHHR.WV.GOV/BHFF/AFA. Responses must be submitted electronically via email to DHHRBHHFAnnouncement@wv.gov with the AFA Title and Number in the subject line. All submissions must be received no later than 5:00 PM on the application deadline date. Notification that the proposal was received will follow. Paper copies of proposals will not be accepted. It is the sole responsibility of applicants to insure that all documents are received by deadline dates. Incomplete proposals or proposals submitted after the application deadline will not be reviewed.

LETTER OF INTENT

All organizations planning to submit an application for an Announcement of Funding Availability (AFA) must submit a Letter of Intent (LOI) by August 30, 2013 close of business (5:00pm) to the email address: DHHRBHHFAnnouncement@wv.gov prior to submission of the AFA.

Please list the AFA Title and Number found on Page 1 of this document in the email subject line.

These letters of intent shall serve to document the applicant's interest in providing each type of service (AFA) and will not be considered binding until documented receipt of the application.

RENEWAL OF AWARD

The BBHFF may renew or continue funding beyond the initial fiscal year award for a period not to exceed one additional fiscal year period beyond the end of this stated grant period. As such, at the discretion of the BBHFF funding may be renewed for a period no later than June 30, 2015. Future funding will be contingent on availability of funds and successful implementation of goals and documented outcomes.

LEGAL REQUIREMENTS

All applicants must be able to provide proof of 501(c) 3 or WV business license status and possess a valid West Virginia business license. If the applicant is not already registered as a vendor in the State of West Virginia, this must either be completed by the award notification date or the vendor must demonstrate proof of such application. It is also required that the applicants have a System for Award Management (SAM) registration and have a Dun & Bradstreet or DUNS number. For more information visit: <https://www.sam.gov>

The Grantee is solely responsible for all work performed under the agreement and shall assume all responsibility for services offered and products to be delivered under the terms of the award. The State shall consider the designated Grantee applicant to be the sole point of contact with regard to all contractual matters. The Grantee may, with the prior written consent of the State, enter into written sub agreements for performance of work; however, the grantee shall be responsible for payment of all sub awards.

FUNDING AVAILABILITY

The West Virginia Bureau for Behavioral Health and Health Facilities (BBHFF) is requesting proposals for external and independent Medley/Hartley advocacy services for individuals with intellectual/developmental disabilities (I/DD) and individuals who may also have a co-occurring mental illness or substance abuse disorder who meet the court directives in Civil Action 78-2099, Medley v. Ginsberg, 1981 (Medley decree) and Civil Action 81-585 E.H. v. Matin, 1983 (Hartley Decree). Funding in the amount of \$729,700.00 annually will be awarded to support the advocacy needs of approximately 383 class members statewide.

Allocation and Proposal Information:

The total amount of funding available for the Medley Hartley Advocacy Program is up to \$729,700.00 annually. For the initial award period (January 1, 2014 through June 30, 2014), all funding will be awarded in proportion to the 6 month grant period. I.e. Grants will be funded a rate of 6 months/12 months (50%) of the total award amount or a maximum of \$364,850.00.

All renewals are to be awarded on a State Fiscal Year basis for a period of 12 months each. Notifications of intent to continue funding for additional periods will be communicated with an ample amount of time to adjust staffing and business operations as appropriate.

Section One: **INTRODUCTION**

In general, advocacy services exist to give individuals access to dedicated, reliable, independent support in getting the needed information to them, in knowing what choices and rights they have, and in getting their voice heard and acknowledged. Advocates help to preserve an individual's safety, dignity and self-respect, as well as protecting his/her legal and human rights. Passion, communication skills, strategic thinking capabilities, and cooperative instincts are essential to effective advocacy. The work involves caring about people, thoroughly comprehending the difficulty of the need that is to be addressed, and the ability to develop effective plans and partnerships to address that need. The best advocates know that their own voice matters less than the problem-solving result of their efforts.

The Medley consent decree (1981) was finalized in the early 1980's, at a time when many individuals with disabilities were served in state-operated institutions. The decree mandated that assessments be made and that individualized services be delivered in the "least restrictive environment". As a result, many institutions were closed. The WV Departments of Health and Human Resources (WVDHHR), the WV Department of Education (WV DOE) and the WV Division of Rehabilitation Services (WV DRS) were required to develop and coordinate specific community-based services for individuals with developmental disabilities who were school-aged and lived in institutions for more than 30 days. The Hartley consent decree (1983) ordered reforms in the broader behavioral health system and helped persons with developmental disabilities get services from behavioral health centers so they can live in their communities.

Advocacy services provide an additional safeguard for individuals who are members of the "Medley class" as well as "Hartley class" members who have a developmental disability, because they are trained within the framework of these consent decrees. Medley/Hartley advocates, as they are called, are familiar with the nature of developmental disabilities and mental illness. They understand and are committed to the philosophies of "person-centered planning" and "most integrated environment" which are cornerstones of community-based alternatives to institutional care. They are familiar with the wide array of community services and supports that were developed as a result of the consent decrees, and the policies that govern those services, and have the skills to effectively navigate complex systems. They are skilled at problem solving and facilitating resolution to conflicts to help insure individuals with developmental disabilities are afforded appropriate services in accordance with their individual needs.

The Medley/Hartley Advocacy Program (MHAP) serves individuals living in the community as well as those committed to Mildred Mitchell Bateman Hospital and William R. Sharpe, Jr. Hospital. Through individual advocacy, training and outreach, the advocates provide services to some of West Virginia's most vulnerable citizens. The MHAP holds firm the belief that individuals who have intellectual/developmental disabilities or require behavioral health services may lead a life that is dignified, productive and enjoyable, when appropriate supports are in place.

Section Two: **SERVICES DESCRIPTION**

The Medley/Hartley Advocacy Program (MHAP) helps assure all active Medley and Hartley class members have behavioral health services, rehabilitation services, free and appropriate public education and individualized treatment in the most integrated setting. The Medley/Hartley Advocacy Program complies with the state and federal court directives in Civil Action 81-585 E.H. v. Matin (1983), Hartley Decree, and Civil Action 78-2099, Medley vs. Ginsberg (1981), Medley Decree, and operates under the Hartley and Medley Policies developed from those court orders. The program also adheres to Chapter 27 of the West Virginia Code (<http://www.legis.state.wv.us>.)

The interests of the client (class member) are the guiding force for the advocate. When the client can express his/her own interests, this is paramount. When the client cannot express his/her opinions (verbally or non-verbally), the advocate's professional responsibility is to determine the interests of the client through consultation with the family, legal guardian and other sources. In either case, the advocate must work through the treatment team to promote the class member's interests.

Definitions:

Medley Class Members – West Virginia residents with a diagnosis of intellectual developmental disability who were institutionalized prior to the age of 23 in a West Virginia institution such as Weston State Hospital, William R. Sharpe Jr. Hospital, Huntington State Hospital (now Mildred Mitchell-Bateman Hospital), Colin-Anderson Center, Greenbrier Center, Spencer State Hospital, Lakin Hospital or Hopemont Hospital for at least thirty (30) days and whose birth date is on or after April 1, 1956.

Hartley Class Members - West Virginia residents with a behavioral health disability including developmental disabilities, mental illness, traumatic brain injury or substance abuse problems that are at risk of institutionalization, regardless of age. The MHAP only serves those Hartley class members who have a developmental disability, are over the age of 18 and are no longer enrolled in public schools.

Advocacy – for the purposes of this proposal, advocacy is defined as helping people to say what they want, secure their rights, represent their interests and obtain services that they need by working in partnership with the people they support and advancing their interests, promoting social inclusion and social justice, and using mediation and negotiation as the preferred strategy to achieve results.

All entities applying to provide Medley/Hartley Advocacy Program services for Medley and Hartley Class Members must provide comprehensive detail as to how they will comply with all the following standards:

- Capacity to accept, review and provide a disposition to all requests for advocacy services.
- Capacity to educate consumers and families about consumer rights and self-advocacy to better enable them to make informed decisions.
- Capacity to provide accurate information on consumer rights and the role of the advocate in the person centered Interdisciplinary Team process to providers and other interested agencies, and capacity to maintain and share knowledge of opportunities, resources, assistive devices, services, and providers.
- Demonstrated knowledge of current education laws.
- Capacity to utilize mediation and facilitation to enhance the organization's ability to meet the goals of the Medley/Hartley Advocacy Program.
- Capacity to provide advocacy services which promote an atmosphere of cooperation.
- Capacity to collaborate with other advocacy agencies, service providers, the Department of Health and Human Resources, and other state agencies to resolve consumer issues and agency issues at the lowest level possible, using communication protocols developed in conjunction with those entities.
- Capacity to conduct a minimum of three visits a year to each active Medley class member's home.
- Capacity to conduct a minimum of one monitoring visit a year to each supported employment, day habilitation program and/or sheltered workshop attended by active Medley class members and applicable Hartley members.
- Capacity to identify and monitor active Medley class members who are at risk for hospitalization in a state psychiatric/diversion hospital or other institutional setting.
- Capacity to identify, monitor and provide advocacy services to all active Medley class members who are residing in a state psychiatric/diversion hospital or I/DD Crisis Response sites.

- Capacity to maintain ongoing contact with the Medley class members and Hartley consumers (if applicable) and their service providers, guardians, medical surrogates and power of attorney.
- Capacity to attend either in person, by telephone or videoconference all annual Interdisciplinary Team meetings for Medley class member and make reasonable efforts to attend the six-month and other Interdisciplinary team meetings. Have the capacity to ensure that the person centered process is being implemented and that the team meetings are based on helping the consumer access appropriate community-based services and supports.
- Capacity to assist Adult Protective Services, Office of Health Facility Licensure and Certification (OHFLAC), APS Healthcare, or the West Virginia Department of Health and Human Resources (WVDHHR) Medicaid Fraud unit, at their request, with any abuse or neglect investigation that pertains to an active Medley/Hartley Advocacy Program participant.
- Capacity to supply trained staff available to provide Medley/Hartley Advocacy Services to class members located in the six designate regions. Following are the approximate number of Medley Class members currently residing in the respective county in each of the six BBHMF regions.

Region 1: 44 individuals; Hancock - 2, Brooke - 7, Ohio - 20, Marshall - 4 and Wetzel -11

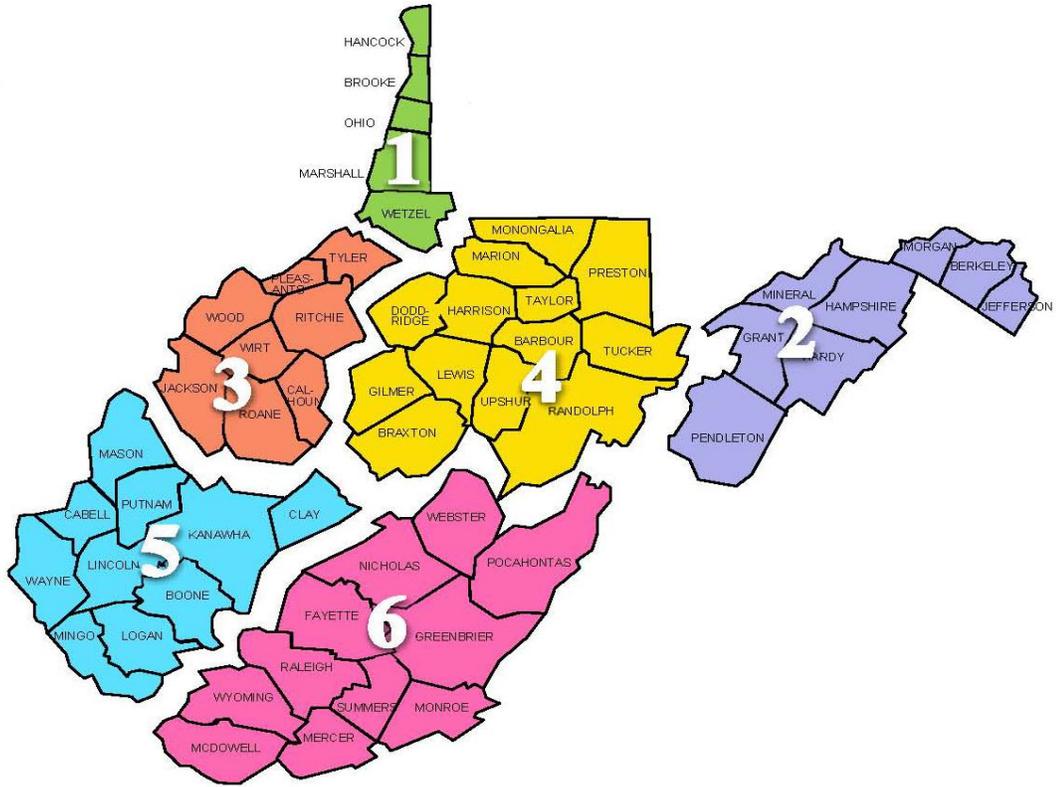
Region 2: 23 individuals; Morgan - 0, Berkeley -10, Jefferson - 0, Mineral - 4, Hampshire - 6, Grant - 3, Hardy - 0, and Pendleton - 0

Region 3: 56 individuals; Tyler - 3, Pleasants - 5, Wood - 39, Ritchie- 0, Wirt - 2, Jackson - 3, Roane - 4, and Calhoun - 0

Region 4: 83 individuals; Monongalia - 22, Marion - 6, Preston - 3, Doddridge -1, Harrison - 21, Taylor - 3, Barbour - 6, Tucker - 0, Gilmer - 0, Lewis - 4, Upshur - 7, Randolph - 9, and Braxton -1

Region 5: 82 individuals; Mason -4, Cabell - 33, Putnam - 0, Kanawha - 25, Clay - 0, Wayne - 4, Lincoln - 5, Boone - 2, Mingo - 0, and Logan - 9

Region 6: 95 individuals; Webster - 4, Nicholas -10, Pocahontas -1, Fayette - 4, Greenbrier -19, Raleigh -22, Summers -1, Monroe -0, Wyoming - 2, McDowell - 0, and Mercer - 32



Section Three: **PROPOSAL INSTRUCTIONS**

Eligible applicants must provide proof of 501(c) 3 or WV business license status and possess a valid West Virginia business license.

All proposals must include a one-page proposal abstract. The abstract should include the project name, description of the population to be served, planned strategies/interventions, and a general overview of project goals and measurable objectives, including the number of people projected to be served annually. Project abstracts may be used for governmental reports and public release. As such, all applicants are encouraged to provide a well-developed abstract document not exceeding 35 lines in length.

All applications will be reviewed by the BBHMF staff for administrative compliance with all required guidelines. All applications passing the administrative review will be subsequently forwarded to an independent grant review team which will score the proposal narrative consisting of five areas:

Proposal Narrative and Supporting Documentation – The Proposal Narrative describes your project. It consists of Sections A through E. Sections A - E together may not be longer than **20** pages; applicants must utilize 12pt. Arial or Times New Roman font and single line spacing. Supporting Documentation provides additional information necessary for the review of your application. It consists of Sections F and G. These documents and/or attachments will not be counted towards the Project Narrative page limit; Section F and G together may not be longer than **20** additional pages.

- A. Population of Focus and Statement of Need (20 points)
- B. Proposed Evidence-Based Service/Practice (25 points)
- C. Proposed Implementation Approach (35 points)
- D. Staff and Organizational Experience (10 points)

E. Data Collection and Performance Measurement (10 points)

F. Budget Form and Budget Narrative

G. Attachments

Letters of Support

Budget Forms

Budget Narrative

Section Four: **PROPOSAL OUTLINE**

All proposal submissions must include the following components without exception.

Abstract:

Provide a brief description of the project proposed as earlier set forth in this announcement and as provided for on the proposal template

Project Narrative and Supporting Documentation:

A. Population of Focus and Statement of Need:

- Provide a comprehensive demographic profile of your population of focus in terms of race, ethnicity, language, gender, age, socioeconomic characteristics, and other relevant factors, such as literacy.
- Demonstrate an understanding of this populations consistent with the purpose of your project and intent of the AFA
- Describe the nature of the problem, including service gaps, and document the extent of the need (e.g., current prevalence rates or incidence data) for the population(s) of focus based on data. Identify the source of the data. Documentation of need may come from a variety of qualitative and quantitative sources.
- Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective advocacy services for the designated population that is consistent with the purpose of the program and intent of the AFA

- Document the need for the proposed project in West Virginia.
- Indicate which region and county(ies) that will be served by the proposed project

B. Proposed Evidence-Based Service/Practice:

- Describe the purpose of the proposed project
- Clearly state project goals, objectives and strategies. These must relate to the intent of the AFA and performance measures identified in Section E: Data Collection and Performance Measurement
- Describe evidence-based practice(s) (EBP) that will be used and justify use for your population(s) of focus, your proposed program, and the intent of this AFA
- If an EBP does not exist/apply for your program, fully describe the practice you plan to implement, explain why it is appropriate for the population of focus, and justify its use compared to an appropriate, existing EBP
- Describe how the proposed practice(s) will address the following issues in the population(s) of focus, while retaining fidelity to the chosen practice: in demographics (race, ethnicity, religion, gender, age, geography, and socioeconomic status), language and literacy, sexual identity (sexual orientation and gender identity) and disability
- Discuss any screening tools that will be used and basis for selection
- Describe how the organization will address cultural competence in proposal implementation. All BBHMF sub-grantees are required to receive cultural competence training and to ensure that no one will be discriminated against due to race, ethnicity, religion, gender, age, geography or socioeconomic status.
- Briefly describe how privacy and confidentiality will be ensured, including an explanation of what data will be collected and how it will be used

C. Proposed Implementation Approach:

- Describe how achievement of the goals will produce meaningful and relevant results for the focus population and support BBHMF's goals for the program
- Describe the proposed program activities, including how unmet needs will be

documented and reported at both the individual and system levels and how requests for advocacy will be prioritized.

- Indicate how advocacy services will be equitably distributed across the state, based on residency of current Medley class members.
- Describe how you will screen and assess clients for the presence of co-existing intellectual disabilities and mental disorders and use the information obtained from the screening and assessment to recommend and advocate for appropriate treatment approaches for the persons identified as having such co-existing disorders
- Describe how you will ensure the input of clients in assessing, planning, and implementing your project. Describe the feedback loop between the clients, your organization, project partners/key stakeholders, and the BBHMF in all implementation stages of the project.
- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of support from community organizations supporting the project in **Attachment 1**
- Clearly state the unduplicated numbers of individuals you expect to serve (annually) with grant funds,
- Describe how the organization will ensure that all advocacy staff receives a minimum of 40 hours of formal mediation training during the first six months of the grant period and how skills in mediation and facilitation will enhance the ability to meet the goals of the project.
- Describe additional training to be sought and utilized in the development of the project, identifying key training components (by title) and their relevance
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them
- Describe how program continuity will be maintained when there is a change in the operational environment (e.g. staff turnover, change in project leadership) to ensure stability over time

D. Staff and Organization Experience:

- Discuss the capability and experience of the applicant organization.
Demonstrate that the applicant organization has linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) of the population(s) of focus
- Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications
- Discuss how key staff have demonstrated experience and are qualified to serve the population(s) of focus and are familiar with the culture(s)

E. Data Collection and Performance Measurement:

- Document your ability to collect and report on the required performance measures as specified in Section Five: Expected Outcomes / Products of this AFA. Describe your plan for data collection, management, analysis, and reporting. Specify and justify any additional measures or instruments you plan to use for your project
- Describe how data will be used to manage the project.
- Describe how information related to process and outcomes will be routinely communicated to program staff, governing and advisory bodies, and stakeholders

F. Budget Form and Budget Narrative: *All requirements set forth in Section F must be included in **Attachment 3 and will not count toward the Project Narrative page limit***

- Include a proposed Target Funding Budget (TFB) with details by line item including sources of other funds where indicated on the TFB form
 - Include expenses for attending Quarterly BBHFF Provider Meetings
- Include a Budget Narrative document with specific details on how funds are to be expended

- The budget narrative clarifies and supports the budget (TFB). The narrative should clearly/specify the intent of and justify each line item in the budget (TFB)
- Describe any potential for other funds or in kind support. Please include a description of such funds as a supplement to the Budget Narrative document.
- Prepare and submit a separate TFB for any capital or start-up expenses and accompany this separate TFB with a coordinating Budget Narrative document
- Additional financial information and requirements are located in **Appendix A**

**All forms referenced in Section F: Budget Form and Budget Narrative can be accessed through the BBHFF web-site at:
<http://www.wvdhhr.org/bhhf/resources.asp>**

G. Attachments 1 through 3: *Will not count toward the Project Narrative page limit*

- **Attachment 1:** Letters of Support
- **Attachment 2:** Facility/site diagrams (if applicable/available)
- **Attachment 3:** Budget Form(s) and Budget Narrative(s)

Section Five: EXPECTED OUTCOMES / PRODUCTS

The core values of advocacy services are that advocates understand and are committed to the philosophies of “person-centered planning” and “most integrated

environment” which are cornerstones of community-based alternatives to institutional care.

Outcomes driven by these philosophies include:

- Consumers and families will be educated about consumer rights and self-advocacy to better enable them to make informed decisions;
- Advocacy services will promote an atmosphere of cooperation; as the first strategy to achieve results for class members
- Consumer and agency issues will be resolved at the lowest level possible level;
- Ongoing contact with the Medley class members and Hartley consumers (if applicable) and their service providers, guardians, medical surrogates and power of attorney;
- A person centered process is being implemented by service providers and that service planning team meetings are based on helping the consumer access appropriate community-based services and supports.

All grantees must discuss their ability to report the data collected through web-based reporting by the 10th of each month.

Specific outcome measures will include the following: |

Documentation of all activities related to program service areas indicated by:

- A. Number of Persons Served by Type of Activity.
- B. Number of Persons Served by Age, Gender, Race and Ethnicity at admission and discharge in accordance with applicable regulations.
- C. Number of Cross Planning Initiatives and programs implemented with other sectors.
- D. Number/type of trainings/ events attended and provided.

Section Six: TECHNICAL ASSISTANCE

The **Bureau for Behavioral Health and Health Facilities (BBHFF)** will provide technical assistance to all applicants through a scheduled technical assistance meeting and/or conference call as indicated on Page 1 of this document.

Technical assistance needs may also be submitted via email to: DHHRBHFFAnnouncement@wv.gov. All emailed technical assistance inquiries will be addressed by the BBHFF and posted to a Frequently Asked Questions (FAQ) document on the BBHFF website available at DHHR.WV.GOV/BHFF/AFA.

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Appendix A **Other Financial Information**

Allowable costs:

Please note that Departmental Policies are predicated on requirements and authoritative guidance related to Federal grants management and administrative rules and regulations, Grantees shall be required to adhere to those same requirements when administering other DHHR grants or assistance programs, the source of which is non-Federal funds (e.g. state-appropriated general revenue and appropriated or non-appropriated special revenue funds) unless specifically provided direction to the contrary.

Cost Principles:

For each kind of grantee organization, there is a set of Federal cost principles for determining allowable costs. Allowable costs are determined in accordance with the

cost principles applicable to the organization incurring the costs. The following chart lists the kinds of organizations and the applicable cost principles. The Grantee agrees to comply with the applicable cost principles as set forth below.

If the Grantee is a:	OMB Circulars Codified at:
State, local or Indian tribal government use the cost principles in OMB Circular A-87 .	DHS codified at 45 C.F.R. § 92 and 45 C.F.R. § 95 USDA codified at 7 C.F.R. § 3016 ; EDUC codified at 34 C.F.R. § 80 ; EPA codified at 40 C.F.R. § 31 .
Private nonprofit organization other than an (1) institution of higher education, (2) hospital, or (3) organization named in OMB Circular A-122 as not subject to that circular use the cost principles in OMB Circular A-122 .	DHS codified at 45 C.F.R. § 74 ; USDA codified at 7 C.F.R. § 3019 ; EDUC codified at 34 C.F.R. § 74 ; EPA codified at 40 C.F.R. § 30 .
Educational Institution use the cost principles in OMB Circular A-21 .	DHS codified at 45 C.F.R. § 74 ; USDA codified at 7 C.F.R. § 3019 ; EDUC codified at 34 C.F.R. § 74 ; EPA codified at 40 C.F.R. § 30 .
Hospital use the cost principles in Appendix E of 45 C.F.R. § 74 .	DHS codified at 45 C.F.R. § 74 ; USDA codified at 7 C.F.R. § 3019 ; EDUC codified at 34 C.F.R. § 74 ; EPA codified at 40 C.F.R. § 30 .
For-profit organization other than a hospital and an organization named in OMB Circular A-122 as not subject to that	DHS codified at 45 C.F.R. § 74 ; USDA codified at 7 C.F.R. § 3019 ;

circular use the cost principles in 48 C.F.R. pt. 31 Contract Cost Principles and Procedures.	EDUC codified at 34 C.F.R. § 74 ; EPA codified at 40 C.F.R. § 30 .
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Grantee Uniform Administrative Regulations:

For each kind of grantee organization, there is a set of Federal uniform administrative regulations. The following chart lists the kinds of organizations and the applicable uniform administrative regulations for each listed type of grantee.

If the Grantee is a:	OMB Circulars Codified at:
State, local or Indian tribal government use the uniform administrative requirements in OMB Circular A-102 .	Department of Health and Human Services (DHS) codified at 45 C.F.R. § 92 and 45 C.F.R. § 95 ; Department of Agriculture (USDA) codified at 7 C.F.R. § 3016 ; Department of Education (EDUC) codified at 34 C.F.R. § 80 ; Environmental Protection Agency (EPA) codified at 40 C.F.R. § 31 .
Private nonprofit organization, institutions of higher education or a hospital use the uniform administrative requirements in OMB Circular A-110 .	DHS codified at 45 C.F.R. § 74 ; USDA codified at 7 C.F.R. § 3019 ; EDUC codified at 34 C.F.R. § 74 ; EPA codified at 40 C.F.R. § 30 .
For-profit organization use the uniform administrative requirements in OMB Circular A-110 .	DHS codified at 45 C.F.R. § 74 USDA codified at 7 C.F.R. § 3019 ; EDUC codified at 34 C.F.R. § 74 ; EPA codified at 40 C.F.R. § 30 .

