

Attachment 1
Applicant Attestation
(Must be attached to application packet)

I certify that the information provided is correct. I certify that my agency meets the minimum eligibility requirements outlined in the RFA. I understand and agree that, at any time, the State may review all employer records and documentation necessary to ensure compliance with the requirements of the demonstration and that any monies found to have been expended which are not in compliance with the terms and conditions of the grant may be recouped by the State. The applicant further agrees to comply with the requirements of the RFP including all appendices.

I certify that my organization will provide, and our staff able to use, computer software compatible with the products used by the Department to organize, analyze and store data and project related information and to transfer reports and other information to the Department via e-mail. [Note: At least one copy of the submitted applications must contain original signatures.]

I certify that my organization employs or contracts with a sufficient number of individuals with developmental disabilities to be able to conduct peer outreach counseling in fulfillment of the goals and objectives of this project.

Signature of official from lead organization: _____

Print/type Name: _____

Title and Organization: _____

Correspondence Address: _____

E-mail Address: _____

Telephone: _____

Fax Number: _____

Date Signed: _____