

Appendix D

Statement of Assurances

The undersigned attests that the information provided to determine eligibility is true and accurate to the best of his or her knowledge. The undersigned further attests that he or she has the authority or responsibility to represent the agency or organization in all phases of this Request for Application process. Finally, the undersigned understands that any false or substantially incorrect statement may disqualify this proposal from further consideration or be cause for termination of any further contract.

If this application is selected for funding, the undersigned provides assurances on behalf or his or her organization that the organization will comply with the terms and conditions in its Provider Agreement with Josephine County. The organization will also comply with all applicable federal, state, county and local statutes, rules and funding criteria governing service, facilities and operations. Finally, the organization will submit all required reports, documents and forms within the allotted time for their submission.

The undersigned, as applicant, declares that he or she has carefully examined the requirements of this Request for Applications packet and that applicant agrees, if the proposal is accepted, that applicant will contract with Josephine County to furnish the services as specified, in accordance with the proposal offered here.

The applicant hereby certifies that the organization is a resident bidder as defined in ORS 279A.120.

By initialing this space _____ applicant hereby certifies that the organization has not discriminated against minorities, women, or emerging small business enterprises in obtaining any required subcontracts. By initialing this space _____ applicant hereby certifies that to the best of applicant's knowledge, the organization is in compliance with all Oregon tax laws described in ORS 305.380(4).

Authorized signature in blue ink

Date

Name and Title of person Authorized to Sign:

Agency or Organization Name: