

(Attachment E)

## AGENCY CERTIFICATIONS

The following certification **must** be completed and **signed by an authorized agency representative** to be further considered for HHAP program funding.

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate. No material information has been omitted, including financial information.
- b. The agency certifies to the best of its knowledge and belief that its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency.
- c. The agency shall comply with all federal and county policies and requirements applicable to the HHAP program as appropriate for the funding if received.
- d. If HHAP funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.
- e. The agency certifies that the funded program will participate in the locally approved HMIS system or comparable database for Victim Service Providers (VSP) and CES.
- f. If HHAP funds are approved in the requested amount, the agency will provide a final budget summary.

Name of Agency	
Typed Name and Title of Agency Official	
Agency Official's Signature	Date of Signature
Phone Number of Agency Official	E-Mail Address of Agency Official