

**IMPERIAL VALLEY CONTINUUM OF CARE COUNCIL
HOMELESS HOUSING, ASSISTANCE AND PREVENTION
PROGRAMS – ROUND 1 & ROUND 2 REQUEST FOR PROPOSALS
CERTIFICATION
(Attachment G)**

I. _____, a duly authorized agent of
Printed Name of Agent/Officer

_____, hereby certify to the best of my
Name of Organization

knowledge that _____, by submission of this proposal
Name of Organization

in response to this RFP, that the data in this application is true and correct, and agree to comply

with the specified obligations required of applicant if the application is approved and a contract is awarded.

Signature _____ Date: _____

Title of Agent/Officer _____