

## Entity Certification:

This certification attests to awareness and agreement to the content of this RFP and all accompanying calendar schedules and provisions contained herein.

The entity must ensure that the following certificate is duly completed and correctly executed by an authorized officer/person of your organization.

This proposal is submitted in response to **HEAP FUNDING** issued by the Butte Countywide Homeless Continuum of Care, in Butte County California.

The undersigned applicant Entity hereby certifies that:

The information contained in the application and all attachments is true to the best of my knowledge.

The undersigned is a duly authorized officer, hereby certifies that:

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(Organization Name)

If awarded funds, the Entity certifies that:

- If the application is for Capital Expenditures, the Lead Applicant will furnish required Surety Bonds to the County of Butte, prior to the contract execution, if required.
- It will comply with Federal, State, County and Local regulations and policies applicable to the source of funds awarded.
- It understands that the Butte Countywide Homeless Continuum of Care, County of Butte, HUD, HCD, BSCH or other federal entity shall have access to all program and financial records related to the program for monitoring or audit purposes.
- Will provide insurance liability information 15 days prior to coverage expiration
- There will be sufficient funds from all combined procured sources to operate the program as proposed.
- There will be sufficient staff capacity to effectively administer the program.
- It will income-qualify all program participants (beneficiaries) in accordance with 24 CFR Part 5.609 (Part 5), if applicable.
- It will collect universal data elements and meet data quality standards of the Homeless Management Information System Policies and Procedures and Data Quality Plan and all other related data collection and reporting documents, including but not limited to Coordinated Entry.
- It will retain records relating to the use of funds for a period not less than seven years.
- It will provide timely performance reports to both the Butte Countywide Continuum of Care and the County of Butte as required in the executed agreement with the County of Butte.
- It will advise the Butte Countywide Continuum of Care and the County of Butte within 10 days of change of Board of Directors, Executive Team or Program Managers of all Lead Applicants and any sub recipients listed below.
- It will comply with all Butte Countywide Continuum of Care, County of Butte, Local, State or Federal regulations regarding accountability and transparency.
  
- Acknowledgement of All Amendments – Signed and Attached
- List of Any Sub-Grantees, Sub-Contractors, or Sub-Recipients with amount of payment expected.
  - Name: Amount:
  - Name: Amount:
  - Name: Amount:
  - Name: Amount:
  - Name: Amount:

- Attachment to RFP Response/Application of Proof of Entity Legal Status for any of the above.

The undersigned further certify that their entity (check one):

- IS
- IS NOT

Currently debarred, suspended, or proposed for debarment by any local, state or federal entity. The undersigned agree to notify Butte Countywide Continuum of Care of any change in this status, should one occur, until June 30, 2021.

**Person[s] authorized to negotiate for purposes of this RFP are:**

Name:	Title:
Signature:	Date:

Name:	Title:
Signature:	Date:

**Signature of Authorized Officer:**

Name:	Title:
Signature:	Date: