

RFA APPLICATION ATTESTATION & CERTIFICATION

<i>CoC NOFO Attestation of the following</i>	<i>Initials of Agency Representative whose allowed to sign agreements</i>
Our project will not engage in racial preferences or other forms of illegal discrimination	
Our project will have a formal MOU, MOA or contract with workforce development centers and employers to increase employment and employment income for program participants	
Our project understands the CoC utilizes system performance data on our ability to increase employment income for program participants served, to determine how our program is ranked in the competitive solicitation process	
Our project serving households with minor children will have a formal MOU, MOA or contract with organizations that offer childcare	
Our project will offer on-site, Trauma Informed, behavioral health treatment inclusive of Developmental, Substance Abuse and Mental Health, robust wraparound supportive services, and enforce participation requirements. For any TBRA projects we understand the provision of services must be mobile and able to meet the participant where they are. We are an FQHC, CMHC or have a formal MOU, MOA or contract with an organization specializing in behavioral health services	
Our TH project will provide wraparound supportive services for participants between the ages of 18-61 for 40 hours a week, understanding supportive services may be reduced proportionately for participants who are employed	
Our organization does not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of any property under our control, permit the use or distribution of illicit drugs on any property under our control, or conduct any of these activities under the pretext of “harm reduction.”	

Miami-Dade reserves the right to verify past performance and evaluate the eligibility of a project application submitted during the CoC Program Competition for the following reasons: **(a)** evidence that the project has previously or currently conducts activities that subsidize or facilitate racial preferences or other forms of illegal discrimination or conduct activities that rely on or otherwise use a definition of sex other than as binary in humans. **(b)** evidence that the project operates drug injection sites or “safe consumption sites,” knowingly distributes drug paraphernalia on or off of property under their control, permits the use or distribution of illicit drugs on property under their control, or conducts any of these activities under the pretext of “harm reduction.”

I certify that all of the information contained in our attestation and HUD new or renewal project application is true and accurate. I further understand that material omission or false information contained in this proposal constitute grounds for disqualification of the Proposer(s) and this proposal.

Authorized Signature	Typed Name	Title	Date

Corporate Seal



OR Sworn to and subscribed

Before me this day of , 20_____

**NOTARY PUBLIC, State of
Florida, at Large**