**STATEMENT OF ASSURANCES**

**Clinical Education Initiative**

**RFA # 18138**

In order for your application to be considered for review, the Chief Executive Officer or designee of the applicant organization must attest to compliance with all the statements below. A signature must appear at the bottom of the page and this document must be included with the application package.

* Ensures that all Objectives and Tasks as listed in the Work Plan will be met.
* Ensures your organization is able to serve as the proposed Center of Excellence and meet all specifications as listed in the RFA.
* Ensures the proposed outcomes as listed in the RFA will be met and the staff will be qualified, appropriately trained and have sufficient in-house leadership and resources to implement the program.
* Ensures any agreements with subcontracts are held to the same standards as the Lead Agency.
* Attests to the fact that the agency has the integrity and capacity to fully perform the requirements of the program.
* Attests to the fact the agency has no fiscal deficiencies, is fiscally sound and has no outstanding audit issues.

**If it is determined that any of the above statements are false, the NYSDOH/AIDS Institute reserve the right to reject the application and remove the application from consideration.**

*I hereby certify that the information contained in this application is correct and in compliance with appropriate federal and state laws and regulations, and that I am the authorized representative to file this application.*

**CEO/Designee:**

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_