**Attachment 1**

**Statement of Assurances**

**RFA #20309**

**Internal Program #23-0001**

For your application to be considered for review, the Chief Executive Officer (CEO) 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. The CEO or designee:

* Ensures the scope of services as listed in the RFA will be met.
* Ensures your organization is able to serve the entire catchment area as directed in the RFA.
* Ensures the proposed services will be provided 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.
* Certifies that the information contained in this application (including all attachments) is complete, correct, and in compliance with appropriate federal and state laws and regulations.
* Certifies that they are authorized to file this application on behalf of the applying organization.

**If it is determined that any of the above statements are false, the New York State Department of Health AIDS Institute (NYSDOH AI) reserves the right to reject the application and remove the application from consideration.**

**CEO/Designee:**

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

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

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

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

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