

CONTACT PERSON – BUDGET AND PROGRAMMING

ORGANIZATION NAME _____

Name of Person responsible for managing the project funds: _____

Position with organization: _____

Name of person responsible for managing the program operations: _____

Position with organization: _____

Address:

Zip Code:

Email:

Telephone:

Certificate: I hereby affirm that:

Information in this application is accurate to the best of my knowledge.

- a) The organization has the resources to meet the goals and objectives included in this application of the amount of applied funds.
- b) If awarded, based on my authority, the organization is committed to fulfilling the standard contract conditions.

Signature, Executive Program Director

Date Signed

CONFLICT OF INTEREST TO BE SUBMITTED WITH GRANT PROPOSAL

CERTIFICATION OF INDEPENDENCE AND NO CONFLICT OF INTEREST

By submitting a proposal in response to the BVCS ECI Area Request for Proposal for **describe service** Services (RFP), the undersigned certifies the following:

1. The proposal has been developed independently, without consultation, communication or agreement with any employee or consultant to any person serving as a member of the evaluation committee.
2. The proposal has been developed independently, without consultation or agreement with any other applicant or parties for the purpose of restricting competition.
3. Unless otherwise required by law, the information found in the proposal has not been knowingly disclosed and will not be knowingly disclosed prior to the award of the contract, directly or indirectly, to any other applicant.
4. No attempt has been made or will be made by Name of Applicant

5. to induce any other applicant to submit or not to submit a proposal for the purpose of restricting competition.
6. No relationship exists or will exist during the contract period between the Name of Applicant _____ and the 3-County BVCS ECI Board that interferes with fair competition or as a conflict of interest.

Name and Title

Date