

**IMPERIAL VALLEY CONTINUUM OF CARE COUNCIL  
HOMELESS HOUSING, ASSISTANCE AND PREVENTION  
PROGRAMS – ROUND 1 & ROUND 2 REQUEST FOR PROPOSALS  
CERTIFICATION  
(Attachment G)**

I. \_\_\_\_\_, a duly authorized agent of  
Printed Name of Agent/Officer

\_\_\_\_\_, hereby certify to the best of my  
Name of Organization

knowledge that \_\_\_\_\_, by submission of this proposal  
Name of Organization

in response to this RFP, that the data in this application is true and correct, and agree to comply

with the specified obligations required of applicant if the application is approved and a contract is awarded.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Title of Agent/Officer \_\_\_\_\_