

ATTACHMENT A

**MARIN COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WHOLE PERSON CARE**

HOUSING BASED CASE MANAGEMENT CONTRACT & VENDOR POOL

RFP-HHS-2022-02

Date: _____

Legal Applicant:

Organization Name:

Address:

Telephone:

E-mail:

Contact Person:

Contact Person's E-mail Address:

Type of Organization (if Applicable):

Date of Submission:

Federal Tax ID No.:

Certifications

I certify that to the best of my knowledge the information contained in this Application is accurate and complete and that I have the legal authority to commit this agency to a contractual agreement. I understand that final funding for any service is based upon funding levels and the approval of the Marin County Board of Supervisors.

I further certify that the costs of the proposed project can be carried by the applicant for at least 60 days at any point during the term of the contract.

Signature:

Date:

Name:

Title:

For County Use Only

Date Received:

Time Received:

Marin County WPC Staff Signature Acknowledging Receipt of Application: