

**ATTACHMENT A**

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

**Severe Weather Emergency Shelter Services  
General Funds**

**RFP-HHS-2022-17**

**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:**