

ATTACHMENT A

**MARIN COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH**

Harm Reduction & Ending the Epidemics (HIV/HCV/STIs)

RFP-HHS-2024-13

Date: _____

<p><u>Legal Applicant:</u> 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.</p>
<p><u>Certifications</u></p> <p>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.</p> <p>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.</p> <p>Signature: _____ Date: _____</p> <p>Name: _____</p> <p>Title: _____</p>

For County Use Only

Date Received:	Time Received:
Marin County Public Health Staff Signature Acknowledging Receipt of Application:	