

**ATTACHMENT A**

**Applicant Agency Information: Cover Sheet**

<b>Agency Legal Name must match Agency name listed on the Florida Department of State Division of Corporation website: <a href="http://www.sunbiz.org">www.sunbiz.org</a></b>	
Agency Legal Name:	
Main Administrative Address:	
City & State:	Zip Code:
Telephone Number:	Fax Number:
CEO/Executive Officer: Email:	Office Phone Number:
Chief Financial Officer: Email:	Office Phone Number:
Agency ITN Contact Representative:	Office Phone Number:
Agency ITN Contact Email:	Agency ITN Contact Fax Number:
Type of Entity:      ___ Corporation      ___ Private for-Profit      ___ Private Not-for-Profit Unit of Government      ___ Federal      ___ State      ___ County      ___ City      ___ Other _____	
Licensed to do business in Florida?  ___ Yes    ___ No    ___ N/A	17. Federal Identification Number:

**Section B. Certification of Accuracy and Compliance**

I do hereby certify that all facts, figures, and representations made in the application(s) are true and correct. Furthermore, all applicable statutes, terms, conditions, regulations, and procedures for program compliance and fiscal control, including but not limited to, those contained in the Bid Solicitation and Core Contract will be implemented to ensure proper accountability of contracts. I certify that the funds requested in this application will not supplant funds that would otherwise be used for the purposes set forth in this project and are a true estimate of the amount needed to operate the proposed program. The filing of this application has been authorized by the contracting entity, and I have been duly authorized to act as the representative of the agency in connection with this application. I also agree to follow all Terms, Conditions, and applicable federal and state statutes. Further, I understand that it is the responsibility of the agency head to obtain from its governing body the authorization for the submission of this application. Evidence of this authorization must be provided within 21 days of notice of award. I further understand that such contract award may be rescinded for failure to provide such documentation. Lastly, I hereby attest that all work contained within this proposal is the unique and original product of the agency I represent and has not been plagiarized or duplicated in any way from another agency's work product.

**Service Provider Signature (in blue ink)**

---

Authorized Official's Signature / Date

---

Authorized Official's Title