

HOPWA Application Attestation Statement

I certify that if funds are received for service operations as a result of this application,

1. At least one employee would complete the HOPWA Financial Management Online Training.
Name of the staff completing/completed the training:

_____ Date: _____
2. The service will be operated for the benefit of eligible beneficiaries for the contract term, and that the level of service will not be less than that stated in this application at any time during the term of the contract.
3. All projects will be operated in full compliance with any and all local certifications, approvals, and operating permits, and that they will be operated in full compliance with all local codes and ordinances, including zoning, health, fire safety and housing codes or requirements.
4. The services will be operated in such a way as to maximize the opportunities for clients to participate in program delivery through employment, volunteer services, construction, renovation, maintenance or operation of the facility or program.
5. The organization will refrain from political activities including endorsement of any political candidate or party, use of machinery, equipment, postage, stationary, or personnel on behalf of any candidate or any question of public policy subject to referendum, or the display of political posters, stickers or other printed materials.
6. All programs will be operated in compliance with all laws and regulations governing the Federal or State programs under which the funds are made available.
7. The applicant organization is actively participating in local area provider networks, homeless housing and service coalitions, a local Consortia, Coordinated Entry System and Continuum of Care planning processes.
8. The applicant organization will not discriminate against a program beneficiary or prospective project beneficiary on the basis of religion or religious beliefs, age, gender, sexual orientation, race and ethnicity.
9. The agency will maintain 501C3 tax status as well as current registry with the Office of the Georgia Secretary of State.
10. All persons who receive HOPWA funded assistance shall be of low-income persons living with HIV/AIDS and their family members/care providers, or surviving family members.
11. I certify that I have reviewed the information contained in this application and all attachments, and that all information provided in them is true and accurate, to the best of my knowledge.

I affirm that the information provided within this application, to the best of my knowledge, is true and accurate, complete and has submitted according to the instructions and requirements. I affirm that I am duly authorized on behalf of the above organization to submit this application. I also understand that this application will be eliminated from the review process if any of the required information is omitted. I further certify that the funds requested herein will be utilized exclusively for "eligible beneficiaries" as described in the application guidelines.

Authorized Staff: _____

Date: _____