CERTIFICATION

I certify that all statements in Exhibits A and B are true. This certification constitutes a warranty, the falsity of which shall entitle the Imperial County Children and Families First Commission to pursue any remedy authorized by law which shall include the right, at the option of the Commission, of declaring any contract made as a result hereof to be void. I agree to provide the Commission with any other information the Commission determines is necessary for the accurate determination of the person or agency's qualification to provide services.

I certify that	(your name or agency name) will
comply with all requirements specified in the RFP	which are applicable to the services which we wish to
provide. I agree to the right of the Commission to	audit financial and other records of said
name/agency:	(your name or agency name).
Signature of Proposer or Authorized Agent:	Please type name:
Signature of Board President (Non-profits only):	Please type name:

Business Tax ID Number or Individual's Social Security No.:

Date: