

**CERTIFICATION**

I certify that all statements in Exhibits A and B are true. This certification constitutes a warranty, the falsity of which shall entitle First 5 Imperial 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:

\_\_\_\_\_