**Application Cover Page**

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| Name of Applicant Organization *(Legal name as it will appear on the contract)* |
|       |
| Mailing Address *(Street address, P.O. Box, City, State, Zip Code)* |
|      Organization Website Address:      DUNS Number:       |
| **Person authorized to act as the primary contact for matters regarding this application:** |
| Printed Name *(First, Last)*: | Title: |
|       |       |
| Telephone number: | Fax number: | Email address, if applicable |
| (   )       | (   )       |       |
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| **Signature of Authorized Representative** | **Date:** |
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| **Person authorized to obligate this firm in matters regarding the resulting subvention contract:** |
| Printed Name *(First, Last)*: | Title: |
|       |       |
| Telephone number: | Fax number: | Email address, if applicable |
| (   )       | (   )       |       |
| **Signature of Authorized Representative** | Date: |
|  |       |

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# APPLICANT ASSURANCES

The Applicant certifies that the following statements are true as applied to the Applicant and all Subcontractors, if any:

* 1. The Applicant is accountable for the content of the Scope of Work and will provide program oversight of all Subcontractors, (if any).
	2. The Applicant is fiscally responsible for outreach activities funded under the contract, including those of Subcontractors, (if any), and is liable for repayment of unallowable costs.
	3. CFO activities conducted by Contractor or Subcontractors, (if any), are targeted to those most likely eligible for benefits.
	4. Cash or in-kind donations from other non-Federal sources have not been claimed or used as a match or reimbursement under any other Federal program.
	5. Duplicate or additional payments for the same work (approved electronic applications, approved paper applications, SAR 7s and Annual Recertification Applications) are not received through separate contracts with county welfare departments.
	6. If in-kind goods and services are part of the budget, only public in-kind services are included. No private in-kind goods or services are claimed.
	7. Documentation of Applicant and Subcontractor (if any) costs, payments, and donations for approved CFO activities are maintained by the Applicant and available for CDSS/USDA-FNS review and audit.
	8. Program activities are conducted in compliance with all applicable Federal laws, rules, and regulations including Civil Rights and Office of Management and Budget regulations governing cost issues.
	9. Program activities are conducted in compliance with approved Farm Bill (Agricultural Act of 2014, Section 4018(a) <http://www.gpo.gov/fdsys/pkg/BILLS-113hr2642enr/pdf/BILLS-113hr2642enr.pdf>)
	10. Program activities do not supplant existing CFO programs, and where operating in conjunction with existing programs, enhance and supplement them.
	11. Program activities are reasonable and necessary to accomplish CFO goals and objectives.

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| **Signature of Authorized Representative** | **Date:** |
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