



County of Santa Cruz, Human Services Department
Request for Proposals # 2019HSD01

Attachment A: Cover Letter and Certification of Compliance

Statement of Proposer

Being duly authorized to represent and act on behalf of _____, I, the undersigned, having reviewed and fully understood all of the RFP requirements and information contained therein hereby submit this Proposal for the RFP referenced above, for your consideration and evaluation. The Proposal shall be valid for a period of at least 180 days from the Proposal Due Date.

By indication of the authorized signature below, Proposer does hereby certify and assure

Proposer's (potential contractor's) compliance with:

- The laws of the County of Santa Cruz;
- Title VI of the Federal Civil Rights Act of 1964;
- Title IX of the Federal Education Amendments Act of 1972;
- The Equal Employment Opportunity Act and the regulations issued therein by the Federal government;
- The Americans with Disabilities Act of 1990 and the regulations issued therein by the Federal government;
- The condition that the submitted proposal was independently arrived at, without collusion, under penalty of perjury; and,
- The condition that no amount shall be paid directly or indirectly to an employee or official of the County of Santa Cruz as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the selected Provider in connection with the procurement under this RFP.



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Dated this _____ day of _____, 20_____

Authorized Signature:

Authorized Name: _____

Authorized Title: _____

Legal Entity Name: _____

Federal Employer ID: _____

Authorized Mailing Address: _____

Authorized Telephone: _____

Authorized Email Address: _____

Attachments: Board of Directors / Partners List (for each legal entity)