

(Place on Center Letterhead)

Acknowledgement and Certification for Funding

I acknowledge that I have read, understood, and agree to the conditions set forth in the Florida Coalition Against Domestic Violence Funding For Domestic Violence Services Application for the duration of the grant period. I certify that any FCADV funds that this Agency might receive will not be used to supplant any federal, state and local funds that would otherwise be available for domestic violence services. Further, I certify that the information contained in this application is true, complete and accurate.

GENERAL TERMS and CONDITIONS: It is understood and agreed by the undersigned that: 1) funds awarded as a result of this request are to be expended for the purpose set forth herein and in accordance with all applicable laws, regulations, policies and procedures of this state, and all federal regulations 2) any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the FCADV shall be deemed incorporated into and become a part of this application 3) service or employment will not be denied to any person on account of race, religion, national origin, disability or sex 4) the emergency shelter is accessible to individuals with physical impairments, 5) and all information contained in this application is current and accurate.

Domestic Violence Center Name

Signature of responsible official

Date

Printed name of responsible official

Title of responsible official