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# Exhibit D: Certifications and Assurances (Mandatory)

Send this as a pdf document titled “Exhibit D: Certificates and Assurances – YOUR ORGANIZATION NAME.”

**Organization Name**

**Contact Person**

**Mailing Address**

**City, State, Zip Code**

**Phone**

**E-mail**

*Initial next to each item:*

\_\_\_\_\_ I certify that I have the authority to submit this Application, and that the information in this Application is true and accurate.

\_\_\_\_\_ I certify that my organization is licensed to do business in the state of Washington.

\_\_\_\_\_ If my organization is faith-based, I understand that state law prohibits the use of public funds for religious worship, exercise, instruction, or support of any religious establishment.

\_\_\_\_\_ I understand that my organization will not receive reimbursement for any costs incurred in preparing this application.

**Completion Checklist**

Please ensure you have completed the following:

 [ ]  Exhibit A: Application Form

 [ ]  All fields completed

 [ ]  All responses within stated word limits

 [ ]  Organization chart pasted in below question 7A

 [ ]  Saved in Microsoft Word

[ ]  Titled “Exhibit A: Application Form – – YOUR ORGANIZATION NAME”

 [ ]  Exhibit B: Letters of Support and Collaboration, if required

 [ ]  Collected into one document.

[ ]  Saved in either Microsoft Word or PDF format

[ ]  Titled “Exhibit B: Letters of Support and Collaboration – – YOUR ORGANIZATION NAME”

 [ ]  Exhibit C: Coordination with Neighboring Organizations

 [ ]  One form for each neighboring ECEAP, Head Start/Early Head Start, or Tribal organization

 [ ]  Saved in one document PDF format, with signatures

 [ ]  Titled “Exhibit C: Coordination with Neighboring Organizations – – YOUR ORGANIZATION NAME”

 [ ]  Exhibit D: Certifications and Assurances

 [ ]  Fully completed

 [ ]  Signed by individual with authority to bind the organization

 [ ]  All responses answered in provided fields with preset fonts. All other text

 formatted in Calibri font size 12, 1-inch margins, single spaced.

 [ ]  Will submit in a single email with subject line

 “Early ECEAP Application – YOUR ORGANIZATION NAME”

|  |  |
| --- | --- |
| **Printed Name and Title** |  |
| **Signature** |  |
| **Date** |  |