

ATTACHMENT E

NJ Department of Children and Families, Children's System of Care (CSOC)

Respite: Family Support Services (FSS)

Signature Certification of Acceptance

Providers are required to confirm their compliance with all of the qualification requirements. This completed document is attestation that you are able to meet all of the compulsory requirements and able to provide services consistent with the scope of services delineated in the RFQ.

By my signature below, I hereby certify that:

- I have the necessary authority to execute this agreement between my Agency and the Department of Children and Families (DCF).
- I have read, understand and will comply with all of the terms and conditions of providing the services described in this RFQ.
- I agree to provide all of the required services and to comply with all of the service implementation and payment processes described throughout this RFQ for Respite Supports and Services for Youth with Intellectual/Developmental Disabilities.
- I certify that I meet all of the qualifications and have provided all of the documentation required throughout the RFQ for providing these required services.
- The information I have given in response to this RFQ is correct and complete.

Failure to abide by the terms of this attestation is a basis for DCF's withdrawal of my qualification to provide these services.

CEO OR EQUIVALENT NAME
(Please Print)

SIGNATURE

DATE

PLEASE NOTE: This application is subject to public disclosure under the New Jersey Open Public Records Act.