

Attachment 2

Version:1-25-18

New Jersey Department of Children and Families
Children’s System of Care (CSOC)

Summer Camp 1 to 1

SIGNATURE CERTIFICATE OF ACCEPTANCE

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 above 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 in Section I of this RFQ for One to One 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 in Section II of this 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.

APPLICANT NAME
(Please Print)

SIGNATURE

DATE

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.