

Attachment 4

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

SIGNATURE CERTIFICATE OF ACCEPTANCE

Request for Qualifications for Summer Camp Providers

Providers are required to confirm their compliance with all of the RFQ requirements. This completed document is certification that you will be 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.
- If awarded the contract, I agree to provide all of the required services and to comply with all of the service implementation described throughout this RFQ for **the Summer Camp Providers for Children’s System of Care**. 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.
- Post award, I agree to comply with DCF Policies and Regulations governing the service provision.

CEO or Equivalent (please print)	Title	Signature	Date
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