**EXHIBIT F**

**DEPARTMENT OF CHILDREN AND FAMILIES**

**Child Advocacy Center-Treatment**

**ATTESTATION:**

By my signature below, I hereby certify that:

I have the necessary authority to execute this agreement between my organization and the Department of Children and Families (DCF). I have read, understand and will comply with all the terms and conditions of providing services as described in this RFP/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 RFP/RFQ. I certify that I meet all the qualifications and have provided all of the documentation required throughout the RFP/RFQ for providing these required services.

The information I have given in response to this RFP/RFQ is correct and complete.

I understand that the failure to abide by the terms of this attestation is a basis for DCF’s withdrawal of my qualification to provide these services.

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CEO OR EQUIVALENT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TYPED NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_ DATE

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