In signing this form as the authorized representative of the submitting agency, I acknowledge that the applicant agency ______________________ (agency name) is aware of these requirements and is prepared to comply with each as well as with any other requirements that are imposed after any award of funding due to changes in federal or state requirements.

1. **Reviewed Entire Solicitation.** By signing below as the authorized representative of the agency noted above, I acknowledge that I have read and reviewed the entire solicitation.

2. **Subgrantee Monitoring.** Each funded agency may receive an on-site monitoring visit which will include both a programmatic and fiscal component. Ideally, the agency will have a 30-day advance notice of such visits; however, the NOAG reserves the right to conduct visits with little or no notice if problems are suspected or in the event that complaints are received.

3. **Quarterly Teleconferences.** The NOAG will assess training needs as well as compliance issues and provide trainings using teleconferences. Funded agencies are expected to participate in these teleconferences.

4. **Networking.** Networking opportunities will be facilitated by the NOAG. Agencies may be asked to send staff to another agency locally that provides similar services to better understand services as well as referral processes and limitations/eligibility requirements.

5. **Disaster Response Plan and Evacuation Plan.** All funded agencies providing services to clients shall have a Disaster Response Plan as well as an Evacuation Plan. All agencies which provide housing and/or shelter to clients shall have an Evacuation Plan clearly posted and shared with clients. Agencies that provide services to clients but do not have a shelter or housing program shall have an evacuation plan for their offices which provide client services clearly posted. All staff shall receive ongoing training on the Disaster and Evacuation Plan on a regular basis.

6. **Cost Allocation Plan for All Agency Funding.** All applicant agencies are required to complete and submit a cost allocation plan to include all funding received, applied for (pending), and discretionary funds anticipated from fund raising or other donations. Additionally, this cost allocation plan should show how the agency’s anticipated funding will be allocated across anticipated agency expenses and should show how each position will be funded across all revenue streams (including actual or anticipated discretionary funds).

7. **All awards are contingent upon available funding.**

________________________________________
Name of Agency

________________________________________
Print Name of Authorized Person

________________________________________
Title

________________________________________
Authorized Signature

________________________________________
Date