**Attachment 4**

# Statement of Assurances

**Advancing Health Equity through Comprehensive Community-Based HIV Ambulatory Care Services – Centers for Young Adults - Reissue**

**RFA #20559**

**Internal RFA #23-0012**

In order for your application to be considered for review, the Chief Executive Officer or designee of the applicant organization must attest to compliance with all the statements below. A signature must appear at the bottom of the page and this document must be included with the application package.

* Ensures that all performance measures as listed in the Work Plan will be met.
* Ensures your organization is able to serve the entire catchment area as directed in the Request for Applications.
* Ensures the required services will be provided and the staff will be qualified, appropriately trained and have sufficient in-house leadership and resources to implement the program.
* Ensures any agreements with subcontracts are held to the same standards as the Lead Agency.
* Attests to the fact that the agency has the integrity and capacity to fully perform the requirements of the program.
* Attests to the fact the agency has no fiscal deficiencies, is fiscally sound and has no outstanding audit issues.

# If it is determined that any of the above statements are false, the New York State Department of Health/AIDS Institute reserves the right to reject the application and remove the application from consideration.

*I hereby certify that the information contained in this application is correct and in compliance with appropriate federal and state laws and regulations, and that I am the authorized representative to file this application.*

# CEO/Designee:

**Print Name:**

**Signature:**

**Title:**

# Agency:

**Date:**