



Form 6: Applicant's Certification of Funding Terms

I, _____, as the Lead Authorized Representative of _____ (name of entity applying) certify that:

1. The information, statements, and attachments included in this application are, to the best of my knowledge and belief, true and correct.

2. I possess the legal authority to submit this application on behalf of the entity identified as the applicant for funding.

3. The following is a complete disclosure of all identities of interest—of all persons or entities, including affiliates, that will provide goods or services to the Department of Health Care Services' (DHCS's) Behavioral Health Continuum Infrastructure Program (BHCIP) project (Project) either (a) in one or more capacity or (b) that qualify as a "Related Party" to any person or entity that will provide goods or services to the Project. "Related Party" is defined in Section 10302 of Title 4 of the California Code of Regulations (CTCAC Regulations).

4. As of the date of the application, the Project, or the real property on which the Project is proposed (Property), is not party to or the subject of any claim or action at the state or federal appellate level.

5. I have disclosed and described below any claim or action undertaken that affects or potentially affects the feasibility of the Project. In addition, I acknowledge that all information in this application and attachments is public and may be disclosed by the State.

6. I understand and agree that DHCS will require Eligible Applicants to submit a complete application with all required documents. Further, I understand and agree that DHCS reserves the right to request clarification of unclear or ambiguous statements made in an application and other supporting documents.

7. I understand and agree with DHCS that funds awarded pursuant to the program must be used to supplement, and not supplant, other funding available from existing local, state, or federal programs or from grants with similar purposes. Funding may not be used for "reimbursement." Only those costs that can be associated with completing the project would be eligible costs, per the Welfare and Institutions Code, Section 5960.15.

8. I further warrant and certify that Applicant will comply with the following guidelines as a condition of receiving this funding:

- a. Applicant shall not impose unnecessary barriers to entry for justice-involved populations, to the extent possible and consistent with state law.
- b. Applicant shall serve the targeted population(s) when and as described within the application.
- c. Applicant commits to the provision of services and building use restrictions (property title shall be legally encumbered for required term) for 30 years after the expansion project is placed in service.
- d. Applicant shall use professionally licensed and insured contractors to carry out the work required for the Project.
- e. Applicant shall comply with all applicable federal, state, and local relocation laws and shall have an approved relocation plan prior to proceeding with any phase of the Project that will result in the displacement of persons or businesses, if the proposed project requires relocation of any current residents.
- f. Applicant shall adhere to the accessibility requirements set forth in California Building Code Chapter 11A and Chapter 11B and the Americans with Disabilities Act, Title II.
- g. Applicant shall meet the prevailing wage requirements for construction projects in the State of California (Lab. Code, Sec 1720 et seq.). Applicant shall provide a certification of compliance with California’s prevailing wage law, as well as all applicable federal prevailing wage law. The certification shall (a) verify that prevailing wages have been or will be paid, (b) verify that labor records will be maintained and made available to any enforcement agency upon request, and (c) be signed by the general contractor(s) and the Applicant.
- h. Applicant shall collect and report data to DHCS as required.

The Applicant shall defend, indemnify, and hold harmless the Authority and the State of California, and all officers, trustees, agents, and employees of the same, as well as Advocates for Human Potential, Inc. (AHP), the BHCIP third-party administrator, from and against any and all claims, losses, costs, damages, or liabilities of any kind or nature, including attorneys’ fees, whether direct or indirect, arising from or relating to the Grant or Project.

I certify that [insert Applicant name] will receive, expend, and administer all funds received under this initiative pursuant to the terms outlined above and understand this is a condition of receiving such funds.

The information provided within the form and attached is true and correct.

Signature of Lead Authorized Representative

Date

Typed Name of Signatory

Title of Signatory