

## CERTIFICATIONS

- A. Applicant certifies that it will not discriminate against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex or age, in compliance with Government Code 12900, *et seq.* Applicant agrees to take affirmative action to insure that applicants are employed, and that employees are treated during employment, without regard to their race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex or age.
- B. Applicant certifies that it does not discriminate against any person wishing to benefit from their services/program on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex or age.
- C. Does any officer, employee or board member have an ownership interest, either directly or through a partnership or corporate entity, in any facilities owned, leased, or rented by the applicant organization? This includes leases between an organization and a director, trustee, officer or key employee of the organization or his/her immediate family either directly or through corporations, trusts, or similar arrangements in which they hold a controlling interest.  Yes  No

If Yes, please list the individual(s) name and/or company(ies) below.

If No, please list the owner(s) of record.

- D. Do your board members receive a salary or other stipend for serving on this board?  
 Yes  No (If yes, include amount next to each board member's name as part of attachment #5)
- E. What was the date of the last meeting of your board of directors? \_\_\_\_\_

### **SIGNATURE**

I hereby certify that, to the best of my knowledge, all statements made in this application are true and correct. If funds are granted to our organization, they will be used for a CDBG-eligible purpose. I understand that liability and workers compensation insurance will be required for our group, and that our formal agreement with the City will specify other reporting and programmatic provisions.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_