

**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.

**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 agency/department, they will be used for a CDBG-eligible purpose, every effort will be made to ensure funds are expended in accordance with the described schedule of completion, and quarterly performance and expenditure reports will be submitted. I understand that the program/project must comply with federal requirements in 24 CFR Part 570, and that an MOU with the City will specify other reporting and programmatic provisions.

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

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