**NOTICE OF FUNDING OPPORTUNITY (NOFO)**

**SELF-CERTIFICATION**

**Applicant Name:**

**NOFO TITLE: Victims of Crime Act Transitional Housing Program**

**NOFO#:**

**Contact Name: Contact Phone:**

**Contact E-mail:**

**INSTRUCTIONS**

The checklist questions below refer to your last 12 months of activity:

* Mark YES if you are in compliance or if the statement is true.
* Mark NO if you are out of compliance or if the statement is not true.
* Mark N/A if the question does not apply to your application.

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | N/A |
| 1. Is the applicant willing to comply with the requirements and attachments, including, but not limited, to any special terms and conditions listed in the RFA? |  |  |  |
| 1. Did someone other than an employee or an agent of the applicant apply for this RFA with the expectation of only receiving compensation if an award is given to the applicant? |  |  |  |
| 1. Is this application firm and binding for ninety (90) days from the application opening date? |  |  |  |
| 1. Will the applicant notify the Authority’s Ethics Office if the applicant solicits or intends to solicit any of the Authority’s employees during any part of the application process or during the term of any contract awarded? |  |  |  |
| 1. Is the applicant a party to any active Grant Fund Recovery Act proceedings with any State of Illinois agency? (If YES, please explain.) |  |  |  |
| 1. An original signed EEOP Certification will be maintained on hand and submitted with signed contract if proposal is selected for funding. |  |  |  |

I certify that the information on this form is correct to the best of my knowledge at the time of the application. I understand that if information on this certification is proven false at a later date that the Authority has the ability to annul the contract without liability.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of agency authorized official Signature