**Exhibit C**

**ATTESTATION**

**Family Support Partners**

Providers are required to confirm their compliance with all of the RFP requirements. This completed document is attestation that you will be able to meet all of the compulsory requirements and able to provide services consistent with the scope of services delineated in the RFP.

**By my signature below, I hereby certify that:**

* I have the necessary authority to execute this agreement between my Agency and the Department of Children and Families (DCF).
* I have read, understand and will comply with all of the terms and conditions of providing the services described in this RFP.
* I have read, understand and will comply with all of the terms and conditions of providing services described in this RFP.
* If awarded the contract, I agree to provide all of the required services and to comply with all of the service implementation described throughout this RFP for **Family Supports Partners**. The information I have given in response to this RFP is correct and complete. Failure to abide by the terms of this attestation is a basis for DCF’s withdrawal of my qualification to provide these services.
* Post award, I agree to comply with DCF Policies and Regulations governing the contract and service provision.
* I agree to submit to the DCF Contract Administrator Quarterly Financial Reports of Expenditures within ten (10) days of the end of each calendar quarter and any required supporting documentation.
* I agree to submit non-salary items purchased for $1,000 or more to CSOC.

CEO or Equivalent (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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