*Certification must be renewed every two years to be eligible to receive state and federal funding from the Oregon Department of Human Services.*

**Applicant Name:** Click or tap here to enter text.

As the authorized representative of the Applicant, I hereby acknowledge that the Applicant is in compliance with the Practice Values Requirements of ODHS in the Request for Applications for the 2021-2023 Joint Non-Competitive Grant Funds. I acknowledge that the Applicant has on file a written and signed form, the “*Staff, Volunteer and Board Certification of Understanding and Compliance with Practice Values,*” for each employee and volunteer, including members of the board of directors or governing body, if any.

I understand that if I have any questions about the material presented and my responsibilities as an Applicant that I will contact my ODHS Fund Coordinator.

|  |  |
| --- | --- |
| Signature  *(of the authorized official)* | Click or tap here to enter text. |
| Printed Name, Title | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |
| DVSA Agency or Program | Click or tap here to enter text. |

**Print, sign and upload this certification to the CVSSD E-Grants under the corresponding forms page in the 2021 - 2023 Joint Non-Competitive Grant Funds application.**