



COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT
Kathleen Torella, Director

ATTACHMENT A- DECLARATION FORM:

Applicant, by and through its undersigned representative, makes the following declarations:

Organization Name _____
Business Address _____
Location for Services _____
Contact Person/Title _____
Phone Number _____
Fax Number _____
Email Address _____
Legal Status _____

- 1. I have the authority to legally bind our organization to a contractual relationship. Yes___ No___ (check one)
- 2. I understand and agree that Spokane County Regional Behavioral Health (SCRBH) may accept my organization’s proposal in whole or in part and that the SCRBH may request that my organization consider modifying items in the proposal. Yes___ No___ (check one)
- 3. I understand and agree that if my organization is selected as an apparently successful bidder, the SCRBH is not bound to offer a contract. Yes___ No___ (check one)
- 4. **During the past three years, my organization has had:**
 - a. Audit Findings: Yes___ No___ (check one)
 - b. Management Letter: Yes___ No___ (check one)
 - c. License Revocations or Suspensions: Yes___ No___ (check one)
- 5. If I answered, “Yes” to any of the above, the following is my explanation for each:

- 6. I understand that contracted services must be initiated on **October 15, 2021** and am able to comply with that date. Yes___ No___ (check one)
- 7. **I have the authority to make the preceding declarations on behalf of my organization.** Yes___ No___ (check one)

Signed: _____
Print Name: _____ Signature _____

