

Section V: Certification

Applicants must complete, sign, and return the form below with their proposal.

Agreement and Signature

By submitting a proposal and signing below, I certify that I am the duly authorized representative of the organization and that I have reviewed and fully understand the information set forth in the Suburban Cook County COVID-19 Contact Tracing Community Supports Program Request for Proposal (RFP).

I further agree to be bound by the requirements set forth in the Suburban Cook County COVID-19 Contact Tracing Community Supports Program RFP should the proposal be accepted and a contract offered by Hektoen.

Signature

Date

Name (printed):

Title:

Organization: