

**I. Statement of Certification (Submit with Application)**

Please complete and sign the following statement of certification.

Please list no more than two individuals who are authorized to negotiate with the DC Health Benefit Exchange Authority on behalf of the organization and complete the following certification. List their name(s), title(s), work address(es), and phone number(s).

Name	_____	_____
Title	_____	_____
Address	_____	_____
Phone Number	_____	_____

1. The applicant attests to a satisfactory record of performing similar activities as detailed in duties or, that the applicant has otherwise established that it has the skills and resources necessary to perform the duties.
2. The applicant has the financial resources and technical expertise necessary to perform the grant or subgrant, or the ability to obtain them.
3. The applicant attests to the ability to comply with the required performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments.
4. The applicant attests to have the necessary organization, experience, accounting and operational controls, and technical skills to implement the duties of the grant, or the ability to obtain them.
5. The applicant attests that all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and can account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required.
6. The applicant attests that the applicant is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums.
7. The applicant is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
8. The applicant attests to a satisfactory record of integrity and business ethics;
9. The applicant attests to be in compliance with the applicable District licensing and tax laws and regulations;
10. The applicant attests to be in compliance with provisions of the Drug-Free Workplace Act; and
11. The applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
12. The applicant agrees to indemnify, defend and hold harmless the District of Columbia and the DC Health Benefit Exchange Authority and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this

grant or subgrant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred on account of any claim therefore, except where such indemnification is prohibited by law.

13. The applicant attests they are not prohibited from serving as an IPA under Section VIII of the RFA.
14. The applicant attests that any and all conflict of interest disclosures required have been provided.
15. The applicant attests to remain free of conflict of interests through the term of the grant and provide required disclosures over the term of the program.
16. The applicant attests they will provide appropriate oversight and technical controls to ensure that the privacy and security of consumers is protected pursuant to protocols developed by the Exchange and to meet District and federal laws.

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Date \_\_\_\_\_