**ATTACHMENT 3: Corporate Governance Certification**

**RFP TITLE: ECHOES PROGRAM: Be Ready Project RFP PIN: 78113P0001**

To enter into a contract with DOP/CEO, each organization must certify that its organizational capability is sufficient to support the services it has contracted to provide. To certify, complete the form below, and include an attached list of the members of the Board of Directors, with the name, title, address, telephone number, and e-mail address of each member.

I,      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the Chairperson of the Board of      \_\_\_\_\_\_\_\_\_\_\_\_\_ (“Proposer”), an organization that has proposed to provide services under the ECHOES RFP. I hereby certify that the Proposer:

1. Is governed by a Board of Directors, whose names and addresses are fully and accurately set forth on the attached list.
2. Maintains its corporate books and records, including minutes of each meeting, at the Proposer address stated on the Proposal Summary Form (Attachment 1 of this RFP).
3. Has held in the past 12 months       meetings of the Board of Directors at which a quorum was present.
4. Reviews, at least annually, at a meeting of the Board of Directors and has reviewed in the past 12 months each of the following topics:
	1. Executive compensation
	2. Internal controls, including financial controls
	3. Audits
	4. Program operations and outcomes.

# Name of Organization (Print)

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# Name of Board Chairperson (Print)

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Signature of Board Chairperson

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Sworn to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

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