

Exhibit titled Financial Capability

FINANCIAL CAPABILITY CERTIFICATION

SUPPLIER AGENCY NAME: _____

SUPPLIER AGENCY ADDRESS: _____

SUPPLIER AGENCY TELEPHONE: _____

I HEREBY AFFIRM THAT PURSUANT TO THE REQUIREMENTS SET FORTH WITHIN THE ATTACHED RFP.

(Name of Supplier Agency)

is financially capable of performing the duties of the Supplier on a cost reimbursement basis and has sufficient capital to sustain ongoing program services for at least two (2) months in the event of a temporary delay in the reimbursement of contract expenditures.

Name

Title

Date