**Public Health Solutions**

**Request for Proposals: Ryan White Part A Services in the Tri-County Region**

**Solicitation #: 2018.05.HIV.03.01**

**BOARD OF DIRECTORS’ STATEMENT**

The following statement must be submitted on your organization’s letterhead and must be signed by the President/Chairperson or Secretary of your Board of Directors. For hospitals, universities, and other large organizations, the statement may be signed by other senior-level staff with authority (as determined by the organization) to allow the submission of a proposal on behalf of the organization.

I, *[Insert name of the President/Chairperson/Secretary of the Board of Directors]*, for and on behalf of the governing body of *[Insert name of organization]* certify that we, the Board of Directors of the above-named organization have reviewed and approved the enclosed proposal(s) in response to the **Ryan White Part A Services in the Tri-County Region** Request for Proposals (RFP), issued by Public Health Solutions in **May 2018**. I further certify that the information included in this proposal is true and accurate to the best of my knowledge and that my organization agrees to abide by the terms of the Request for Proposals and has the capacity to implement the proposed program on contract award.

**Indicate the Service Category/ies you are submitting a proposal for using the checkbox below**:

Service Category 1: Food and Nutrition Services

Service Category 2: Housing/Short Term Assistance Services

Service Category 3: Medical Case Management Services

Service Category 4: Mental Health Services

Service Category 5: Oral Health Care Services

Service Category 6: Psychosocial Support Services

Service Category 7: Medical Transportation Services

Service Category 8: Emergency Financial Services

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_