

STATE OF CONNECTICUT DEPARTMENT OF HOUSING



STATEMENT OF ASSURANCES

Agency Name:	
The u	ndersigned Respondent affirms and declares that:
1)	General
a.	This proposal is executed and signed with full knowledge and acceptance of the RFF CONDITIONS stated in the RFP.
b.	The Respondent will deliver services to the Agency the cost proposed in the RFP and within the timeframes therein.
C.	The Respondent will seek prior approval from the Agency before making any changes to the location of services.
d.	Neither the Respondent of any official of the organization nor any subcontractor the Respondent of any official of the subcontractor organization has received any notices of debarment or suspension from contracting with the State of CT or the Federa Government.
e.	Neither the Respondent of any official of the organization nor any subcontractor to the Respondent of any official of the subcontractor's organization has received any notices of debarment or suspension from contracting with other states within the United States.
Legal	Name of Organization:
Autho	rized Signatory Date