STATEMENT OF OBLIGATIONS, ASSURANCES, AND CONDITIONS

In submitting its grant application to the Maryland Community Health Resources Commission ("Commission") and by executing this Statement of Obligations, Assurances, and Conditions, the applicant agrees to and affirms the following:

- All application materials, once submitted, become the property of the Maryland Community Health Resources Commission.
- All information contained within the application submitted to the Commission is true and correct and, if true and correct, not reasonably likely to mislead or deceive.
- 3. The applicant, if awarded a grant, will execute and abide by the terms and conditions of the Standard Grant Agreement (attached).
- 4. The applicant affirms that in relation to employment and personnel practices, it does not and shall not discriminate on the basis of race, creed, color, sex or country of national origin.
- 5. The applicant agrees to comply with the requirements of the Americans with Disabilities Act of 1990, where applicable.
- The applicant agrees to complete and submit the Certification Regarding
 Environmental Tobacco Smoke, P.L. 103-227, also known as the Pro-Children
 Act of 1994.
- 7. The applicant agrees that grant funds shall be used only in accordance with applicable state and federal law, regulations and policies, the Commission's Call

for Proposals, and the final proposal as accepted by the Commission, including Commission-agreed modifications (if any).

8. If the applicant is an entity organization under the laws of Maryland or any other state, that is in good standing and has compiled with all requirements applicable to entities organized under that law.

9. The applicant has no outstanding claims, judgments or penalties pending or assessed against it – whether administrative, civil or criminal – in any local, state or federal forum or proceeding.

AGREED TO ON BEHALF OF,

(Applicant Name)

BY:

Legally Authorized Representative Name (PRINT Name)

Title

Legally Authorized Representative Name (Signature)

Email of Authorized Representative: