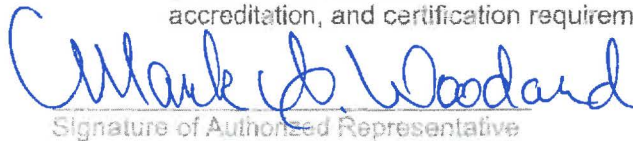


SAMHSA Statement of Assurance

As the authorized representative of [*insert name of applicant organization*]
Pinellas County, I assure SAMHSA that all participating service provider organizations listed in this application meet the 2-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- A letter of commitment from every mental health/substance abuse treatment service provider organization listed in Attachment 6 of the application that specifies the nature of the participation and the service(s) that will be provided.
- Official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years.
- Official documentation that all mental health/substance abuse treatment provider organizations: (1) comply with all local (city, county) and state requirements for licensing, accreditation, and certification; OR (2) official documentation from the appropriate agency of the applicable state, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist. (Official documentation is a copy of each service provider organization's license, accreditation and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- For tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: (1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR (2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.


Signature of Authorized Representative

1/5/16
Date

Mark S. Woodard, County Administrator

^o Tribes and tribal organizations are exempt from these requirements.

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY

By: 
Adm. Serv.