EXHIBIT D

RESPONDER AFFIRMATIONS

The applicant submitting this application affirms, to the best of their knowledge and belief, that:

A. Response Contents. The information provided is true, correct, and reliable for purposes of reviewing the application for award consideration. If any information is found to be intentionally inaccurate or misleading, the application may be deemed ineligible to move forward.

B. Authorized Signature. This is signed by the appropriate person(s), with the authority submit this application behalf of the project, as required by applicable.

C. Non-Collusion Certification. The Application has been arrived at by the applicant independently and has been submitted without collusion and without any agreement, understanding or planned common course of action with any other applicant designed to limit fair or open competition; and

D. One Application per Project. If this application is a consortium or partnership among more than one entity

a) There is only one application per project in this consortium or partnership.
b) As the lead applicant, of a consortium or partnership, the necessary coordination has occurred with all entities on this project to ensure this application only represents the costs associated for this entities' application. These costs are NOT included in any other SCF application from any other project partners.

E. Receipt and Use of General Obligation Capital Bonds for the Project. The Grantee or Applicant must inform the Department if they have received, and are using, general obligation capital bonds (GO bonds) toward the costs associated with this project (for grant contract agreements exceeding $100,000). If the grantee is using GO bonds, pursuant to Minn. Stat. 263A.36, then a Workforce Certification must be obtained from the Minnesota Department of Human Rights before the grant contract agreement can be fully executed.

By signing this form, the applicant acknowledges and affirms compliance with all applicable requirements in the RFP, in their proposal, and as indicated above.

Applicant Eligible Entity: _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Phone Number: _____

Email Address: _____