



Youth Recovery Statewide Network

Request for Proposal

Attachment B: Agreements

Name: _____

Address: _____

Telephone Number: _____

Contact Person: _____

Email: _____

The undersigned agree and certifies that:

1. They have read and understand all the instructions, specifications, terms, and conditions contained in the RFP
2. They are the proposer or an authorized representative of the proposer;
3. They are empowered to bind the applicant to the terms of the proposal;
4. The information provided in the applicant is true and accurate;
5. They are bound by will comply with all requirements, specifications, terms, and conditions of the RFP;
6. They are submitting the enclosed proposal for consideration by Ohio Citizen Advocates for Addiction Recovery (OCAAR)

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____