

**NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
SUPER STORM SANDY SOCIAL SERVICES BLOCK GRANT
ATTESTATION FORM**

(Note: All fields are required)

| |
|---|
| Organization |
| Name: |
| Address 1: |
| Address 2: |
| City, State, & Zip Code: |
| |
| Contact Person |
| Name: |
| Work Address: |
| Work Phone Number: |
| Work E-Mail Address: |
| |
| State Priority Projects or Solicitations |
| General Ledger-State Priority Projects Only: |
| Contract-Solicitation or State Priority Project: |
| Purchase Order-Solicitation or State Priority Project: |

I am an authorized representative responsible to adhere to the requirements of the Super Storm Sandy Social Services Block Grant (SSBG) proposal for the organization listed above. All SSBG funding will be used for costs that are:

- 1) Directly related to Super Storm Sandy and the populations impacted by it.

AND

- 2) Not reimbursed and not currently eligible for reimbursement by the federal government. These include payments from the National Flood Insurance Program (NFIP), the Federal Emergency Management Agency (FEMA), SBA/Disaster Assistance (Small Business Administration), private insurance, and any other public or private funding sources.

Funding from SSBG will not be used to compensate this organization for revenue loss due to the impact of Super Storm Sandy.

I am attesting to the validity of the documentation submitted and the information provided by me is true and accurate to the best of my knowledge.

Authorized Name (Printed) _____

Authorized Name (Signature) _____

Date _____

| | |
|---|--|
| Preferred method of form submission is by e-mail See page 2 (SSBG-04) for email information | Alternate method of form submission is by US Mail See page 2 (SSBG-04) for address information |
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Super Storm Sandy Attestation Form Instructions

For Awardees: This form must be completed for each contract and accompany each claim and dated the time of submission.

1. Complete the information requested in the 'Organization' section.
2. Complete the information requested in the 'Contact Person' section.
3. Complete the information requested in the 'State Priority Projects or Solicitations' section. Be sure the correct 'State Priority Project' or 'Solicitation' category is chosen. (Enter your Contract Number or Purchase Order number in the Solicitation
4. Both Authorized Name lines must be completed along with the Date.
5. The final step after completing the Attestation Form is to submit the form to your Contract Manager with all required documentation.

For Contract Managers:

The Super Storm Sandy Attestation Form should be sent to OCFS by e-mail (preferred method) or US mail:

- a. The OCFS e-mail address is Superstorm.SandyPO@ocfs.ny.gov
- b. The OCFS mailing address is 52 Washington St., Room 202-South, Rensselaer, New York 12144-2834 ATTN: BCM-Superstorm Sandy Team.