

**WV Bureau for Behavioral Health and Health Facilities:  
Announcement of Funding Availability (AFA) Proposal Assurance Statement**

The applicant organization has reviewed the Announcement of Funding Availability (AFA) document for the AFA Title and Number provided below and will comply with all requirements as outlined within the AFA document. By signing this statement, the applicant organization recognizes that failure to comply with said requirements will result in the submitted proposal being deemed ineligible for review. Failure of the applicant organization to submit this Assurance Statement with the necessary signatures provided will also result in having the proposal deemed non-reviewable.

**Announcement of Funding Availability (AFA) Title and Number:**

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**Applicant Organization Name:**

\_\_\_\_\_

**Applicant Organization Director:**

**Print Name:** \_\_\_\_\_

**Signature & Date:** \_\_\_\_\_

**Applicant Organization Chief Financial Officer/Financial Director:**

**Print Name:** \_\_\_\_\_

**Signature & Date:** \_\_\_\_\_

**Applicant Organization AFA Project Officer / Lead Contact:**

**Print Name & Title:** \_\_\_\_\_

**Signature & Date:** \_\_\_\_\_