**CERTIFICATION OF AVAILABILITY OF 60 DAYS OPERATING FUNDS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hereby assures all interested parties

(Provider Name)

that our organization has at its disposal the availability of sixty (60) days operating funds with which to maintain two months of the total operating budget for this Older Americans Act Program, as required by the terms of this Request for Proposal.

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Signature of Authorized Representative Date

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Title of Authorizing Representative