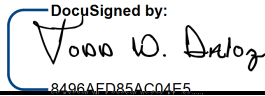


**CERTIFICATION REGARDING PROGRAM FRAUD CIVIL
REMEDIES ACT (PFCRA)**

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the statements herein are true, accurate and complete, and agrees to comply with the Public Health Service terms and conditions if an award is issued as a result of this application. Willful provision of false information is a criminal offense (Title 18, U.S. Code, Section 1001). Any person making any false, fictitious or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).

Vermont Agency of Human Services
Organization Name

Todd Daloz, Deputy Secretary
Name and Title of Authorized Representative

DocuSigned by:
 5/15/2023

8496AED85AC04E5

Signature