



**PRINCE GEORGE'S COUNTY/PRINCE GEORGE'S PROVIDER
COUNCIL DSP SUPPLEMENT GRANT PROGRAM**

ANNUAL CERTIFICATION of COMPLIANCE for FY2026

Reference is hereby made to the *Acknowledgement and Agreement of Grant Terms and Conditions* agreed to and executed by the below-named Agency for the current fiscal year, and based upon the historic *Master Intellectual and Developmental Disabilities Agreement* entered into as of the first day of July 2017, with any and all amendments thereto.

- I hereby certify that the Agency remains in full compliance with all of the Terms and Conditions applicable to Grantees (now and hereafter as defined in the Grant Documentation) that are set forth in the Grant Documentation.
- I hereby certify that the Agency is in Good Standing with the Maryland Department of Assessment and Taxation, the Maryland Office of Healthcare Quality, and the Maryland Developmental Disabilities Administration.
- I hereby certify that the Agency remains in compliance with the insurance requirements applicable to Grantees that are set forth in the Grant Documentation.
- I hereby agree that the Agency will provide documentation (including payroll reports generated from our payroll processing system) substantiating that it meets the wage requirements as identified by the Prince George's County Government and the Provider Council.
- I acknowledge that, to the extent the Agency is not in compliance in any material aspect with the Grant, the Prince George's Provider Council will contact the Executive Director and/or President of the Agency's Board of Directors in an effort to facilitate such compliance.

AGENCY: _____

BY: _____

Executive Director (print name)

SIGNATURE: _____

DATE: _____

BY: _____

Officer, Board of Directors (print name)

SIGNATURE: _____

DATE: _____