



Form 5: Applicant’s Certification of Prevailing Wage

I, _____, as Lead Authorized Representative of _____ (insert name of entity applying), certify that:

1. The information and statements set forth below are, to the best of my knowledge and belief, true and correct.

2. I possess the legal authority to submit this certification on behalf of the Applicant.

3. I am providing this information in conjunction with an application for funding from the State of California pursuant to the Department of Health Care Services’ (DHCS’s) Behavioral Health Continuum Infrastructure Program (BHCIP) and acknowledge that the State and its administrator, Advocates for Human Potential, Inc. (AHP), are relying on this information in awarding grant funds.

4. As part of the application, Applicant has submitted a construction budget for _____ (“Project”) [insert description of project]. The construction budget was prepared with the assistance of a licensed contractor, architect, or experienced construction manager, and specifically adheres to the compliance requirements that all construction work will be performed by skilled workers being paid current prevailing wages for the project’s region, pursuant to California Labor Code 1720 et seq. I further certify that Applicant shall, in constructing the Project, meet the prevailing wage requirements for construction projects in the State of California (Lab. Code, Sec 1720 et seq.). Applicant shall, prior to commencing construction of the Project, provide a certification of compliance with California’s prevailing wage law, registration with the California Department of Industrial Relations (DIR), as well as compliance with all applicable federal prevailing wage law. The certification shall (a) verify that prevailing wages have been or will be paid, (b) verify that labor records will be maintained and made available to any enforcement agency upon request, (c) verify that Applicant’s contractor is registered with DHCS, and (d) be signed by the general contractor(s) and the Applicant.

The Applicant shall defend, indemnify, and hold harmless DHCS, the State of California, and all officers, trustees, agents, and employees of the same, as well as AHP, from and against any and all claims, losses, costs, damages, or liabilities of any kind or nature, including attorneys’ fees, whether direct or indirect, arising from or relating to the Grant or Project.

I certify that the above information is true and correct and that Applicant will comply with all requirements set forth above as a condition of receiving the grant funds.

Signature of Lead Authorized Representative

Date

Typed Name of Signatory

Title of Signatory