

SECTION 6 – Licensing, Accreditation and Certification/ External Evaluations

LIST ALL LICENSES AWARDED TO OPERATE YOUR AGENCY’S EXISTING PROGRAMS AND NOTE THE EFFECTIVE DATES OF THE LICENSES. LIST ANY PROFESSIONAL ACCREDITATION GROUPS THAT HAVE RECOGNIZED YOUR AGENCY.

DESCRIBE ANY EVALUATIONS CONDUCTED IN THE PAST 18 MONTHS BY EXTERNAL ORGANIZATIONS RELATED TO YOUR AGENCY’S PROGRAM OPERATIONS, SERVICE QUALITY, SAFETY, REGULATORY COMPLIANCE, AND FINANCING. PROVIDE COPIES OF ANY WRITTEN EVALUATIONS ISSUED BY SUCH ORGANIZATIONS.

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SECTION 7 – Program Changes and/or Modifications

DESCRIBE AND INDICATE ANY PROGRAMMATIC AND/ OR ADMINISTRATIVE CHANGES TO THE FAA PROGRAM (S) FOR WHICH YOU ARE CURRENTLY FUNDED. IF YOU ARE REQUESTING FUNDS BASED ON THESE CHANGES, PLEASE ATTACH A COMPLETE PROGRAM DESCRIPTION OR IF YOU ARE REQUESTING A SHIFT IN PROGRAM FUNDING PLEASE ATTACH A COMPLETE PROGRAM DESCRIPTION.

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Section 8 – Assurances

I certify that all of the information contained in this renewal application is true and accurate. I further understand that material omission or false information contained in this renewal application could constitute grounds for non-renewal of this agency’s contract with Palm Beach County.

Board Authorized Signature		
Typed Name	Title	Date

I assure that County referrals to programs funded as a result of this renewal application will be served timely.

Board Authorized Signature		
Typed Name	Title	Date

STATE OF FLORIDA
COUNTY OF PALM BEACH

Sworn to and subscribed before me this _____ day of _____
2009 by _____.

Notary Public, State of Florida

Print, Type, or Stamp
Commissioned Name of Notary

Personally Known _____ OR

Produced Identification _____

Type of Identification Produced _____