

Bond BHCIP Round 2: Unmet Needs

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') Bond Behavioral Health Continuum Infrastructure Program (BHCIP) and acknowledge that the State and Advocates for Human Potential, Inc. (AHP), the administrative entity for BHCIP, 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 Section 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). 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 or will be registered with DIR, and (d) be signed by the general contractor(s) and the Applicant.**

The Applicant shall indemnify, defend, and hold harmless AHP and DHCS against any and all liabilities to third persons and other losses and for any other costs and expenses incurred, including reasonable attorneys' fees, judgments, settlements, or penalties, as a result of any claim or liability resulting from the failure of the Sponsor (or its lower-tier subcontractors or consultants) pertaining or relating to implementing the Prevailing Wage requirement.



I certify that the above information is true and correct, and that the 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