

Organization Name:\_\_\_\_\_

## EXHIBIT E: CERTIFICATION: NOT SUSPENDED OR DEBARRED BY THE STATE OF MINNESOTA OR THE FEDERAL GOVERNMENT

Grant applicant must certify to this condition required under this Grant Request for Proposal

INSTRUCTIONS: Sign bel	ow to finalize response and submit	this document as part of the res	ponse to the RFP.
that agencies must not a	ment (OGM) Policy 08-04: <i>Grant Co</i> ward a grant to a vendor or grantee ota or with the federal government	that has been suspended or deba	-
By signing here, I warran of Minnesota or with the	t that my organization has not been federal government.	suspended or debarred from doi	ng business with the State
I certify that this informa	tion is true, correct, and reliable.		
	rate or misleading information may ay subject me and my organization e State, by law.		_
 Print Name	Signature	Title	Date