

APPENDIX XIV

**STATEMENT ASSURING NO CCE FUNDS
USED IN DEVELOPMENT OF RFP**

To be completed by currently designated CCE Lead Agencies

I, _____, as an authorized representative
of _____, certify no funding received from the
Area Agency on Aging, including Community Care for the Elderly state revenue was
used in preparing this Request for Proposal bid.

Signature of Authorized Representative

Date