

**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