

**NON-DISCLOSURE AGREEMENT**

I, \_\_\_\_\_ hereby affirm that DOES records and any information gathered therefrom are strictly confidential and shall not be divulged to unauthorized persons. The Applicant must demonstrate an ability to maintain the confidentiality of information. Specifically, the Applicant must agree to the following conditions:

- Participant records shall be kept confidential and shall not be open to public inspection nor shall their contents or existence be disclosed to the public. Participant records may not be divulged to unauthorized persons.
- No person receiving information concerning a participant shall publish or use the information for any purpose other than that for which it was received.
- Whoever willfully discloses, receives, makes use of, or knowingly permits the use of information concerning a child or other person shall be guilty of a misdemeanor and upon conviction shall be fined not more than \$250.00 or imprisoned for not more than 90 days, or both. (D.C. Official Code § 16-2336).
- I also affirm that I will not disclose any information from any project meetings that is not a matter of public record.
- I understand that if my organization is selected as a Grantee, then each staff person and volunteer who will be working on the program must submit a signed non-disclosure agreement, after award but prior to engaging in work.
- I will hold confidential any information gathered or disclosed to grantee as a project staff member/volunteer in accordance with all applicable District and Federal confidentiality statutes.

By signing this document, I acknowledge that I have read and fully understand the statement contained herein.

Certified By:

\_\_\_\_\_  
Applicant's Authorized Representative (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Applicant's Authorized Representative's Signature

\_\_\_\_\_  
Date