GRANT APPLICATION CERTIFICATION & AFFIDAVIT

AUTHORIZED SIGNERS CERTIFICATION

The individual liste	ed below is certified to	o be an authorized sig	gner for Name of Org	
with authority to si	an documents relate	d to grant requests ar		
with dutilonly to of	gir accumento relates	s to grant requeste ar	ia to locae arry pe	
Printed Name	 Signa	turo	 Title	
riiiteu Naiile	Sigila	luie	TILLE	
Personal Address:	Street Address		_	
	Street Address			
	City, State and Zip Code			
Personal Phone Nu	ımber:	_	_	
Date of Birth:		_		
		<u>AFFIDAVIT</u>		
I, the un	dersigned, state a	nd affirm that all	the statements	and information
submitted with th	is grant application	are true and correct	ct. Further, I he	reby declare that
•		cation is filed, is a c	•	
` , ` ,		tions of the Interna		
discriminate in ar age.	ny manner based or	n race, color, religior	n, sex, national c	origin or based on
age.				
Printed Name	 Signa	 ture	 Title	
<u>NOTARIZATION</u>	<u>:</u>			
I the helo	w signed Notany in	and for the State of	f	County
of	w signed riotary, in	do he	ereby ackno	, county owledge that
		, the above signed		
above Affidavit b	efore me, on this $_$	day of	,	20, affirming
		statements made	in the applicati	ion to which the
Affidavit is attach	ed.			
		NOTARY		
My Commission	-			00
WW L AMMICCIAN	- ALTILOG.	day of		20