

**ATTACHMENT A  
APPLICANT SIGNATURE FORM**

**INSTRUCTIONS: Applicants must complete and submit this Applicant Information Form signed and dated by the agency's Authorizing Official.**

<b>Applicant Organization</b>	
Applicant Organization Name:	
Contact Person for this Proposal Name:	
Title:	
Address:	
Phone:	
Email:	
Application Budget Total:	
<b>Certifications</b>	
As the Authorizing Official for the entity submitting this application, I signify that the following information is true and accurate to the best of my knowledge and that the above named organization agrees to abide by the terms of this application and is fully able and willing to carry out the terms of the project.	
Signature of Authorizing Official	Date
Printed Name and Title	